

Bristol Health Equity Zone Year 1 End of Year Report July 2020



Overview

Year 1 of the Bristol Health Equity Zone (BHEZ) under the now state-funded Health Equity Zone Initiative has certainly been an unprecedented one. The BHEZ was required to significantly pair-down operations towards a focus on infrastructure with an almost 44% decrease in budget. The Governor's Task Force on Overdose Prevention and Intervention resulted in several opportunities for the BHEZ for additional funding centered on substance use, awareness and prevention. Finally, in early March 2020, the COVID-19 pandemic impacted Rhode Islanders profoundly, bringing every aspect of life to a near standstill – for months.

The BHEZ overall, experienced some positive changes to our Collaborative, Steering Committee and Working Groups, adding new members to all three areas. We've developed and implemented an Overdose Prevention Plan (OPP), conducted a re-assessment of our Baseline Reassessment of Health Needs in the Community and continue to experience solid progress on creating an 'institutional awareness' of the BHEZ initiative in the Bristol community, the East Bay region and state.

The BHEZ has remained resilient and effective in light of our changing world - a testament to one of our greatest strengths, our ability to be flexible and pivot where circumstances guide us and where our community needs us most as reflected in our Workplan.

Finally, the reassessment of our Baseline Assessment of Health Needs in the Community, as well as the COVID -19 Community Needs Survey conducted at the end of this fiscal year, have provided some insight into the community's needs moving forward (and our Workplan) while also confirming the efficacy of our programming over time.

HEZ Work Plan (July 1, 2019 – June 30, 2020)

The reduction in funding as previously mentioned and emphasis on strengthening the BHEZ infrastructure, the BHEZ was forced to make some difficult decisions. We evolved the leadership roles of our more successful initiatives (also based on the Baseline Assessment and interim feedback received from the community) to Community Health Workers – to facilitate funding these important initiatives. Also, as in previous years, we maintained our four Working Groups – Food and Nutrition, Personal Health and Wellness, Physical Activity and Substance Use, Prevention and Awareness (in conjunction with the newly formalized Suicide Prevention and Faith Leaders working groups). Again, each Working Group maintained their list of strategies for implementation for a comprehensive approach to our four topic areas and facilitating the collective impact model, which we feel is the most appropriate way to report out on, below Each topic area also includes a section on 'impacts due to COVID-19' in addition to other strategies realized through outside, leveraged funding (non-HEZ CORE funding).

HEZ Collaborative

The BHEZ Collaborative has experienced several changes in Steering Committee membership and Working Groups. In 2019 we welcomed Tricia Driscoll (Operations Director, Bayside YMCA) and Carly Reich (Bristol Warren Regional School District Committee) as Steering Committee members. Also, two working groups were officially formalized in 2019, including the Suicide Prevention Working Group and Faith-Based Leaders Working Group.

Strategies

Our work under the Collaborative aligns with the following State Priority Goals, under several BHEZ-specific objectives including:

- Goal 8 - Improve system coordination in communities and statewide to facilitate improved health outcomes.
- Goal 10 - Adopt social determinants of health in public health planning and practice to improve health equity.

- Objective: Support the growth, diversity and sustainability of the HEZ Collaborative.

Strategies:

1. Implement the HEZ' existing Workplan based on the continued demonstrated need, review of the Steering Committee/Collaborative, and assessed success of the identified strategies.
2. Evaluate the community's understanding and satisfaction with HEZ initiatives implemented to date, as well as assess new gaps in programs/services and needs.
3. Refine HEZ Workplan based on the findings of community needs assessment, to inform the development of programs and strategies in Year 2.
4. Continue/Maintain the HEZ project website, Facebook presence and marketing campaign.

BHEZ Workplan

The BHEZ successfully implemented our Workplan despite the COVID – 19 pandemic. Although slightly modified than originally envisioned, our three Community Health Workers managed to transition to virtual platforms to continue their work, Working Groups evolved to the notion of virtual interfaces and the Steering Committee and Collaborative have shifted to virtual quarterly meetings.

BHEZ Baseline Re-Assessment of Health Needs in the Community

As detailed later in this report, the BHEZ managed to complete a re-assessment of the 2015/2016 *Baseline Assessment of Health Needs in the Community* in early spring 2020. Due to the onset of the COVID – 19 pandemic, our re-assessment was not as robust as the original, with only 147 respondents and no focus groups conducted. However, we were able to gauge the efficacy of programming to date through the re-assessment.

BHEZ Workplan Refinement

We managed to convey the findings of the re-assessment to the Steering Committee and Collaborative through our final set of quarterly meetings, confirming our marching orders moving into Year 2. Additional efforts were also completed around a COVID – 19 Community Needs Assessment, also to be built into our Year 2 Workplan.

BHEZ Community Outreach/Engagement

Having a comprehensive virtual presence has been critical in our changing world. We have provided systematic updates to the BHEZ website, available at: <https://www.bristolhealthequityzone.org/>, on a weekly basis, or as information becomes available. Our Facebook page has also been maintained and kept current. Our HelpsHereBristol campaign site has also been updated periodically through a collaborative effort with Roger Williams University faculty and students.

Impact from COVID-19

Impacts from the onset of the COVID – 19 pandemic were significant. The bulk of BHEZ activity was placed on hold temporarily as we all began to navigate a new virtual world. As with the rest of the world, the BHEZ learned on the fly how to continue to conduct ‘business as usual’ while also promoting safety and adding new community efforts to our day-to-day Workplan, something no one had anticipated or planned for. In collaboration with the RIDOH, during weekly coordination calls, the BHEZ updated the project website with current, up to date information.

We also partnered with Matt Vargas from Commerce RI to assess the pulmonary clinic site at the Bristol County Medical Center to see if we could enhance their testing capacity. Emily Spence (BHEZ Co-Coordinator) coordinated a meeting between Matt, Dr. Pam Harrop (Executive Director) and Chief DeMello, (Bristol Fire Department) to assess the potential for expansion and to see what support the Center could use from Commerce RI/National Guard. At the meeting, it was determined that the Center could presently handle the current need of 20-30 patients per day, with additional capacity for more. We coordinated a community-wide media campaign to advertise the testing availability and describe the protocol to promote widespread awareness. Following our campaign, Dr. Harrop reported a clear increase in testing requests.

Lastly, Emily Spence continues to coordinate with RIDOH on additional mask distribution, including for:

- Camp Poppasquaw (Town’s summer camp)
- Bristol Social Services Department
- Bristol 4th of July parade
- Bristol Police Department
- Bristol Fire Department
- First Congregational Church
- Mount Hope Church
- Stone Coast Community Church

- Bristol Senior Center
- East Bay Food Pantry
- East Bay Recovery Center
- Hope and Main

Successes

Hands-down our greatest successes are two-fold; our ability to accomplish as much as we did early in Year 1 around substance use, awareness and prevention, followed by our ability to flex and pivot later in Year 2 around the community's needs amid the COVID – 19 pandemic.

Challenges

Outside of challenges associated with the COVID – 19 pandemic, one significant challenge experienced in Year 1 (as in previous years) was our inability to be recognized in the Town's operating budget. Each year, the BHEZ has applied for consideration in the Town's budget, often requesting only minimal funds to apply towards our sustainability and future resilience. While the BHEZ will continue to seek funding support from the Town, we will also continue our aggressive efforts to seek additional outside funding towards our sustainability.

Food and Nutrition

With limited funding for implementation of strategies, our emphasis around food and nutrition remained centered on the continuation (and expansion) our monthly cooking demonstrations and the continuation of the Food and Nutrition Working Group. Our Department of Human Services – Division of Elderly Affairs grant carried over into Year 1 (ending October 2019) so the BHEZ continued to integrate the goals and objectives from that grant into the day-to-day operations of the BHEZ.

Strategies

Our work under topic of food and nutrition is aligned with several goals and objectives expressed in the R.I. Department of Elderly Affairs State Plan on Aging 2015-2019, including:

- Goal 1 - Enable seniors to remain in their own homes with a high quality of life if possible, through the provision of appropriate home and community-based services.
 - Objective 1.2 - Provide opportunities for community involvement.
- Goal 2 - Empower older people to stay active and healthy.
 - Objective 2.1 – Encourage self-management of chronic disease.
 - Objective 2.2 - Promote a healthy lifestyle among older adults.

Our work also aligns with the following State Priority Goals, under several BHEZ-specific objectives including:

- Goal 8 - Improve system coordination in communities and statewide to facilitate improved health outcomes.
- Goal 10 - Adopt social determinants of health in public health planning and practice to improve health equity.

- Objective: Increase the community's knowledge, practical experience and access to healthy foods.
 - Strategies:
 1. Continue to fund the Cooking Demonstration Manager position at Franklin Court Independent Living Facility/Bristol Housing Authority.
- Objective: Support the growth, diversity and sustainability of the Food and Nutrition Working Group.
 - Strategies:
 1. Cooking demonstrations
 2. Community garden program

Monthly Cooking Demonstrations

The BHEZ continued to implement monthly cooking demonstrations throughout Year 1. These monthly cooking demonstrations continue to be one of our most successful initiatives, particularly with two of the three target populations – seniors and low/moderate-income families. Typically, these monthly demonstrations are held at the Franklin Court Independent Living Facility – the BHEZ's unofficial food hub. In an effort to provide better access to more seniors – where they already are, the BHEZ coordinated with the Bristol Housing Authority to also host several demonstrations. Also, cooking demonstrations are always scheduled towards the end of each month, to help residents whose benefits have run out by providing a free community meal, as well as the ingredients to make at home. It is also important to note here that in addition to providing nutritional information, cooking instruction and free community meals/take-home ingredients, the cooking demonstrations provide a social environment for those that participate who are often socially isolated.

BHEZ CORE funding for demonstrations started in October 2019, after wrapping up outside funding for the same, leveraged through the Department of Human Services – Division of Elderly Affairs. Courtney Poissant, the BHEZ Cooking Demonstrations Manager (since its inception) designed, implemented and reported on twelve monthly demonstrations, including:

- Developed menus with nutritional facts
- Conducted the Cooking Demonstration live
- Served the meal to participants
- Provided meal-in-a-bag with nutritional facts and recipe to participants
- Reported on number of participants/crossover participants

Cooking demonstrations funded through the Division of Elderly Affairs, as previously mentioned, ran from July 2019 – September 2019. These demonstrations also included transportation for seniors to the venues from within the community, whether conducted at Franklin Court Independently Living or Bristol Housing Authority. The provision of transportation services did not significantly increase participation rates to the demonstrations, averaging only three residents per demonstration.

Below, are the menus, number of participants and number of crossover participants (individuals participating in one or more other BHEZ initiative).

- July 2019: Shrimp Protein-Packed Salad
 - 55 participants
 - 46 cross-over participants
- August 2019: Baked Honey Garlic Salmon
 - 48 participants
 - 32 cross-over participants
- September 2019: Ratatouille
 - 35 participants
 - 32 crossover participants
- October 2019: Roasted Butternut Squash and Pumpkin Soup
 - 52 participants
 - 48 cross-over participants
- November 2019: Zuppa Toscana
 - 44 participants
 - 40 cross-over participants
- December 2019: Cranberry and Rosemary Chicken
 - 45 participants
 - 39 cross-over participants
- January 2020: Chicken Shawarma Salad with Creamy Curry Dressing
 - 61 participants
 - 50 cross-over participants
- April 2020: Cuban Mojo Pork with Mojo Coleslaw
 - 60 participants
- April 2020: Eggplant Rollatini
 - 60 participants
- April 2020: Chicken Pineapple Bowl
 - 60 participants
- May 2020: Shrimp and Grits with Collard Greens
 - 77 participants
- June 2020: Creamy Salsa Chicken Skillet
 - 75 participants

As the number of participants continues to increase, and the overwhelmingly positive comments from community members keep coming in, the BHEZ still considers this one of our top initiatives.

Working Group

The BHEZ Food and Nutrition Working Group continued under the direction of a new Champion – Katie Blais. As the Mount Hope Farmer’s Market manager, Katie has been working with the group to develop new initiatives/pilot projects to increase access to and awareness of fresh ingredients at the Farmer’s Market.

Impact from COVID-19

Given the ‘stay at home order’ from the Governor due to the COVID-19 pandemic, gathering together in person for cooking demonstrations was just not feasible. Thanks to the passion and flexibility of the cooking demonstrations manager – Courtney Poissant, the cooking demonstrations evolved into ‘live demonstrations’ streamed on Facebook. Interested participants were asked to reserve a meal in a bag (ingredients) several days in advance of the demonstration, which were then delivered to their home. The last five demonstrations saw an increase in participants, and the number of views since posting the demonstrations are certainly something to be proud of:

- April 2, 2020: 3,200 views
- April 16, 2020, 2,000 views
- April 30, 2020: 2,700 views
- May 28, 2020: 840 views
- June 28, 2020: 2,100 views

The Working Group took a bit of a hiatus from meeting during the pandemic/spring of 2020. Since, they have mobilized and are ready to start the new fiscal year utilizing Zoom for future meetings.

Successes

The primary success lies in the fact that our cooking demonstrations continue to expand, even in light of the pandemic. We have been able to reach a wider audience of participants, across a broader range of demographics.

The BHEZ also developed a cookbook of cooking demonstration recipes as a fundraiser for the East Bay Food Pantry – also a primary partner. As the Pantry remained open during the pandemic, experiencing an increase in food insecurity amongst individuals and families, the retail shop was not able to be open. The retail shop is one of the primary ways the Pantry raises funds for physical infrastructure needs (building needs/repairs). The BHEZ sold all 75 cookbooks and donated \$600 to the Pantry.

Challenges

Other than the ongoing pandemic, gradual reopening of the state and future uncertainty regarding a vaccine, no immediate challenges have been identified thus far.

Substance Use, Awareness and Prevention

The Governor’s Task Force on Overdose Prevention and Intervention resulted in several opportunities for the BHEZ for additional funding centered on substance use, awareness and prevention. An additional \$195,034.36 (including carry over from our Gap Funding period (April 2019 – June 30, 2020) was awarded to the BHEZ with an accelerated performance period towards the development of an Overdose Prevention Plan and Opioid Overdose Prevention and Response. Also, another grant awarded through the East Bay Regional Coalition was utilized to continue operations at the part-time East Bay Recovery Center, the result of a collaboration between East Bay

Community Action Program (also a primary partner) and St. Michael's Episcopal Church in 2018.

Strategies

Our work under topic of substance use, awareness and prevention is aligned with the following State Priority Goals, under several BHEZ specific objectives including:

- Goal 8 - Improve system coordination in communities and statewide to facilitate improved health outcomes.
- Goal 10 - Adopt social determinants of health in public health planning and practice to improve health equity.
 - Objective: Support the growth , diversity and sustainability of the Substance Use, Awareness and Prevention Working Group.
 - Strategies:
 1. Recovery Rally
 2. Recovery Resources Rack Card
 3. Opioid Forums
 4. East Bay Recovery Center
 5. Emerging strategies based on demonstrated need

Overdose Prevention Plan/Opioid Overdose Prevention and Response

Work on the Overdose Prevention Plan (OPP) began in the spring of 2019 when the BHEZ retained the services of Datacorp as our Evaluator. The BHEZ Co-Coordinator (Emily Spence and Craig Pereira), Assistant Coordinator (Sarah Bullard), the Substance Use, Awareness and Prevention Working Group, and Datacorp assembled an Overdose Prevention Plan Subcommittee, and created the OPP for the Town of Bristol.

Our objectives for this strategy include:

- Address the opioid overdose epidemic in the community with a primary focus on opioid use, and the individuals affected by/at risk of impact from the opioid overdose epidemic.
- Engage with Regional and/or Local Prevention Coalition(s) and Community Overdose Engagement (CODE) point of contact (s), where applicable, to build upon and augment the existing CODE plan.
- Provide a detailed plan for community and stakeholder engagement, assessment, and information gathering. Identify all target populations.
- Prioritize needs and identify evidence-based or emerging strategies to address gaps in the prevention system with an action-oriented Opioid Overdose Prevention Plan.
- Develop a short and long-term evaluation plan that incorporates performance measures.
- Implement action plan strategies as time allows.

Findings from the OPP led to the identification of three desired outcomes for the Bristol community as a result of this effort:

- Reduce the number of people who overdose from opiates in Bristol.
- Reduce the number of people who are using and/or abusing opiates in Bristol.
- Reduce the stigma associated with opiate use and abuse in Bristol.

And finally, the Subcommittee identified four goals from which measurable objectives and activities were then selected:

- Prevention: Prevent the negative impact of opiate abuse in Bristol
 - Increase community education about addiction and risks associated with opiate use.
 - Increase community involvement in addressing opiate use and abuse.
 - Increase awareness of community resources.
 - Increase professional awareness and consumer advocacy.
 - Increase awareness of overdose risk factors.
- Rescue: Increase access to naloxone
 - Increase collaboration with local pharmacies.
 - Increase awareness of overdose prevention and how to administer naloxone.
 - Increase community education about the Good Samaritan law.
- Treatment: Increase knowledge of and access to treatment options
 - Increase knowledge related to alternative treatments for chronic pain.
 - Explore availability of mobile treatment.
 - Increase availability of alternative mental health and substance abuse treatment options.
 - Increase awareness of existing local treatment options.
- Recovery: Maintain consistent recovery support services in Bristol
 - Increase community support for recovery services.
 - Increase number of Mental Health First Aid trainings.
 - Enhance community support services.

A copy of Bristol's Overdose Prevention Plan, along with an updated Implementation table (as of June 30, 2020) is included in Appendix A, including:

- Methodology
- Assessment Findings
- Recommendations for Action
- Short and Long-Term Evaluation Plan
- Logic Model
- Appendices (supporting information)

What seemed almost simultaneously (given the extremely short performance period), this same Subcommittee began to implement strategies throughout the community regarding Opioid Overdose Prevention and Response, based on the findings of the OPP development and input from the Subcommittee, including:

- Mental Health First Aid Training – Bristol Police and Fire Personnel
This eight-hour training included a public safety model that addressed the opioid overdose epidemic including:
 - Policy development around how personnel respond to overdoses in the community (proper investigations, inter-agency coordination, relationship building with mental health providers)
 - Q & A Factsheets on Narcan
 - Community Forums

A total of twenty-two Fire Department personnel and ten Police Department personnel were trained. Personnel who received the training spoke very favorably of the training.

- Youth Leadership Camp – Bristol Police Department
A character-building camp that fostered empowerment, including:
 - Identification of substances
 - Secondary detriments/impacts to general health
 - Strategies to combat direct/indirect peer pressure

The Camp was a huge success with forty-two youth participating. The Police Department was grateful for the financial support, stating it would have never happened without it.

- Communications/Awareness Campaign
Working with RDW Group, a multi-pronged approach towards the design and implementation of a communications/awareness campaign throughout Bristol and the East Bay was developed, including:
 - Messaging
 - Print/Social media advertising
 - Brochures and Posters
 - Unique URL/Landing Page for local resources

The print media campaign served as the primary vehicle to convey the findings and implementation of the Bristol OPP to the community. We started out with an infographic that conveyed the methodology and findings from the OPP development and community survey, posted in the Bristol Phoenix. Next, we followed with the development of posters, centered on the four pillars of an Opioid Response Strategic Framework: Prevention, Rescue, Recovery and Treatment, also published in the Bristol Phoenix. The four posters were also printed and distributed throughout the community. The infographic and four posters are included in Appendix A.

Next, a unique URL (website)/landing page and social media campaign was launched, available here: <http://helpisherebristol.com/>. The website serves as a

central hub of information regarding prevention information and a community resources directory, including information on:

- Emergency Services for People in Crisis
- General Counseling/Therapy/Treatment Resources
- Substance Use Disorder and Recovery Resources
- Children and Youth Mental Health and Behavioral Resources
- Support for Service Providers, Care Givers, and Families
- Wrap-around Social Services

Utilizing advertising units on Facebook, a four-week campaign was implemented to drive awareness to key resources. One of the many print ads is included below (Exhibit A).

Exhibit A



Print ad for the HelpsHereBristol.com project website/awareness campaign.

Three social media ads ran on social media as part of a push to raise awareness about resources for substance misuse and mental health in the Bristol-Warren area. All ads targeted Bristol and Warren residents aged 18+ to make the biggest impact with this niche audience. Two Help is Here ads focused on raising awareness of local services and ran from September 16 to October 16, 2019. The third ad promoted the Rally 4 Recovery event with the goal of driving event attendance and ran from September 16 to September 21.

We ran 10 different display ad sizes of the “Help is Here” banners across the Google Display Network (GDN) from 9/16 – 10/16. The GDN is a group of over 2 million websites that reaches over 90% of internet users worldwide. For this campaign, our targeting was limited to only users in Bristol and Warren, RI.

Google Analytics showed that over the course of the campaign, these ads reached 27,424 unique people (98% of the total potential target audience) and generated more than 377,800 impressions. Ads drove 1,707 clicks (1,369 of which were unique) to the website.

- **Purchase/Distribution of Deterra Bags**
530 Deterra Bags were purchased and distributed throughout the community including at the 4th annual Rally 4 Recovery (September) and to physicians at the Bristol County Medical Center.
- **Purchase/Distribution of Narcan**
135 Narcan kits were purchased and distributed throughout the community including to the Bristol Police Department, sixteen physicians at Bristol County Medical Center (for distribution to patients) and for the Naloxboxes located across Bristol.
- **Operations/Management East Bay Recovery Center – Bristol location**
We continued to provide support to the East Bay Recovery Center from July – September 2019 including partial salaries for the Program Director/Supervisor and Peer Recovery Specialists, public relations/events costs and operating expense (rent/computer equipment/supplies).

From July 1, 2019 through September 30, 2019, the center had eight community members visit for recovery services, one-third of which were unduplicated clients. The decline in numbers seeking services is likely attributed to the opening of the full-time East Bay Recovery Center in Warren, under EBCAP.

- **Courageous Kids Camp – BHEZ, Stone Coast Community Church, Mount Hope Church**
This week-long summer camp teaches youth character-building skills. Six police officers participated in the Camp in an effort to cultivate positive relationships between the Police and local youth. This past year, seventy-five youth participated in the camp.
- **Narcan Training/Narcan Dummy – Resources Education Support Together (REST)**
Three Narcan trainings (and Narcan dummy purchased) were conducted by Laurie MacDougall of REST, including:
 - Bristol County Medical Center
 - East Bay Food Pantry
 - Bristol Warren Regional School Department
- **Mt. Hope High School – Matt Bellace, PhD. – Motivational/Prevention Speaker, Student Assemblies**

Working with the Bristol Warren Regional School District's STAAND program, the BHEZ co-sponsored two student assemblies with Matt Bellace – Prevention Speaker and Comedian.

Students and School District personnel indicated the presentations were relevant, specific to the student demographic and overall outstanding.

East Bay Recovery Center

Continuing our coordination with the Bristol Prevention Coalition, a RIDOH Community Overdose (CODE, \$10,000) grant was received to continue to support operations and management of the East Bay Recovery Center.

The BHEZ continued to provide support to the East Bay Recovery Center from October – December 2019 including partial salaries for the Program Director/Supervisor and Peer Recovery Specialists, public relations/events costs and operating expense (rent/supplies).

Unfortunately, with the opening of the full-time East Bay Recovery Center by EBCAP in Warren, the number of community members accessing the Bristol site continued to decrease. From October 1, 2019 – December 31, 2019, the center had 30 community members visit for recovery services, two-thirds of which were unduplicated clients. The Warren site realized through a federal grant for full-time services to EBCAP offers peer-to-peer recovery services connecting those in any type of addiction recovery to others in recovery and providing supports and activities that help lead to long-term recovery. Other support services that are offered include: All-Recovery Meetings, Recovery Coach Academies, Expungement workshops, Family Support Groups, Recovery Coaching, Events, Telephone Recovery Support, Naloxone Training and Distribution, and Wellness Activities.

Although it was our hope to keep the Bristol site open as a part-time center, the numbers just weren't there to support the operating costs. Looking at the big picture, the fact that there is now a full-time center open in the East Bay, just up the street from Bristol, was the primary goal when the BHEZ and EBCAP originally piloted this initiative.

4th Annual Rally 4 Recovery

The BHEZ hosted the 4th annual Rally 4 Recovery again in September 2019 on the Bristol Town Common. This event reaches a number of Bristol individuals and families alike, celebrating the accomplishments of those in recovery. Again, the BHEZ received funding (\$5,000) through the R.I. Rally for Recovery Network. Hosted by Tommy Joyce – East Bay Recovery Center Director, over 30 recovery services agencies/programs, community stakeholders and various other organizations participated, including (but not limited to):

- CODAC
- BHDDH
- BH Link

- Bristol Prevention Coalition
- RI Department of Health/Hep A
- Warren Police and Fire
- Bristol Police and Fire
- Every Student Initiative
- Parent Support Network
- Matthew Patton Foundation
- Bristol Parks and Recreation
- PONI
- EBCAP
- East Bay Regional Prevention Coalition
- RWU Public Health Club
- East Bay Recovery Center
- Bayside YMCA

A number of community members in recovery shared their inspirational stories, Neal and the Vipers performed, and municipal officials spoke to the cause. Approximately 300 community members, municipal officials and BHEZ personnel participated in this great event.

Recovery Resources Rack Card

The BHEZ continued to update and revise the Rack Card in Year 1 to appropriately reflect the available resources in the East Bay and Bristol community overall. The rack cards include information on the following:

- Recovery Services/Support Groups
- Mental Health Services
- Food/Housing/Shelter/Clothing
- Social Services

Rack cards are available throughout the community, in municipal buildings, businesses, schools, churches and distributed to all primary partners and stakeholders.

Working Group

The BHEZ Substance Use, Awareness and Prevention Working Group continued under the direction of Emily Spence (BHEZ Co-Coordinator). In addition to the work on strategies discussed above, the Working Group continued to meet and discuss new gaps in services/programs, continued coordination with both the East Bay Regional Prevention Coalition and Bristol Prevention Coalition on new grant opportunities/applications and continued coordination with the East Bay Recovery Center (Warren) marketing their services/programs.

Impact from COVID-19

The impacts realized due to the COVID-19 pandemic are mostly centered around the OPP and its implementation plan, with several proposed initiatives cancelled, including:

- Conduct two Medicine Clean Outs/Drug Take Back Days
- Distribution of Detera Bags at Resource Fair
- Fifth and final Narcan/Family Crisis Toolkit training
- Implement additional NA and support groups/services at St. Michael's Parish Hall
- Implement the Craft Curriculum (also due to lack of funding)

Pending initiatives due to the timing of COVID-19 pandemic include:

- Exploring opportunities to work with Bristol Police Department to provide drug pick-up services for seniors
- Conduct one Narcan 'Train the Trainer' training within the Bristol Warren Regional School District
- Place 'Good Samaritan' education signs on all municipal Naloxboxes
- Conduct educational forum on increasing community support for recovery services
- Explore Mental Health First Aid trainings in area churches

The Working Group managed to shift into 'virtual' meetings to continue their great work.

Successes

The primary success lies in the sheer number of initiatives/strategies we were able to implement in such a short period of time – facilitated only through the additional funding. The development of the OPP, its rollout to the community and the implementation of the 'HelpsHereBristol' site are also major accomplishments.

Challenges

Our biggest challenge and disappointment is that the East Bay Recovery Center – Bristol satellite, was closed. Although we understand the shift to siting the full-time center in Warren (due to real estate costs being lower and proximity to EBCAP's headquarters), we really hoped we could continue this very necessary resource to Bristol residents.

Physical Activity

Again, with limited funding and an emphasis on strengthening our infrastructure, we worked hard to distribute what was left towards implementing strategies under each topic area. For Physical Activity, that meant supporting funding for the Town's Recreation Program Coordinator, Nellie Guerriero. The development of a Walk and Bike Plan, in addition to facilitating community consensus around a Complete Streets Ordinance has been placed on hold. The BHEZ has facilitated a number of public workshops around both topics over the past several years, including the expertise of representatives of GrowSmart RI and the inclusion of several Roger Williams University capstone students. At this point, these tasks require the involvement of municipal personnel to really effectuate development of the Walk/Bike Plan, as well as presenting a Complete Streets Ordinance to Town Council for consideration.

Strategies

Our work under the topic of physical activity is aligned with several goals and objectives expressed in the R.I. Department of Elderly Affairs State Plan on Aging 2015-2019, including:

- Goal 1 - Enable seniors to remain in their own homes with a high quality of life if possible, through the provision of appropriate home and community-based services.
 - Objective 1.2 - Provide opportunities for community involvement.
- Goal 2 - Empower older people to stay active and healthy.
 - Objective 2.1 - Encourage self-management of chronic disease.
 - Objective 2.2 - Promote a healthy lifestyle among older adults.

Our work under topic of physical activity is aligned with the following State Priority Goals, under several BHEZ specific objectives including:

- Goal 8 - Improve system coordination in communities and statewide to facilitate improved health outcomes.
- Goal 10 - Adopt social determinants of health in public health planning and practice to improve health equity.
 - Objective: Support the growth, diversity and sustainability of the Physical Activity Working Group.
 - Strategies:
 1. Walk/Bike Plan development
 2. Green/Complete Streets community education/ordinance
 - Objective: Increase the community's access to 'mind and body' programming and activities.
 - Strategies:
 1. Continue to fund the Recreation Program Coordinator position at the Quinta Gamelin Community Center.

Quinta Gamelin Community Center Recreation Coordinator

The BHEZ has supported partially funding Nellie's position as the part-time Recreation Program Coordinator for several years now. Originally hired as a Zumba instructor, Nellie developed a core 'following' of community members that enabled her to expand not only her services, but also the program offerings at the Quinta Gamelin Community Center (QGCC). More recently, a more holistic 'mind and body' approach has enabled the QGCC, to evolve into year-round community asset for all Bristol residents. Nellie has also participated in our work around seniors, contributing to our grant with the Department of Human Services – Division of Elderly Affairs. Nellie coordinated with a local nutritionist to bring free nutritional sessions for seniors into the QGCC.

A number of new programs have been implemented over the past year under Bristol Parks and Recreation, including:

- Circuit Training
- Yoga for School Teachers
- Yoga for Teens...by Teens
- Sacred Bellydance
- Meditation (Free)
- Guided Chakra Meditation (Free)
- Intro to Zumba (Free)
- Oceanside Soccer Clinic
- RIDOH Workshop: Own Your Health (Free)
- Crochet for Teens
- Pink PJ Movie Night
- Exploring through Play
- Kids Paint Day
- Kids Valentine Crafts
- Dr. Seuss Celebration/Crafts: Reading with Mt. Hope High students
- Want's the Weather Crafts: Reading with Mt. Hope High students
- Hand-Painted Ornaments (adults)
- Kid's Holiday Crafts
- Kid's Mini-Plank Painting
- Plank Painting (adults)
- Resin-Frame Art Workshops
- T-Shirt Quilt Class Nutrition for Ages 55+
- Nutrition for Aging Population
- Nutrition Q & A Workshop

Activities/Programs by type, month and number of participants are shown in Table 1 below.

Table 1. Activities/Participants by Month

Activity	No. of Participants								
	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
Zumba	848	964	982	727	762	588	956	763	281
Yoga	329	353	371	426	403	387	507	485	191
Fitness	475	453	454	579	534	397	651	580	105
Free Class	34	5			35				
5-Week	26	24	21	29	28	22	32	21	19
Recreation	17	26	60	61	83	95	165	136	19
Kid's Programs	10	24		9	11	9	22	19	30
Health, Wellness & Nutrition		2	35	18	82	23	82	117	11
Dance				25	33		20	26	
Adult Arts & Crafts				16	33	34	22	9	
Pickleball					245	215	308	367	122
Teen Programs					203	165	190	341	118
Crochet									18
Monthly Total	1,739	1,851	1,923	1,890	2,452	1,935	2,955	2,864	914

Working Group

The BHEZ Physical Activity Working Group has been without a champion for some time now. We have remained unable to secure an individual who is interested and qualified for the position. Close coordination with the Parks and Recreation Department, as well as the Program Coordinator has served to continue to understand the needs of community members, while we continue our search for a champion.

Impact from COVID-19

Again, with the 'stay at home order' from the Governor due to the COVID-19 pandemic, gathering together in person for Zumba, Yoga or Pickle Ball was just not feasible. Thanks to the positive energy and dedication to her clients, Nellie evolved several of her Zumba, Zumba Gold and Toning classes into 'live streams'.

Below, is a listing of livestream classes with number of participants over a 6-week period.

- Zumba
 - 40 participants average per week
- Zumba Gold
 - 27 participants average per week
- Toning
 - 47 participants average per week

Successes

The one success is really centered on the relationships built and efforts of the Recreation Program Coordinator – Nellie Guerriero. Through collaborations with the BHEZ, Nellie and her staff have been able to strengthen existing programming, while also expanding into new areas to meet the needs of the community.

Challenges

It appears the biggest challenge involves seniors and their comprehension of and access to technology. Without a vaccine in sight for COVID-19, it is likely seniors will continue to shelter in place for the near future. Participating in classes at the QGCC is not only beneficial for physical activity, it is also a social opportunity for most seniors. The ability for the QGCC to offer a broad range of classes/programs, compounded by limitations around technology for seniors, may preclude some from participating at all.

A second challenge is getting a firm commitment from the Town to oversee the development of the Walk and Bike Plan and accelerating the community discussion around a Complete Streets Ordinance. As previously stated, the BHEZ has advanced the community discussion around a Walk/Bike Plan and consideration of a Complete Streets Ordinance over the past several years. Moving forward, municipal personnel will need to partner with the BHEZ to make both a reality.

Personal Health and Wellness

The real strength of the Personal Health and Wellness Working Group stems from its membership – community members truly dedicated to advancing the institutional awareness of mental health across a broad range of demographics. A primary initiative, the Student Advocate position at Mt. Hope High School, requires approximately one-third of the BHEZ' operating budget. However, it is also its most critical initiative regarding community need and messaging. Other initiatives, the majority of which are unfunded, round out the important work under this topic.

Strategies

Our work under the topic of personal health and wellness is aligned with the following State Priority Goals, under several BHEZ-specific objectives, including:

- Goal 8 - Improve system coordination in communities and statewide to facilitate improved health outcomes.
- Goal 10 - Adopt social determinants of health in public health planning and practice to improve health equity.

- Objective: Support the growth, diversity and sustainability of the Personal Health and Wellness Working Group.

Strategies:

1. Kindness Rocks/Don't Give Up Campaigns
2. Mental health educational forums
3. Mental health resources in schools
4. Community mental health trainings

Our work also aligns with the Maternal-Child Health Title V State Plan 2016 – 2020 increasing the availability of Integrated Health Services as the foundation for a community-based Adolescent Engagement/Patient Navigation program including:

- Objective: Support the social and emotional needs of youth and families.

Strategies:

1. Continue to fund the Student Advocate position at Mt. Hope High School.

Kindness Rocks Campaign

Initiated several years ago with the Personal Health and Wellness Working Group, the Kindness Rocks campaign stems from a global viral campaign where people, often children paint pebbles (rocks) for others to find and collect. The pebbles have inspirational messages pertaining to daily life, or in support of a particular cause, charity or event. Over the past year, the Personal Health and Wellness Working Group has implemented four new Kindness Rocks stations in Bristol (at Quinta Gamelin Community Center and the Town Common) and Warren (at 2 parks) where rocks painted at the Rally 4 Recovery (September) were placed and publicized on Facebook.

Don't give up Sign Campaign

Originally created in 2017, this campaign has become a national movement of inspiration. The concept of creating encouraging yard signs in support of strangers has now evolved into bracelets as well, with similar messaging. Over the past year, the Personal Health and Wellness Working Group distributed 268 'Don't Give Up Welcome Packages' to each teacher in the Bristol/Warren Regional School District that included twenty-five 'Don't Give Up' cards for display and information on upcoming Mental Health Matters events for distribution. Bracelets are distributed at every BHEZ event and available at the Bristol Police Station. Residents and business owners contact the Working Group Champion to purchase signs for their years or business.

Mental Health Educational Forums

The Personal Health and Wellness Working Group has continued to work with community partners to bring to light a number of 'Mental Health Matters' events during the fall of 2019 where people gather to hear inspirational speeches, get a sense of community support for a number of reasons and feel a part of a 'community, including:

- Talk Saves Lives
- Mental Health Matters Community Conversations

- Suicide Survivor's Day
- Day of Caring

Student Advocate Mt. Hope High School

Sara Braganca, the Student Advocate, is employed by and supervised by EBCAP, through a collaborative effort with the BHEZ. School District personnel make student referrals to Sara, who then meets with students and performs a mental health screening, provides guidance and makes referrals to additional services dependent upon the students' needs (housing, food access, substance use support, etc.). Sara also conducts follow up with students and families as necessary during the school day and after school.

Below are the number of students and families engaged throughout the academic year, along with the top, recurring themes/issues:

- September 2019
 - 10 students
- October 2019
 - 11 students
- November 2019
 - 14 students
- December 2019
 - 17 students
- January 2020
 - 10 students
 - 1 family
- February 2020
 - 9 students
- March 2020
 - 16 students
- April 2020
 - 15 students
- May 2020
 - 14 students
- June 2020
 - 8 students

Recurring themes/issues identified included:

- Vocational counseling needs
- COVID-19 response (lack of internet, truancy from virtual classrooms)
- Family problems
- Anxiety
- Bullying

Sara also conducted two groups, 'Learning Lunches' and 'Student Union'. The Learning Lunches were conducted during students' Advisory Sessions with 16 students age 15 – 18 where students learned about mental health changes and healthy mental health behaviors. The goal of this program was to create a more supportive and compassionate student body that will alleviate immediate issues like bullying and long-term issues such as substance use and suicide. Extended homeroom serves as the Advisory Sessions, along with Gerard Spence, a history teacher in the high school. Students made quilts for the homeless while discussing ways to spread the positive messaging they learned about.

Sara's work with the Student Union (six students, age 14-17) included students in grades 9-11 who wanted to create a student group that protects the health, safety, and individual rights of students in Mt Hope High School. With the support of the Principal, the Student Union met to draft a living Student Bill of Rights document to be displayed in every classroom to create alliances with administrators and teachers and to build a nourishing environment for students of all preferences, affiliations, races, religions, cultures, identities, and backgrounds.

Also, prior to the start of the 2019 – 2020 academic year, the Principal at Mt. Hope High School requested an add-on to the position to 'provide more in-depth services for students who are off track for graduation as part of the PASS School to Career Program, including:

- One on one meetings with students to develop action plans
- Advocating for social, emotional and mental health services as needed
- Participating in regular data-based team meetings intended to advance the student-centered program
- Engaging with students and mentors at their worksites
- Participating in leadership meetings to support decision making

Sara's work with the PASS Program included 28 students age 16 – 17 (Junior and Senior student cohorts). These students spent the first half of the day in school, and then worked for the second half of the day in a job intended to teach them real life skills and provide them with valuable work experience. Their work experiences provided them with an understanding of industries with growth potential in order to find similar employment with benefits as they prepared to graduate. Two common social barriers acknowledged include behavioral issues and students who are living somewhat independently or financially contributing to their homes. Sara has worked with students to build their resumes as they move through the program, to practice interview skills as they apply for new positions and prepare them for independence when they graduate. Sara also utilizes EBCAP's wrap-around services to resolve barriers for a successful transition.

Sara closed out her caseload and provided necessary resources for students in preparation for summer vacation. This position has been fully utilized since its

inception, with requests from the School District personnel for similar positions at the Middle and Elementary Schools.

Mental Health First Aid Training – Bristol Police and Fire Personnel

As previously discussed under the topic of Substance Use, Awareness and Prevention, twenty-two Fire Department personnel and ten Police Department personnel completed this eight-hour training, as part of a national program to teach the skills to respond to the signs of mental illness and substance use.

Working Group

The work of the BHEZ Personal Health and Wellness Working Group remains strong. Two additional ‘spin-off’ working groups have often merged and shared efforts over the past year – the Suicide Prevention and Faith-Based Leaders Working Groups. The Suicide Prevention Working Group continues to push the group’s agenda, following the culmination of three years of hard work with the installation of new signage, advertising local 24/7 mental health resources at the entrances of the Mount Hope Bridge. The group also works to advocate for support for various initiatives such as barriers on the bridges to prevent suicide attempts as well as expanded mental health efforts in local schools to strengthen students’ mental health.

The Faith-Based Leaders Working Group has also implemented individual initiatives including the Courageous Kids Summer Camp and the Annual Day of Caring. As previously discussed, approximately seventy-five youth participated in the week-long character-building summer camp. The first annual Bristol Day of Caring was held in October 2019 as a community service day sponsored by the BHEZ with partners from the Bayside Family YMCA, First Congregational Church, Stone Coast Community Church, St. Mary’s Church, St. Michael’s Church, First Baptist Church and Benjamin Church Senior Center. The Day of Caring is an opportunity for individuals and families looking to give back to their community. Volunteers are matched to local service projects in Bristol, including everything from yard work, painting and light home repairs. During this first year, the group was able to carry out approximately 15 jobs around town for families and individuals with a group of fifty volunteers.

Impact from COVID-19

The impacts realized due to the COVID-19 pandemic were primarily centered around the efforts of the Student Advocate and the state-mandated distance-learning with services continuing, via email and telephone approaches.

Regarding the Student Advocate position, students were experiencing high amounts of stress and anxiety due to the lack of direct support they relied on to complete their work. The school year ended up focusing on helping students manage their anxiety and focus on the end goal of passing for the year. The end of the school year was also a big time for the Student Union as it was able to submit their demands for change within the school and have had a positive experience with advocacy and communication. The 2020/2021 school year will be focused on maintaining a peaceful and tolerant student

body and staff as well as ensuring there is enough support in place for students in the case of both mental health and physical health needs.

Learning Lunches Advisory was suspended due to the shift to distance learning during the COVID19 crisis.

With the shift to distance learning, Student Union met weekly (virtually) to continue efforts on the Student Bill of Rights.

Successes

As previously mentioned, the real strength of the Personal Health and Wellness Working Group stems from its dedicated membership. The initiatives and Working Group continue to make an impact in the community. The flexibility of the Student Advocate to continue her work supporting students and even expanding her roles to the PASS Program and several additional groups is a testament to her dedication to the student body.

Challenges

The lack of a vaccine in sight for COVID -19, coupled with significant increases in community-spread across the country, presents a certain amount of uncertainty for the upcoming academic year. In addition, the BHEZ made a difficult decision to cost share the Student Advocate position with EBCAP, as originally envisioned when the initiative was piloted several years ago. Presently, the BHEZ has secured partial funding (50%) for the position, with EBCAP unable to secure their share. However, Sara Braganca, the Student Advocate has recently initiated graduate school coursework, with only part-time availability for the upcoming academic year. The BHEZ is still coordinating with Sara, EBCAP and the School District to see if this will be a good fit.

Baseline Re-Assessment of Health Needs in the Community (2020)

The BHEZ implemented an expanded version of the *Baseline Assessment of Health Needs in the Community* conducted in Year 1 of the federal HEZ grant initiative to better understand the effectiveness of programming implemented to date, as well as to identify ongoing/new gaps and needs of the community. Previously (2016), this assessment was given in a variety of ways – online/hard copy surveys, focus groups, and personal interviews, and kicked off at a free community dinner. Again, we planned to have a similar roll-out of the Re-Assessment, with both online and hard copy surveys, focus groups and personal interviews, also kicked off at a free community dinner (see Appendix B for Re-Assessment Kickoff flyer).

The BHEZ Co-Coordinators reviewed questions under the same general topic areas from the original *Baseline Assessment of Health Needs in the Community* to determine which questions should be included in the Re-Assessment. This approach enabled us to better understand the efficacy of programming since 2016, as well as to learn of any new gaps and/or needs from the community. We conducted two working sessions with the BHEZ Steering Committee to review the Re-Assessment questions and solicit input on new questions targeted at evaluating specific initiatives to gage community

awareness of BHEZ programming (see Appendix B for Re-Assessment Survey instrument).

Partnering with Roger Williams University Dining Services, who donated the food, we kicked off the Re-Assessment on March 3, 2020 at the Franklin Court Independent Living facility in the heart of our target demographics' neighborhood. Approximately 85 community members showed up to complete the Re-Assessment survey and enjoy a free community meal. Also, Roger Williams University students volunteered to help serve food, register participants and assist people with completing the Re-Assessment survey. Shortly after our kickoff dinner, state and federal requirements to 'stay at home' were implemented, essentially shutting down all aspects of daily life. We were not able to conduct the various focus groups and personal interviews as planned. We opted to not place hard copies in strategic locations throughout the community as to not risk transmission of the virus. Although we kept the Re-Assessment open online as long as we could (2.5 months), there didn't appear to be an end in sight within our time constraints to do much more outreach, with 147 responses in total for the Re-Assessment see Appendix B for an export of the Re-Assessment findings).

The BHEZ Co-Coordinators reviewed the findings from the *Baseline Assessment of Health Needs in the Community* (2016) with those from the Re-Assessment (2020) in terms of similar questions to compare and contrast the community's sentiments (2016 v. 2020) under broad topic areas, including:

- Healthy Food Access and Nutrition
- Physical Activity
- Community Design in Support of Healthy Living
- Public Transportation in Support of Healthy Living
- Personal Health and Wellness
- Substance Use, Awareness and Prevention
- Bristol HEZ Programs/Strategies 2016 – Present
- Demographics

See Appendix B for a full copy of the compare/contrast of the 2016 v. 2020 survey. Highlights from this same document are included here, by topic area:

- Food & Nutrition
 - Ease of preparation continues to be the priority when making decisions about food choices (48% 2016/44% 2020)
 - Overall, respondents indicated they are comfortable with preparing meals by way of a recipe, in addition to adjusting meals to be healthier, by adding vegetables, whole grain ingredients and baking instead
 - The top barriers from the Re-Assessment around improved food access and nutrition include: cost (4), transportation and accessibility (3), followed by more healthier offerings at local restaurants
 - Only half (51%) of respondents indicated awareness of free produce at East Bay Food Pantry, while the same percentage feel there is adequate

food (enough to sustain an individual/family) available to those in need in the community.

- Physical Activity
 - Across both assessment tools (Baseline Assessment/Re-Assessment), Bristol residents are active, participating in regular exercise during the week
 - Respondents are also consistent between both tools regarding a system of well-maintained sidewalks and paths that allow for walking and biking in the Downtown
 - The majority of respondents for the Re-Assessment do not feel the same regarding walking and biking along commercial areas, with fewer respondents in agreement than the Baseline Assessment
 - Just over half (51%) of respondents from the Re-Assessment feel there are design features that adversely impact walking/biking in Bristol (similar to what we heard during the Walk/Bike Audits in 2016)
 - Fewer respondents (24%) from the Re-Assessment believe recreational facilities are not fully accessible by all income levels/abilities

- Community Design in Support of Healthy Living
 - In 2016, 36% of respondents believed the Town is developing/redeveloping to improve opportunities for walking and/or biking (compared to 43% in 2020)
 - The same percentage believe that schools and businesses encourage walking/biking through the provision of amenities such as bike racks, safe approaches to buildings, and sheltered/resting areas
 - Respondents also feel relatively similar between 2016 and 2020 regarding access to walking/biking routes and food stores/restaurants by disabled individuals

- Public Transportation in Support of Healthy Living
 - As with the Baseline Assessment, respondents from the Re-Assessment overwhelmingly do not access RIPTA services (79% 2016/71% 2020)
 - Interestingly, fewer respondents from the Re-Assessment (28%) indicated they do not believe an alternative, free/low-cost town-sponsored transportation system would improve resident mobility throughout the community

- Personal Health and Wellness
 - All but one category (Parenting Skills/Child Development 35% 2016/28% 2020) showed considerable gains in awareness of community-based resources...attributable to our messaging (HEZ newsletters), Working Group efforts and website presence)
 - Similarly to the Baseline Assessment (51%) respondents from the Re-Assessment (45%) stated they would be interested in several free/low-

- cost programs including life skills (10 respondents), mental health (8 respondents), physical activity and nutrition (both 5 respondents)
 - Unfortunately, less than half of respondents from the Re-Assessment indicated awareness/knowledge of services provided at East Bay Center, or that healthcare and social service agencies provide support and/or translation services to residents
 - On a more positive note, respondents overwhelmingly feel they have plenty of people they feel close to, can trust and rely on when having a problem.
- Substance Use, Awareness and Prevention
 - Alcohol and cigarette/vaping use/abuse continue to be the most prevalent substances witnessed in Bristol (alcohol 46% 2016/44% 2020 and cigarettes/vaping 54% 2016/41% 2020)
 - Respondents from the Re-Assessment attribute misuse/ abuse of substances to anxiety/stress/depression (85%) followed by peer pressure and lack of addictive qualities of substances (both 55%) at the root cause
 - Regarding an emergency opioid crisis (from the Re-Assessment), more communication/awareness needs to be done around knowing how/where to get Naloxone (33%) and what services are provided for at the East Bay Recovery Center (25%)
 - The majority of respondents (44%) have seen educational material distributed/displayed around substance use/abuse resources in their doctor's office. Finally, respondents indicated more information/education is needed (77%) to address these issues
- Efficacy of HEZ Programming (2016 – present)
 - Although the majority of respondents (85th percentile or higher across all categories and topics) acknowledged awareness of various program offerings, the majority of respondents (49%) have only participated in monthly cooking demonstrations, likely due to the timing and location of the Re-Assessment kickoff (Franklin Court Independent Living facility...where the monthly demonstrations are held) and the limited public engagement afterwards due to the COVID 19 pandemic
- Demographics
 - Generally, respondents represent similar geographic locations between both surveys
 - More respondents (17% 2020, 2% 2016) were between the ages of 18 – 24 yrs. old...likely due to coordination with Roger Williams University students, and less (47% 2016, 13% 2020) were between 25 – 49 yrs. old
 - More respondents (23% 2020, 8% 2016) were between the ages of 75 yrs. and older...likely due to our kickoff dinner being held at Franklin Court Independent Living facility
 - Resident longevity was similar between the two surveys

- Ethnicities were similar between both surveys, except for Asian/Pacific Islander (0% 2016, 10 % 2020)
- Gender was similar between the two surveys with more females completing the survey than men (by three-fourths)

We have disseminated these survey findings to the Steering Committee and Collaborative via our quarterly meetings. We intend to also present the findings at a Town Council meeting once the public is permitted to participate in-person again. In the interim, our plan is to make this Year 1 End of Year Report available to municipal officials, community partners and stakeholders by posting to our project website and sending out a notice of availability.

COVID – 19 Community Needs Survey

In response to the COVID – 19 pandemic, the BHEZ also implemented the COVID – 19 Community Needs Survey to better understand the community’s needs around COVID – 19 (see Appendix C for survey instrument). The survey was available online, pushed out through Facebook and hard copies available at the East Bay Food Pantry. In total, 258 responses were received in just one month (see Appendix C for survey findings). Highlights from this brief, but important survey include:

- 92% of respondents are aware of and have access to medical care/testing
- Top barriers to medical/testing included for respondents answering ‘no’ (8%):
 - 57% don’t know where to go for care/testing
 - 37% fear risk of infection
 - 17% lack of transportation
- 91% of respondents are able to continue to feed themselves/family at the same level
- Top barriers to feeding oneself for respondents answering ‘no’ (9%)
 - 55% fear risk of infection
 - 48% loss of employment/limited funds
 - 21% food cost increases
- 93% of respondents are able to continue paying their rent/mortgage
- Top barriers to paying rent/mortgage for respondents answering ‘no’ (7%)
 - 65% decreased employment
 - 35% loss of job
 - 13% other/too many bills
- 93% of respondents are able to provide basic needs to themselves/their family
- Top barriers to providing basic needs to oneself/family for respondents answering ‘no’ (7%)
 - 48% cost of utilities
 - 33% other costs (lack of technology, eldercare needs)
 - 24% lack of transportation
- 64% of respondents are able to maintain employment at the same level
- Top barriers to maintaining employment at the same level for respondents answering ‘no’ (36%)
 - 49% other (retired or self-employed)

- 24% temporarily laid off
- 22% still working, but with fewer hours
- As the state reopens, what are most immediate concerns
 - 39% other (risk of infection, others not following guidance)
 - 30% employment security
 - 12% awareness/access to medical care/testing
 - 8% childcare/summer camp options
 - 5% food insecurity
 - 3% housing insecurity
 - 2% provision of basic needs
- 42% currently feel/recently felt overwhelmed as a result of the pandemic
- 97% feel safe in their current living situation/home
- 77% would likely not access a Community Health Worker for assistance, if one were available
- Majority (63%) of respondents were 50 – 74 years of age

As previously discussed, the BHEZ has initiated several COVID – 19 – response efforts throughout the community, including coordination with Bristol County Medical Center for testing expansion, posting community information resources on the BHEZ project website and coordinating the distribution of masks throughout the community.

We have disseminated these survey findings to the Steering Committee and Collaborative via our quarterly meetings. We intend to also present the findings at a Town Council meeting once the public is permitted to participate in-person again. In the interim, our plan is to make this Year 1 End of Year Report available to municipal officials, community partners and stakeholders by posting to our project website and sending out a notice of availability.

Looking Forward – Year 2

As the BHEZ enters Year 2 under the state-funded opportunity, we are undergoing a significant restructuring of the organization. Emily Spence and Craig Pereira have led the BHEZ as co-coordinators since its inception, and will be stepping into new roles as directors (Emily as Program Director, Craig as Fiscal Director), staying on to consult but leaving the day to day running of the organization to a newly appointed coordinator. Sarah Bullard (Assistant HEZ Coordinator) is stepping down and this position will be absorbed into the Coordinator’s role.

We anticipate our Workplan to feel very similar to Year 1, seeing that we have consciously decided to fund the same three Community Health Worker initiatives, and expect the various Working Groups will continue to oversee initiatives under their topic area. We do intend to take a more comprehensive look at the findings from the COVID – 19 Community Needs Survey and incorporate additional strategies related to response towards the pandemic.

Appendix A

- *Overdose Prevention Plan*
 - *OPP Infographic*
 - *OPP Posters*
- *Rally 4 Recovery Flyer*

Bristol Health Equity Zone Overdose Prevention Plan

September 2019

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EXECUTIVE SUMMARY

Introduction

The Town of Bristol, through a Rhode Island Department of Health (RI DOH) grant to the Bristol Health Equity Zone (HEZ), has developed an Overdose Prevention Plan (OPP) that will serve as a framework for building and strengthening prevention efforts at the community level. Three key objectives were the driving force of the BHEZ plan:

- Conduct a community-led needs assessment and prioritization process.
- Use needs assessment results and a prioritization process to develop an OPP.
- Develop a short- and long-term evaluation plan of the OPP project

Methods

This community led needs assessment utilized a mixed methods approach to understanding the opioid problems in Bristol. Quantitative data included the community survey and secondary data gathered through pre-existing surveys and social indicators. Qualitative data included key informant and focus group data.

Establish OPP Subcommittee

The Bristol HEZ established an OPP Subcommittee as a first step in this process. The subcommittee met 5 times between April 4, 2019 and August 12, 2019 and reviewed findings from the needs assessment as they emerged. It participated in facilitated meetings, led by Datacorp, to develop the community opioid prevention plan.

Components of the Community-Led Needs Assessment

Data Review of Preexisting Needs Assessment Reports

The contractor reviewed preexisting needs assessment resources and synthesized the findings to determine the extent of the opioid problem and to identify gaps in the data. The subcommittee reviewed findings and identified next steps in the needs assessment.

Community Survey of Opioid Knowledge and Beliefs

A community survey was administered to assess knowledge and beliefs about the opioid problem in Bristol. It took place between June 3rd and June 28th, 2019 and was circulated widely throughout the community and on social media.

Interviews Regarding Substance Exposed Newborns and Focus Groups

Two key informant interviews were conducted to gain knowledge of substance exposed newborns (SEN). Focus groups were conducted with the Senior Center, East Bay Recovery Center, Resources Education and Support Together (REST), and the Bristol County Medical Center with a group of medical professionals.

Key Findings

The needs assessment data showed there are several factors that impact the opioid problem in Bristol. Key findings that stimulated the subcommittee's decisions regarding

the nature of the prevention plan included:

- Reports of current opioid use
- The overwhelming perception that opioids are overprescribed
- Problems with newborns being born addicted to opioids
- People not being aware how addictive opioids are
- The impact opioids have had on families in Bristol
- Use due to anxiety, stress, and depression
- Unintended pregnancies among women who use or are on methadone
- Stigma associated with opioid addiction, especially among pregnant women
- Lack of services and ancillary resources for people who need or are seeking help
- Strong need for education and awareness

Recommendations for Action: Overdose Prevention Plan

Based on the needs assessment findings the Bristol HEZ OPP subcommittee created a comprehensive plan that includes strong environmental and program evidence-based activities. The following goals and measurable objectives were prioritized:

1. Prevention: Prevent the negative impact of opiate abuse in Bristol
 - Increase community education about the risks associated with opiate use
 - Increase community involvement in addressing opiate use and abuse
 - Increase awareness of community resources
 - Increase professional awareness and community advocacy
 - Increase awareness of overdose risk factors
 - Rescue: Increase access to naloxone
 - Increase collaboration with local pharmacies
 - Increase awareness of overdose prevention and how to administer naloxone
 - Increase community education about the Good Samaritan Law
 - Treatment: Increase knowledge of and access to treatment options
 - Increase knowledge related to alternative treatments for chronic pain
 - Explore the availability of mobile treatment
 - Increase the availability of alternative mental health and substance abuse treatment options
 - Increase awareness of existing local treatment options
 - Recovery: Maintain consistent recovery support services in Bristol
 - Increase community support for recovery services
 - Increase the number of Mental Health 1st Aid trainings
 - Enhance community support services

Summary

This ambitious, comprehensive plan was designed by community members committed to the wellbeing of the Bristol community. They very carefully considered the data and then created a comprehensive, yet realistic plan based on available financial and human resources.

INTRODUCTION

The Town of Bristol, through a Rhode Island Department of Health (RI DOH) grant to the Bristol Health Equity Zone (HEZ), has developed an Overdose Prevention Plan (OPP) that will serve as a framework for building and strengthening prevention efforts at the community level. Three key objectives were the driving force of the BHEZ plan:

2. Conduct a community-led needs assessment and prioritization process that identifies gaps, assets, and potential solutions for reaching and addressing issues related to the opioid crisis, particularly among families, pregnant women, and children.
3. Use results from the needs assessment and prioritization process to develop a Bristol HEZ Overdose Prevention Plan (OPP) collaboratively with the RIDOH, the Rhode Island Disaster Medical Assistance Team (RIDMAT), the Regional Prevention Coalitions (RPC), and other community stakeholders.
4. Develop a short- and long-term evaluation plan that incorporates performance measures and aligns with the local Community Overdose Response Plan project evaluations.

The Bristol HEZ hired Datacorp through its competitive bidding process to support this initiative and assist the Bristol HEZ in the assessment, planning, and implementation of the OPP.

This report describes the methodology that was used to carry out each of the above objectives and how the results were utilized to develop the Bristol HEZ OPP.

METHODS

Community-Led Needs Assessment

Establish OPP Subcommittee

The Bristol HEZ established an OPP Subcommittee as a first step in this process. This subcommittee utilized the existing HEZ Substance Abuse Awareness and Prevention Working Group as the core of the new subcommittee. Additional representation for the OPP subcommittee was solicited throughout the community. A complete list of the BHEZ OPP subcommittee members is presented in Appendix A.

The subcommittee met 5 times between April 4, 2019 and August 12, 2019. The table below is a listing of when each meeting occurred along with its key purpose.

Table 1. Bristol HEZ OPP Subcommittee Meetings and Purpose

Meeting	Date	Purpose
Subcommittee Meeting 1	April 4, 2019	Kick-Off Meeting
Subcommittee Meeting 2	April 29, 2019	Data Collection Review
Subcommittee Meeting 3	May 21, 2019	Community-led Needs Assessment Development
Subcommittee Meetings 4 & 5	July 15, 2019	Conduct Prioritization Process

Meeting	Date	Purpose
Subcommittee Meeting 6	August 12, 2019	Develop Short- and Long-Term Evaluation Plan

Source: BHEZ OPP SOW and Meeting Minutes

Components of the Community-Led Needs Assessment

The community led needs assessment had four key components.

5. Conduct a data review of preexisting needs assessment reports and identify relevant data gaps.
6. Conduct a community survey of opioid knowledge and beliefs.
7. Conduct key informant interviews with persons familiar with substance exposed newborns.
8. Conduct community focus groups to determine the extent of the opioid problem.

Preexisting Data Review

One of the first tasks of the needs assessment was to conduct a scan of preexisting needs assessment resources. Several reports that included data for the Bristol community were identified and reviewed to ascertain what is known about the opioid problem in Bristol and what data gaps exist. Datacorp presented the results of this data review to the OPP subcommittee during the second subcommittee during which time the findings and data gaps were discussed, which then informed the next steps in the needs assessment. The reports and data, authors, and the year they were completed appear in Table 2 below, and the PowerPoint presentation of results appears in Appendix B.

Table 2. Preexisting Data Review: Reports Reviewed

Report	Author	Year
Town of Bristol Code Application	Emily Spence	2014
Rhode Island Behavior Health Project: Final Report	Truven Health Analytics	2015
Bristol Health Equity Zone (BHEZ) Baseline Assessment of Health Needs in the Community	BHEZ	2016
Bristol Warren, RI 2017 Health and Wellness Survey Report, Data Tables	John Mattson Consulting	2017
East Bay Regional Coalition: Parent & Teacher Survey Results	Datacorp	2017
East Bay Regional Needs Assessment: Qualitative Data Report	Datacorp	2017
East Bay Regional Needs Assessment: Bristol Chart Book	Datacorp	2017
Rhode Island Student Survey: Group Report for Bristol, Mount Hope High School	BHDDH/URI	2017
Town of Bristol Health Equity Zone (HEZ) 5 th Grade Focus Groups, Final Report	John Mattson Consulting	2017
Town of Bristol 2018 HEZ Focus Group Results, Final Report	John Mattson Consulting	2018
Mt. Hope High School 2018 Rhode Island Student Survey	BHDDH/URI	2018
Pre – Prom Dinner Survey Results	Bristol/Warren	2018

Report	Author	Year
	Prevention Coalition	
Region 5 2018 Rhode Island Student Survey	BHDDH/URI	2018
RISS- 2018 Statewide Data	BHDDH/URI	2018

Community Survey of Opioid Knowledge and Beliefs

The Bristol HEZ Opioid Prevention Plan subcommittee decided to conduct a community survey to obtain community knowledge and opinion survey to ascertain beliefs about the opioid problem in Bristol. Our review of the pre-existing data showed data gaps relative to opioids. Taking these data gaps into account and reviewing national surveys, we developed a 23-item community survey.

Research was done to identify suitable questions that would elicit the perception community members have of whether there is an opioid problem in Bristol, whether they've know anyone personally who had a problem, if the problem has gotten better or worse in recent years, their perception of the root causes of the problem, whether they think there is a problem with overprescribing, and whether they think the community is doing enough to address the issue, among other relevant topics. Survey items were cross-walked with the State's population subgroups from which Bristol selected youth, families, and the required SEN subgroup. Survey items were cross-walked with the State's qualitative question areas to ensure the community survey asked questions in similar content areas as the focus groups and key informant interviews.

A draft of the survey was made available to the subcommittee for review and feedback. The evaluation team incorporated the subcommittee's feedback and input the survey questions into SurveyMonkey. Respondents were given the option to respond to the survey on paper, or they were able to scan a QR code that was placed on the front page of the survey. The QR code brought them to the SurveyMonkey page that housed the questionnaire where they could input their answers directly.

The needs assessment team launched the survey the week of June 3rd, 2019. We kept it open for four weeks, closing it June 28th 2019. The needs assessment team provided written reminders that the BHEZ coordinator circulated weekly while the survey was open. Questionnaires were disseminated to the following locations in Bristol:

- Benjamin Church Senior Center
- East Bay Food Pantry
- Bristol County Medical Center
- Rogers Free Library
- Bristol Town Hall
- Franklin Ct. Independent Living Community Room (Kick-off dinner)
- Elks Lodge
- East Bay Recovery Center

The questionnaire and item-level results appear in Appendix C.

Key Informant Interviews

Two key informant interviews were conducted in an attempt to gain knowledge about substance exposed newborns (SEN). Identifying key informants to participate proved to be a challenge. One of the project coordinators attended a SEN task force meeting where she was given provider names we could contact to determine if they were serving Bristol residents. The coordinator contacted treatment providers to determine if there were any Bristol residents being served in treatment that fit this description. There were none. Next, we tried to identify grandparents who might be raising children who were substance exposed *in utero*. We were unable to identify any. Finally, we asked treatment providers if they had staff that work with mothers of substance exposed newborns who would be willing to participate in our key informant interviews. We were able to find two staff at two different organizations who were willing to do this. The providers they work for and the date of the interviews are listed in the table below. The key informant interview questions and detailed results appear in Appendix D.

Table 3. Opioid Prevention Plan Substance Exposed Newborns Key Informant Interviews

Provider	Date
CODAC	June 19, 2019
Parent Support Network	June 25, 2019

Focus Groups

A total of 4 focus groups were conducted throughout the community. Focus groups were conducted at the Senior Center, East Bay Recovery Center, REST, and at the Bristol County Medical Center with a group of medical professionals. The names of the organizations and the dates of the interviews appear in the table below along with the topics discussed and the number of participants. A copy of the focus group questions and the detailed results appear in Appendix E.

Table 4. Opioid Prevention Plan Focus Groups Conducted

Focus Group	Topics Emphasized	Number of Participants	Date
East Bay Recovery Center	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction	7	May 16, 2019
Resources Education and Support Together (REST) Group	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction	9	May 6, 2019
Medical Community	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm	5	May 13, 2019

Focus Group	Topics Emphasized	Number of Participants	Date
	Prevention, Education Treatment, & Harm Reduction		
Senior Center	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction	10	May 17, 2019

Populations Engaged In the Needs Assessment

The overarching target group for the BHEZ Opioid Prevention Plan is the community itself. Within the community, there were four subgroups the BHEZ OPP subcommittee agreed should be interviewed through focus groups and stakeholder interviews. The groups and interviewees targeted for the needs assessment included parents of substance exposed newborns, families impacted by the epidemic, adults in recovery and senior citizens. The details associated with these groups appear in the tables above that document the focus groups and interviews we conducted.

The subcommittee also concluded that a community survey should be conducted. The subcommittee identified a variety of locations throughout the community where the survey could be distributed. The project coordinator and subcommittee volunteer distributed the surveys at the various locations. Paper questionnaires with a QR reader code on them were distributed. The QR reader code allowed individuals who preferred to take the survey over their phones the option to enter their data electronically. The complete list of locations appears in the methodology section above. The questionnaire was also made available on social media. The following figures show the demographic characteristics of the respondents who were reached through the community survey.

Figure 1. Community Survey Respondents' Gender

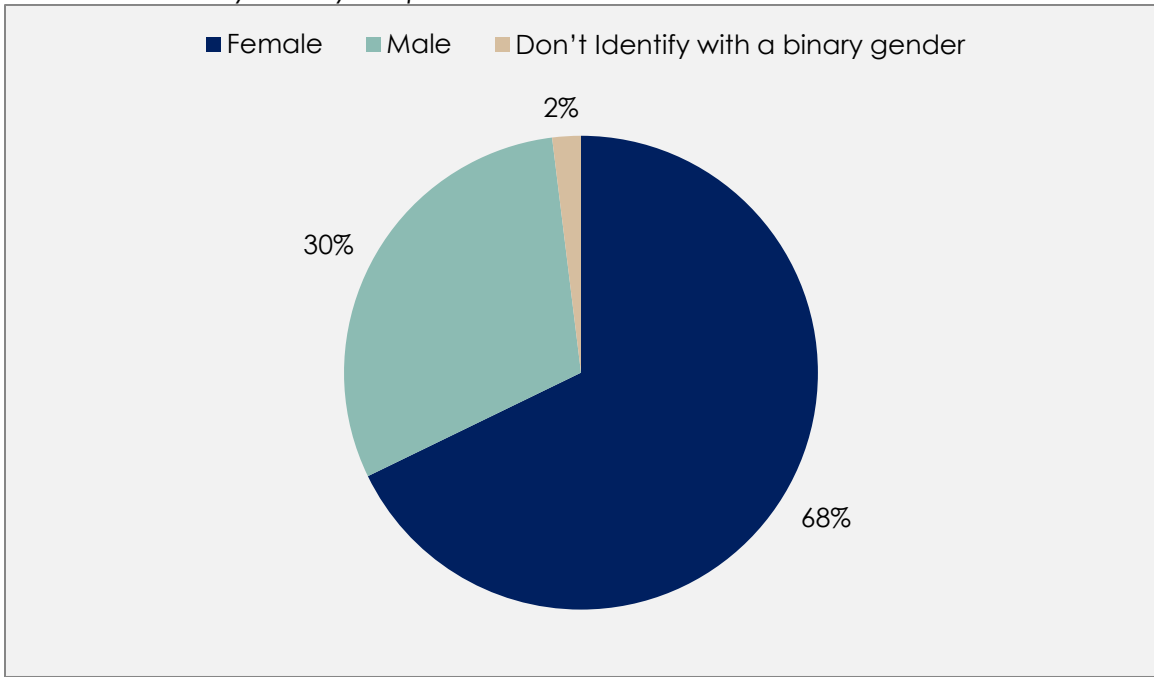


Figure 2. Community Survey Respondents' Age Groups

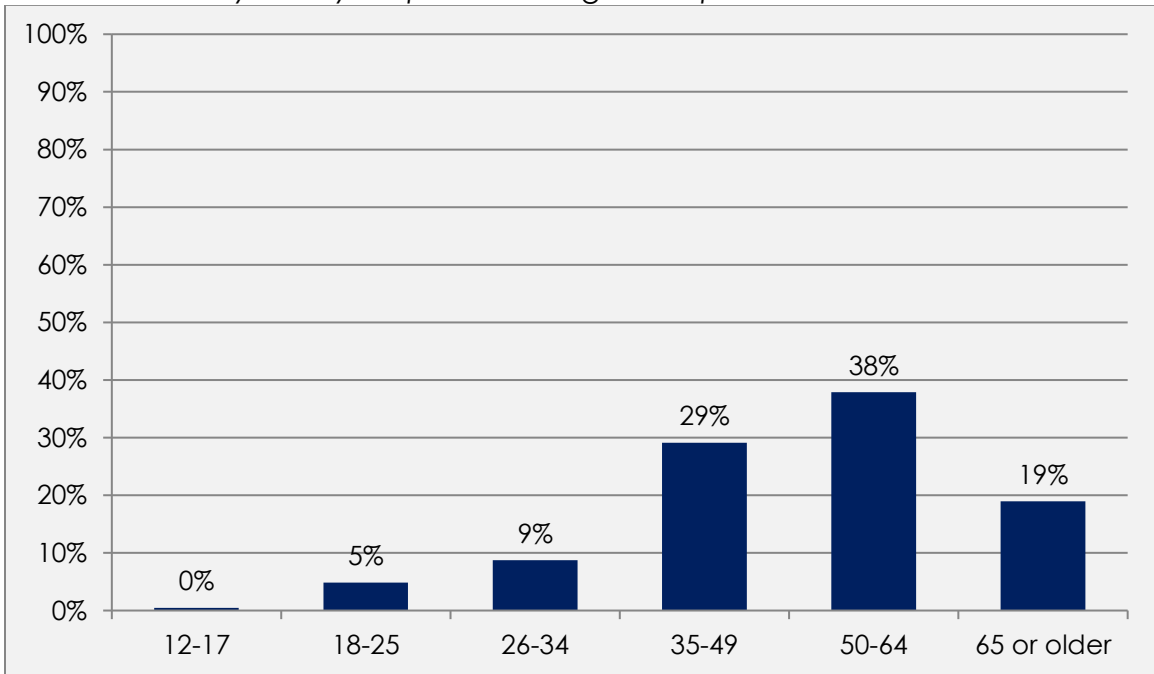


Figure 3. Community Survey Respondents' Education Level

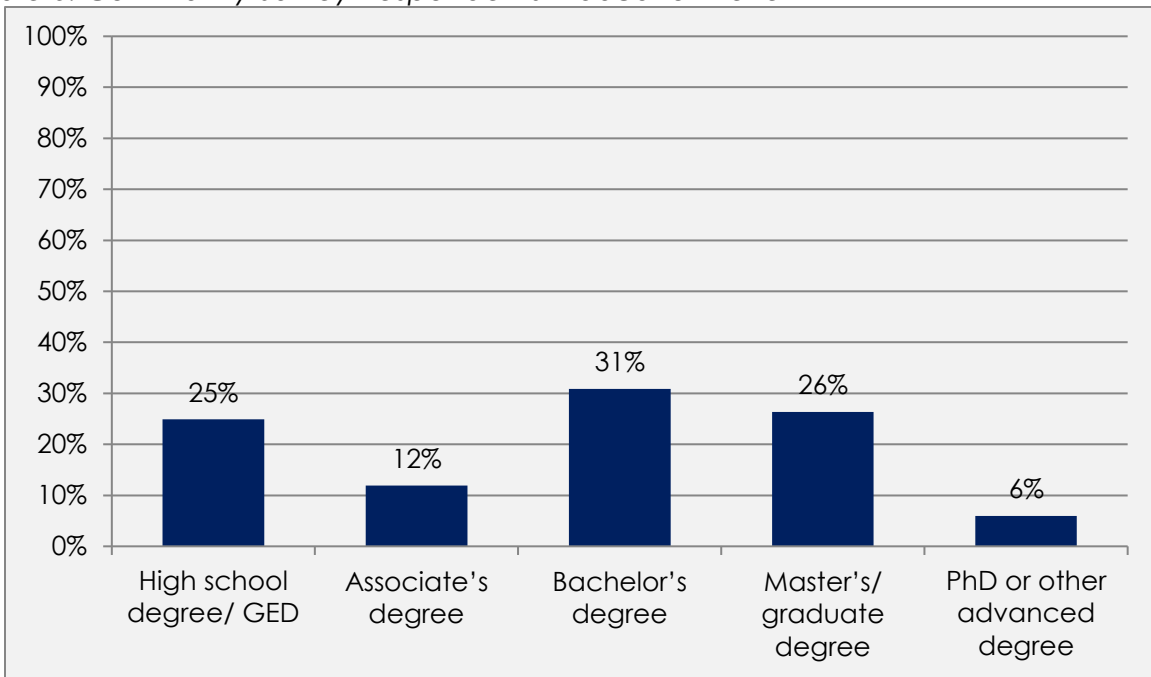
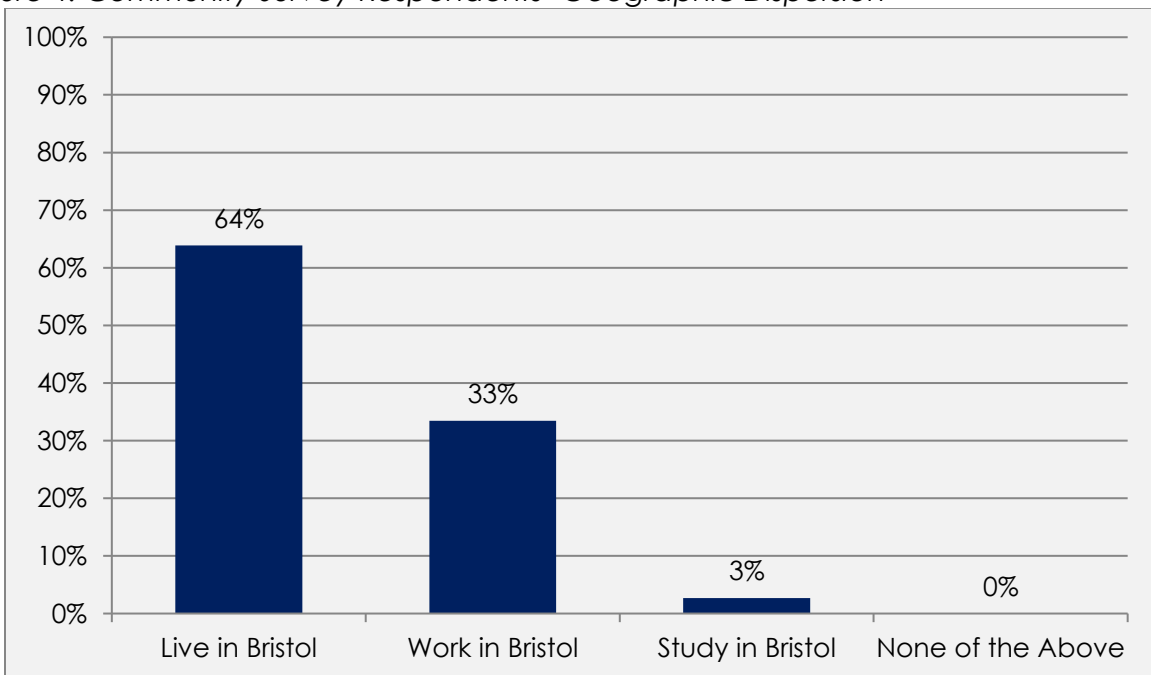


Figure 4. Community Survey Respondents' Geographic Dispersion



ASSESSMENT FINDINGS

This comprehensive, mixed methods needs assessment provided the subcommittee with several different types of data and results from which to devise its opioid prevention plan. The following sections describe each type of data that was collected and analyzed and the key findings that emerged in analysis. These findings were presented to the subcommittee at subcommittee meetings and were summarized at the two planning

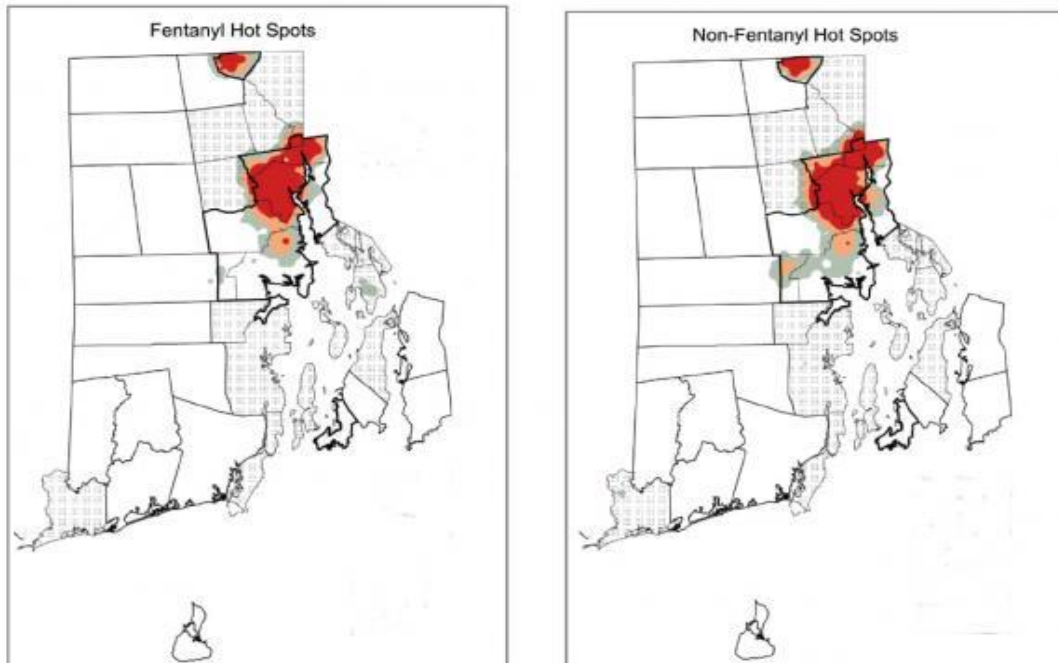
meetings prior to engaging in the prioritization process.

Existing Data

Our existing data review showed that approximately half of the residents believe the Town of Bristol has a problem with opiates or prescription medication. Our review showed that the “hard numbers” that were available confirm the problem. Overall, Bristol ranks about in the middle of the state as far as the severity of problem goes. Our review of several different data sources showed the following:

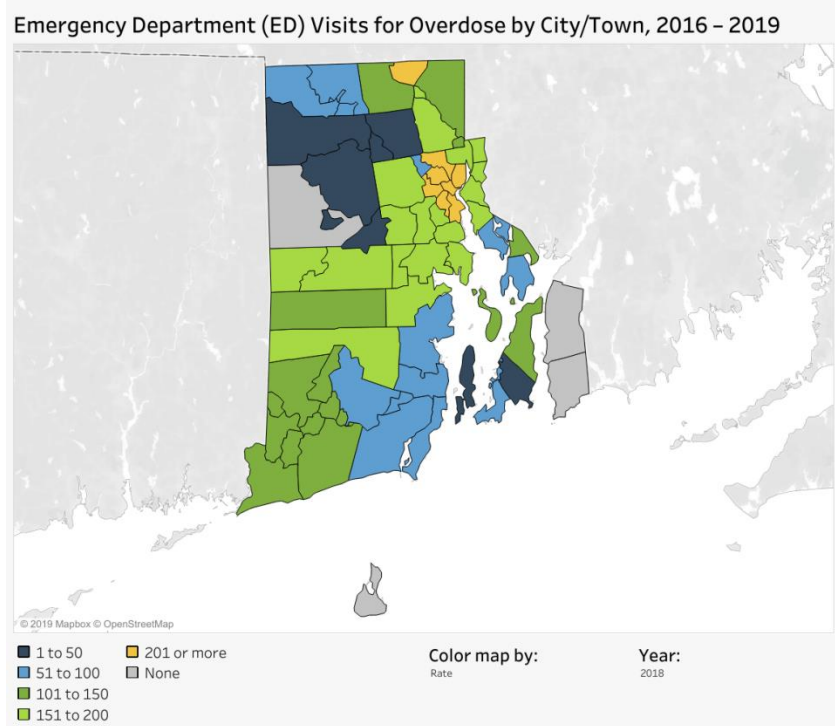
- Approximately 2-3% used opioids in the past month
- Multiple factors contribute to use
 - Anxiety, stress, and depression
 - Peer pressure
 - Lack of parental enforcement of rules
- Lack of connection to and trust in the resources available

Figure 5. Fentanyl and Non-Fentanyl Hot Spots



Source: Brown University study by Marshall et al. (2017)

Figure 6. Emergency Department Overdose Visit Occurrence by City/Town 2016 – 2019



Source: PreventOverdoseRI.org

The results of the preexisting data review were used to inform the subcommittee about data that should be collected as part of the needs assessment. Several questions were added to the community survey based on this review.

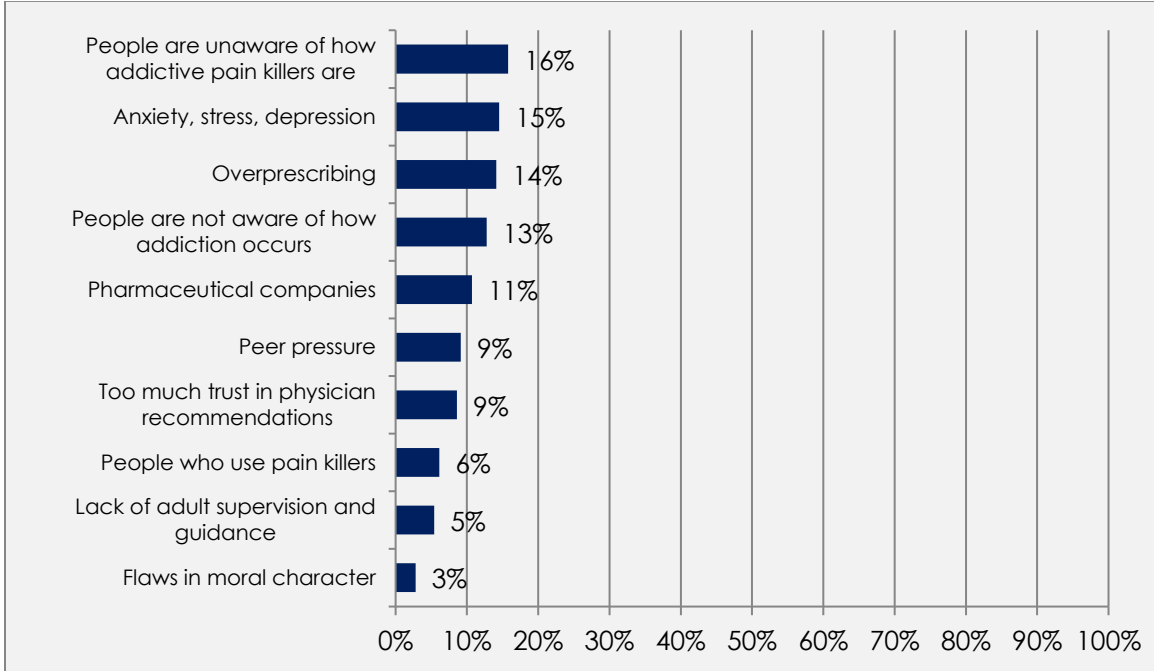
Community Survey

The community survey revealed that the respondents who participated in the survey are knowledgeable of the risks involved in taking opioids and that they are part of an addictive class of drugs that includes heroin. Despite this knowledge, the respondents reported the following:

- Approximately 20% knew someone who abused heroin and prescription medications (prescribed and not prescribed) in the last 30 days
- 26% thought the town was not doing enough to address the opioid problem
- 59% thought the problem had increased in the past two years
- Only 7 – 31% reported seeing opioid-related education materials in the community
- 89% believed the age group most effected by opioids is 18-34-year-olds
- 63% believe opioids are overprescribed
- 49% had heard of a newborn being born addicted to opioids

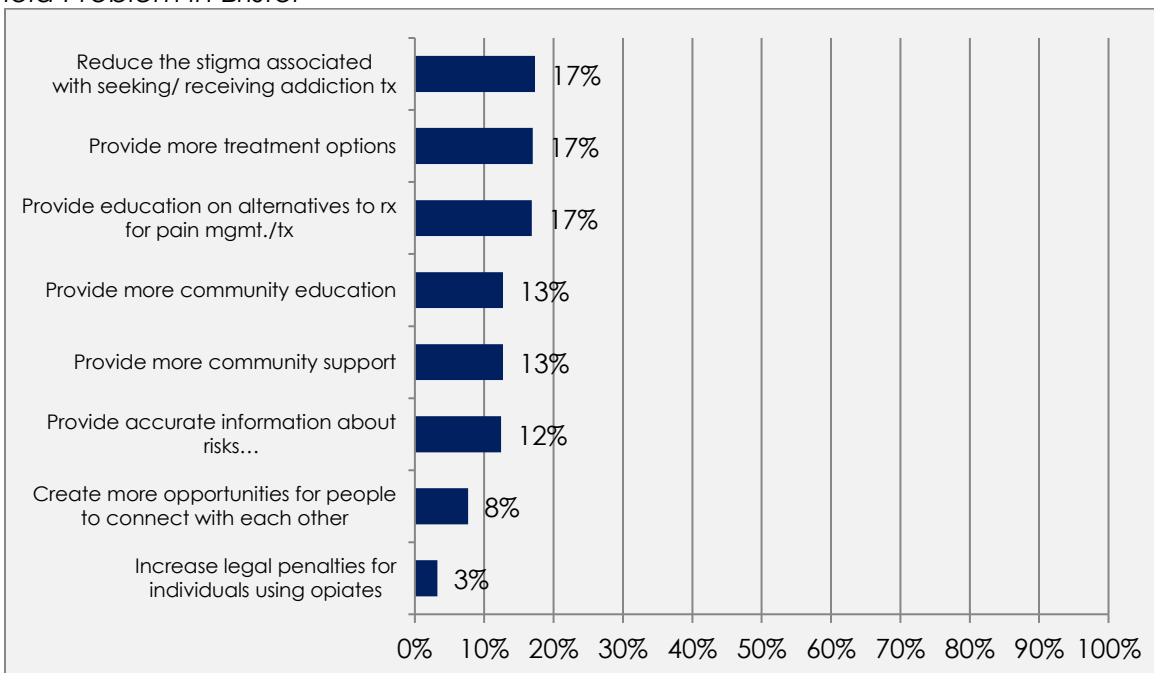
When asked what they thought the root causes of the opioid problem were, respondents reported the following:

Figure 7. Community Survey Respondents Report of Perceived Root Causes to Opioid Misuse



When asked how the opioid problem could be addressed in Bristol, respondents reported the results shown in Figure 8. Of special note is the top response, "Reducing the stigma associated with seeking/receiving addiction treatment" as this is one of three key results selected by the subcommittee for the BHEZ OPP.

Figure 8. Community Survey Respondents Report of Perceived Options to Address the Opioid Problem in Bristol



Service Gaps in Treatment for Addicted Women of Childbearing Age

A number of service gaps were identified:

- There is only one residential program in RI designed to serve pregnant women
- Insurance coverage is based on when the women's last use occurred
- Treatment is difficult to access when it is actually needed and requested
- There is a lack of support groups for pregnant women

Educational Opportunities for Women and the Community

A number of educational opportunities were identified in the stakeholder interviews. These include the following education opportunities:

- Opioids have an extremely addictive nature and they cause severe withdrawal when discontinued
- Methadone is a safer alternative than active drug use for pregnant women
- Pregnant women can seek treatment without losing children to DCYF
- Healthcare professionals can support and help addicted pregnant women
- Focus on pregnancy prevention while in methadone treatment *for women who do not wish to become pregnant*

People do not realize when they take pain medication that they are going to go through physical withdrawal when the medication ends, and this physical withdrawal is what leads many to heroin use.

The findings from these interviews led to the development of a key outcome related to reducing stigma for pregnant women. The subcommittee also decided to use the media campaign as an educational opportunity for stigma reduction, to dispel myths, and to encourage pregnant women to seek the help they need.

Focus Groups

The focus groups uncovered deep concerns regarding pain medications and opiate abuse in Bristol. In particular, focus group participants are extremely worried about overdose and death, among other beliefs they have about the opioid problem:

- Opioids are improperly used
- Opioids are overprescribed
- Opioids are highly addictive

The focus group participants also reported people who abuse opiates are perceived negatively. When asked what they believe the root causes of the stigma associated with opiate use are they responded with the following:

- Fear
- Lack of understanding

They don't understand that it's a disease. They often make it more moral than medical.

- Generational effects where families pass down their perceptions to children
- Small-town mentality

Respondents seemed to be aware of resources and services that are available but expressed concern that more awareness and services are needed. When discussing barriers to services and resources, respondents gave the following reasons why people might not access treatment and other forms of help:

- Stigma
- Insurance problems and the cost of treatment
- Lack of local meetings, treatment, and other service options
- Transportation
- Scheduling

If you don't have a ride, you don't have the money, you don't have the treatment, you can't follow up on the treatment.

Respondents also reported that the three most important issues to address with regard to opioid abuse were:

- Education
- Awareness
- Resources and services

Educate that it is a mental health issue, a disease of the mind, not that a person is bad or doesn't have enough will power - the mind actually rewires itself.

As with the other methods used to assess need in the community, the focus group data confirmed other data collected in this needs assessment. The findings were used to guide the selection of goals, objectives, and activities that became part of the finalized BHEZ OPP.

How Assessment Findings Were Shared with the Community

Bristol HEZ Subcommittee

The findings from the BHEZ needs assessment were shared with the community using a variety of venues. First, the findings were shared with the BHEZ OPP subcommittee as they became available each month while the needs assessment was being conducted. This gave the subcommittee the opportunity to assist with the interpretation and provide input on how the issues could be addressed in the plan. During the two meetings where the prioritization and planning took place, key results from each data collection method were reviewed with the subcommittee.

Media and Other Communication Channels

Findings will be posted on the OPP page of the BHEZ website. In addition, the needs assessment findings are being used in OPP media and communications campaign. Several of the findings will be included in the messaging to educate the community, make resources and other services known, and to reduce the stigma associated with opioid addiction, for example. The BHEZ coordinators also plan to create a memorandum that will be delivered to the Bristol Town Council, and it will include a link to the report on the website via its quarterly newsletter.

Bristol County Medical Center

The BHEZ OPP subcommittee also has plans to share the results with the Bristol County Medical Center. The subcommittee put in its OPP that it would sponsor Narcan and opioid prescription trainings to educate medical staff. These trainings are currently being set up with the medical center.

Prioritization Process

The prioritization process was an ongoing process that took place over the course of six months. A big part of this process was the community led needs assessment which the BHEZ OPP subcommittee was involved with every step of the way. Their involvement included reviewing and providing input on key informant interview, focus group, and community survey questions. As the results became available from each data collection method, they were reviewed with the subcommittee so it could give its interpretation of the findings. Sharing the results in this way allowed the subcommittee ample time to think about how it should prioritize its resources. It also allowed subcommittee members to be well prepared when the official prioritization and planning meetings took place. As we indicated in Table 1 above, subcommittee meetings 4 and 5 took place on the same day (July 15, 2019). The purpose of these two meetings was to prioritize what goals would be addressed in the BHEZ OPP and what activities could be implemented to achieve the goals.

The prioritization and planning meeting started off with a recap of key findings. While the subcommittee members had already seen most of the needs assessment results, it was the first time they had seen them presented together as a cohesive whole. At this time subcommittee members were able to ask questions, discuss the results in an integrated fashion, and give their impression of how the findings—when taken as a whole—could be addressed in a comprehensive prevention plan.

Led by Susan Janke, MS of Datacorp the subcommittee began with the end in mind. Ms. Janke asked the subcommittee members to think about what they would like to see accomplished by their plan. The discussion resulted in the identification of three key results the subcommittee agreed that it would like to see for the Bristol community as a result of this effort:

- 1.** Reduce the number of people who overdose from opiates in Bristol.
- 2.** Reduce the number of people who are using and/or abusing opiates in Bristol.
- 3.** Reduce the stigma associated with opiate use and abuse in Bristol.

The next task for the subcommittee involved working with them to identify local service gaps. This resulted in identification of four primary gap areas. For each gap area the subcommittee also identified assets in the community and potential solutions for addressing the gaps. The four gaps that were identified are as follows:

- 1.** Transportation
- 2.** Education
- 3.** Resources
- 4.** Mental health services for youth and families

Following identification of the key results and the service gaps, the subcommittee proceeded to construct four goals for its plan from which measureable objectives and activities were then selected:

1. Prevention: Prevent the negative impact of opiate abuse in Bristol
2. Rescue: Increase access to naloxone
3. Treatment: Increase knowledge of and access to treatment options
4. Recovery: Maintain consistent recovery support services in Bristol

The plan in its entirety appears below in the next section, "Recommendations for Action".

RECOMMENDATIONS FOR ACTION

The Bristol HEZ OPP subcommittee has prepared an action plan that includes SMART objectives, strategies and activities. There are goals for each key area: Prevention, Rescue, Treatment, and Recovery. Within each goal, the subcommittee generated measureable objectives they believe to be achievable, due to leveraging group expertise, and realistic, as they were carefully selected and reviewed in numerous meetings with the subcommittee, the OPP coordinators, and the Datacorp needs assessment team. And they are time-bound as target dates were carefully considered as part of the collective effort.

A review of Bristol's ambitious, comprehensive plan shows strong use of environmental and other support strategies along with the use of evidence-based programs and practices.

BRISTOL HEZ OPIOID OVERDOSE PREVENTION PLAN

Key Results

1. Reduce the number of people who overdose from opiates in Bristol.
2. Reduce the number of people who are using and/or abusing opiates in Bristol.
3. Reduce the stigma associated with opiate use and abuse in Bristol.

Service Gaps

Service Gaps	Assets	Potential Solutions
Transportation	Transportation study of route maps; State master plan for RIPTA; New route from Tiverton to Providence; New high-speed ferry	EBRC Peer Recovery Specialist providing additional transportation; HIV & Substance Abuse mobile treatment van for Coexist program; vouchers for Uber, bus, or friends/family
Education	Roger Williams University; HAWES group; School district; Student groups; Service clubs; Facebook & social media;	Stigma-Free Zone campaign similar to suicide prevention efforts; Presentations at the local service clubs & library; Live streaming educational

Service Gaps	Assets	Potential Solutions
	Other presentation opportunities	forums, panels, video clips, or sound bites on social media
Resources	EBRC; EBCAP; SOR Funding; National HIV & Opioid Abuse Grant; Bristol HEZ; Regional Coalition; Bristol Prevention Coalition; CODAC & URI Mobile Treatment Van;	Increase the number of NA meetings and/or other support meetings available in Bristol; SBIRT and other screenings; Collaborate with CODAC & URI Mobile Treatment Van to park in Bristol/Warren and increase MAT; Collaboration between faith-based community and counseling providers
Mental Health Services for Youth & Families	EBCAP; School district; Regional Coalition; REST group; Student Assistance Counselor;	Increase mental health services for students (grief, emotional support, life skills, etc.); Establish in-service day for teachers

Goals, Objectives, Strategies, and Outcomes

Prevention Goal	Prevent the negative impact of opiate abuse in Bristol.		
Objective 1:	Process Measures	Target Date	Responsible Party
Increase community education about addiction and risks associated with opiate use.		Ongoing	HEZ
Strategies			
1. BHEZ website	# of hits on relevant pages	Begin: 8/19 End: 6/20	RDW
2. Set up a booth providing educational materials on opioids at the Community Conversation gathering, the Resource Fair and the Recovery Rally.	Booth is set up at the 3 events, educational materials made available	Community Conversation 9/19; Resource Fair 4/20; cancelled Recovery Rally 9/19	HEZ REST PONI EBRC
3. Hold 1 live-streamed, general community forum on opioid use and overdose prevention.	Community forum is live-streamed on social media	3/20 Planning for 9/20	HEZ REST
4. Provide speaker for Red Ribbon Week to speak on opiate use (pending funding).	Speaker is present and discusses opioid use at event	10/19	HEZ; Bristol Prevention Coalition;
Notes: Conduct survey before and after media campaign; Target specific groups like providers, and high-risk age groups; leverage social media; Consider young adults or youth to add to planning group for live-streamed events			
Goal 1. Objective 1 Outputs			
<ul style="list-style-type: none"> Website exposure Educational materials provided at community events Live-streamed forum on opioids Speaker presentation (pending funding) 			
Goal 1. Objective 1 Outcomes			
<ul style="list-style-type: none"> Increased knowledge of the risks of addiction and stigma as measured in community 			

Prevention Goal	Prevent the negative impact of opiate abuse in Bristol.		
survey • Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)			
Objective2:	Process Measures	Target Date	Responsible Party
Increase community involvement in addressing opiate use and abuse.		Ongoing	HEZ
Strategies			
1. Promote attendance and participation at the Community Conversation gathering, the Resource Fair, and the Recovery Rally	# attended at each of the three events	Community Conversation 9/19; Resource Fair 4/20; (cancelled) Recovery Rally 9/19	HEZ REST PONI EBRC
2. Four Legs to Stand On performance (pending funding).	Event takes place and number attended	1/20 decided not to hold bc of low attendance of same event in the community	HEZ COAAST
3. Hold 2 medicine clean outs and Drug Take Back Days	2 events are held, # prescriptions collected; pounds of medication collected, # participants	10/19 4/20 (this was cancelled bc of the covid crisis – Resource Fair was not held)	DEA HEZ Bristol Police Bristol Prevention Coalition
4. Distribute Deterra bags to Bristol County Medical Center, and make available at Recovery Rally, Resource Fair and Drug Take-Back Day	# bags distributed at each event	BCMC Resource Fair 4/20 (cancelled); Recovery Rally 9/19	BCMC HEZ Bristol Prevention Coalition
5. Explore working with police department to provide drug pick-up services for seniors.	Meeting with PD is held	10/19 (still pending, interim chief and new chief prolonged this initiative from getting started and then covid affected programming)	HEZ Benjamin Church Senior Center
Notes: N/A			

Prevention Goal	Prevent the negative impact of opiate abuse in Bristol.		
Goal 1. Objective 2 Outputs			
<ul style="list-style-type: none"> • 4 Events take place (1 is pending funding) • Two Drug Take Back days are scheduled and implemented • Detera bags are distributed • Meetings with police scheduled and implemented 			
Goal 1. Objective 2 Outcomes			
<ul style="list-style-type: none"> • Increased self-reported community involvement and reduced stigma in community survey • Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			
Objective3:	Process Measures	Target Date	Responsible Party
Increase awareness of community resources.		Ongoing	HEZ
Strategies			
1. Media campaign will point to a new community resource website addressing behavioral health. www.helpisherebristol.com	Website created, messaging advertises website, # website hits	9/19 – 8/20	RDW HEZ
2. Explore options for education for parents of children experiencing anxiety and depression (pending funding).	#Meetings held with key partners	9/19 – 5/20	School Department; EBCAP; HEZ
Notes: N/A			
Goal 1. Objective 3 Outputs			
<ul style="list-style-type: none"> • Media campaign messages and materials • Parents attend education training 			
Goal 1. Objective 3 Outcomes			
<ul style="list-style-type: none"> • Increased knowledge and utilization of community resources and reduced stigma reported in community survey • Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			
Objective4:	Process Measures	Target Date	Responsible Party
Increase professional awareness and consumer advocacy.		Ongoing	HEZ
Strategies			
1. Training of physicians at BCMC around prescribing/SBIRT/Pain solution options/Centers for Excellence	# trainings held, # physicians trained, # prescriptions written	1/20	HEZ; BCMC; DOH; BHDDH; PONI
2. Conduct 5 Narcan/Family Crisis Toolkit trainings; Acquire dummy for Narcan training	# trainings held, # participants per training, Dummy acquired and used at # trainings, Trainees know how to successfully administer Narcan	8/19 9/19 11/19 done by RIDMAT 1/20 – (done by Tommy to Bristol WIC staff and	HEZ; REST; School department; EB Food Pantry

Prevention Goal		Prevent the negative impact of opiate abuse in Bristol.	
		clients – 12 total) (5 th training didn't happen bc of covid).	
3. Conduct 1 Narcan Train the Trainer	Training event held, # trained	11/19 (School District one Hasn't happened. School dept personnel put it on hold.)	RIMDAT; School department; HEZ
Notes: CODAC Pain Solution Clinic (non-opioid); Chamber of Commerce; Medical clinics; Pharmacies; Patient/Consumer advocacy; Dr. McDonald and Jodi Rich from DOH; Prescription monitoring program			
Goal 1. Objective 4 Outputs			
<ul style="list-style-type: none"> Physician training held Narcan trainings held Narcan train the trainer training held 			
Goal 1. Objective 4 Outcomes			
<ul style="list-style-type: none"> Increased professional awareness reported in pre-post training evaluation Increased consumer advocacy and reduced stigma reported in community survey. Decrease in number of prescriptions written Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			
Objective5:	Process Measures	Target Date	Responsible Party
Increase awareness of overdose risk factors.	# overdoses	Ongoing	HEZ
Strategies			
1. Communications campaign	# of unique adds, # times aired, # people reached	Begin: 8/19 End: 10/19	RDW HEZ
2. Provide education on opioids at the Community Conversation gathering, the Resource Fair and the Recovery Rally.	Booth is set up at the 3 events, educational materials are made available	Community Conversation 9/19; Resource Fair 4/20; cancelled Recovery Rally 9/19	HEZ REST PONI EBRC
Notes: Education about prescription interactions; differences between heroin and Fentanyl			
Goal 1. Objective 5 Outputs			
<ul style="list-style-type: none"> Communications campaign messages and materials Educational materials at community events 			
Goal 1. Objective 5 Outcomes			
<ul style="list-style-type: none"> Increased knowledge of the risks of addiction and reduced stigma reported in community survey Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			

Rescue Goal		Increase access to Naloxone.		
Objective1:	Process Measures	Target Date	Responsible Party	
Increase collaboration with local pharmacies.		Ongoing	HEZ	
Strategies				
1. Walgreens and CVS will staple rack cards to all opioid prescriptions	Agreements in place, survey respondents report seeing them on prescriptions	11/19	Bristol Prevention Coalition	
Notes: Prescription checks for opioids and Narcan/naloxone.				
Goal 2. Objective 1 Outputs				
<ul style="list-style-type: none"> Both pharmacies make agreements with Bristol Prevention Coalition to distribute rack cards Rack cards are stapled to appropriate prescriptions 				
Goal 2. Objective 1 Outcomes				
<ul style="list-style-type: none"> Community survey respondents report receiving rack cards and report accurate knowledge about opioids if they had an opioid prescription filled Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 				
Objective2:	Process Measures	Target Date	Responsible Party	
Increase awareness of overdose prevention and how to administer naloxone.		Ongoing	HEZ	
Strategies				
1. Conduct 5 Narcan/Family Crisis Toolkit training	# trainings held, # participants per training, Dummy acquired and used at # trainings, Trainees know how to successfully administer Narcan	8/19 9/19 11/19 1/20	HEZ; REST; School department; EB Food Pantry; St. Michaels Church	
2. Conduct 1 Narcan Train the Trainer	Training event held, # trained	03/20 (cancelled by the school dept personnel)	RIDMAT; School department; HEZ	
Notes: Increased public access to Naloxone. There has been an increase in the number of public overdoses. Secure community pledges to use Naloxone.				
Goal 2. Objective 2 Outputs				
<ul style="list-style-type: none"> Narcan Toolkit trainings Narcan Train the Trainer training 				
Goal 2. Objective 2 Outcomes				
<ul style="list-style-type: none"> Trainees know how and when to administer Narcan Increase in Narcan trainers in the community Statistics show increase in Narcan administrations 				

Rescue Goal		Increase access to Naloxone.		
<ul style="list-style-type: none"> Community survey respondents report overdose prevention knowledge and they know how to administer Narcan Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 				
Objective3:	Process Measures	Target Date	Responsible Party	
Increase community education about the Good Samaritan law.		Ongoing	HEZ	
Strategies				
1. Place Good Samaritan education signs on all NaloxBoxes in Bristol	Review shows all NaloxBoxes have Good Samaritan signs posted	10/19 (not completed – project was delayed and then covid hit)	HEZ	
2. Family crisis toolkit/ all Narcan trainings to include information about Good Samaritan Law	Information about Good Samaritan Law provided at each training, # trainees at each training that received information about law.	8/19 9/19 11/19 RIDMAT training 1/20 this was not a family crisis toolkit training but a Narcan training offered by Tommy	HEZ; REST; East Bay Food Pantry; RIDMAT; Bristol/Warren School Dept.	
Notes: Think About Pain (Parents & Coaches); Identify legal repercussions that need to be considered and educate the community about facts regarding immunity				
Goal 2. Objective 3 Outputs				
<ul style="list-style-type: none"> Good Samaritan signs posted on NaloxBoxes Narcan training toolkits include Good Samaritan Law information Media campaign messages and materials 				
Goal 2. Objective 3 Outcomes				
<ul style="list-style-type: none"> Pre-post Narcan trainings show increased understanding of Good Samaritan Law Community survey demonstrates increased knowledge of the Good Samaritan Law and reduced stigma Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 				

Treatment Goal		Increase knowledge of and access to treatment options.		
Objective1:	Outcome Measure	Target Date	Responsible Party	
Increase knowledge related to alternative treatments for chronic pain.	Community survey using pre- and post-test to test knowledge of construct; # Prescription	Ongoing	HEZ	

Treatment Goal		Increase knowledge of and access to treatment options.		
		opiates prescribed; # Alternative treatment options offered;		
Strategies				
1. Media campaign – new website	# of unique adds, # times aired, # people reached, # website hits	9/19	HEZ RDW	
2. Explore programs in schools (PT with Middle schoolers) and athletic programs – for athletes and parents	# meetings held throughout the school year	09/19 – 05/20 (This was taken over by East Bay regional coalition and plans were in the works until covid hit.)	HEZ; Bristol/Warren School Dept.	
3. Signage at Bristol County Medical Center – waiting rooms	Signage posted in # of waiting rooms	9/19	HEZ; BCMC; RDW	
4. Train and provide resources to BCMC to share with patients	Training held, # and type of resource materials provided,	11/19	HEZ; BCMC; BHDDH; PONI; DOH; SBIRT Trainer	
Notes: Increase access to Peer Recovery Coaches; Work with local doctor's offices.				
Goal 3. Objective 1 Outputs				
<ul style="list-style-type: none"> • Media campaign messages and materials • Program planning meetings • Signage posted in waiting rooms • BCMC staff trained in appropriate referrals • BCMC staff share appropriate referral information with patients 				
Goal 3. Objective 1 Outcomes				
<ul style="list-style-type: none"> • Pre-post training questionnaires for BCMC show increased knowledge in appropriate referrals • Community survey shows increased knowledge related to alternative treatments for chronic pain and reduced stigma • Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 				
Objective2:	Outcome Measure	Target Date	Responsible Party	
Explore availability of mobile treatment.	# Meetings held to provide mobile treatment	Ongoing	HEZ	
Strategies				
1. Coordinate with CODAC Mobile Medical Clinic to provide services in Bristol	Coordination meetings held, date services begin, #	1/20 – 6/20 (Did not happen,	HEZ; CODAC; The Town of	

Treatment Goal	Increase knowledge of and access to treatment options.		
	and types of services provided	mobile clinic no longer available)	Bristol
Notes:			
Goal 3. Objective 2 Outputs			
<ul style="list-style-type: none"> Meeting to bring mobile medical treatment to Bristol 			
Goal 3. Objective 2 Outcomes			
<ul style="list-style-type: none"> TBD when mobile treatment is initiated in Bristol 			
Objective3:	Process Measure	Target Date	Responsible Party
Increase availability of alternative mental health and substance abuse treatment options.		Ongoing	HEZ
Strategies			
1. Additional NA and support groups/services to St. Michael's parish hall (pending funding)	# of NA and other support groups added	04/20 (Did not happen – covid)	HEZ; EBCAP; St. Michaels Church
2. Promote website with options to physicians and faith leaders	Media campaign and coordinator promotes through meetings and training	10/19	HEZ; RDW
3. Update Rack card to include website and distribute widely (pending funding)	Rack card edited to include website	10/19	HEZ; RDW
4. Provide Craft curriculum training (pending funding)	Training given, #'s trained	04/20 – (did not happen no funding secured for this and covid)	
Notes: Work with doctor's offices to ensure they have up-to-date list of treatment options and resources; Work with faith leaders;			
Goal 3. Objective 3 Outputs			
<ul style="list-style-type: none"> New NA and other support groups (pending funding) New website with resources for physicians and faith leaders Rack cards list website with resources Craft training is given 			
Goal 3. Objective 3 Outcomes			
<ul style="list-style-type: none"> New NA meetings and other support groups are offered in Bristol Community awareness of rack cards, treatment, and support groups and reduced stigma Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls 			
Objective 4:	Outcome Measure	Target Date	Responsible Party
Increase awareness of existing	# Bristol residents	Ongoing	HEZ

Treatment Goal		Increase knowledge of and access to treatment options.		
local treatment options.		seeking and receiving treatment; # New treatment intakes;		
Strategies				
1. Media campaign		# of unique adds, # times aired, # people reached, survey respondents aware of existing local treatment	9/19	HEZ; RDW
2. Provide info to physicians, faith leaders; put ads in the newspaper (pending funding)		Resource information provided to physicians and faith leaders, #ads in newspaper	9/19	HEZ; RDW
Notes: Leverage social media campaign; Develop treatment and services referral list for doctor's offices and pharmacies, etc.				
Goal 3. Objective 4 Outputs				
<ul style="list-style-type: none"> Media campaign messages and materials Information provided to physicians and faith leaders Ads in newspaper 				
Goal 3. Objective 4 Outcomes				
<ul style="list-style-type: none"> Local treatment providers report more inquiry into existing treatment options Pre-post training questionnaires for BCMC show increased knowledge in appropriate referrals Community survey respondents report increase awareness of existing local treatment options and reduced stigma Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 				

Recovery Goal		Maintain consistent recovery support services in Bristol.		
Objective 1:	Outcome Measure	Target Date	Responsible Party	
Increase community support for recovery services.	Increased financial support for recovery services; Increased referrals from related medical, public safety, and other sectors;	Ongoing	HEZ	
Strategies				
1. Conduct educational forum	Event held	3/20 (due to covid this has been delayed and is currently in the works for	HEZ; REST	

Recovery Goal		Maintain consistent recovery support services in Bristol.		
			9/20)	
2. Recovery Rally	Event held	9/19		HEZ
3. Increase visibility of East Bay Recovery Center through flyers	# flyers created and disseminated; % of survey respondents who have seen promotional materials and understand EBRC services	9/19		
Notes: Elicit financial and emotional support from the community; Focus on sustainability; Provide Mental Health First Aid trainings; Increase collaboration with police department and first responders;				
Goal 4. Objective 1 Outputs				
<ul style="list-style-type: none"> • Education forum and Recovery Rally held • East Bay Recovery Center flyers disseminated 				
Goal 4. Objective 1 Outcomes				
<ul style="list-style-type: none"> • Community survey respondents report knowledge of and support for recovery services and reduced stigma • Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls 				
Objective2:	Outcome Measure	Target Date	Responsible Party	
Increase number of Mental Health First Aid trainings.	# First responders trained through Mental Health First Aid;	Ongoing	HEZ	
Strategies				
1. Coordinate with BPD and BFD	Coordination meetings held, plan in place to increase MHFA trainings	8/19	HEZ; Bristol Police & Fire	
2. Explore additional youth MHFA to the community (pending funding)	Funding secured for youth MHFA, training held, # youth attended	10/19	HEZ; EBCAP	
3. Explore MHFA in the churches (pending funding)	Funding secured for youth MHFA, training held, # youth attended	3/20 (Funding hasn't been secured for this and covid interrupted further exploration. A MHFA program was offered to the community by EBCAP in 1/20)	HEZ; Faith based Leaders Working Group	
Notes:				

Recovery Goal	<i>Maintain consistent recovery support services in Bristol.</i>		
Goal 4. Objective 2 Outputs			
<ul style="list-style-type: none"> Additional MHFA trainings held 			
Goal 4. Objective 2 Outcomes			
<ul style="list-style-type: none"> Trainees can successfully recognize and aid individuals in mental health crises Increase in treatment referrals and reduction in incarcerations Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			
Objective3:	Outcome Measure	Target Date	Responsible Party
Enhance community support services.	# Support group meetings held per week in Bristol;	Ongoing	HEZ
Strategies			
1. Explore additional NA meetings to Bristol	# of NA and other support groups added	10/19	HEZ; EBCAP
2. Explore support groups for people with mental illness and their families and for Grandparents raising grandchildren	Meetings held with stakeholders, plan in place to add support groups, # support groups added	10/19	HEZ; AFSP; REST; Grands Flourish
3. Increase advertisement of existing support groups – REST, EBRC	Social media campaign launched, # people reached	9/19	HEZ; RDW
Notes: Group availability should be based on community need; Consider groups like REST, NA, Grandparents Raising Grandchildren, Youth Who Have Lost Parents, etc.			
Goal 4. Objective 3 Outputs			
<ul style="list-style-type: none"> New NA meetings and other support groups made available 			
Goal 4. Objective 3 Outcomes			
<ul style="list-style-type: none"> New NA meetings well attended New support group participants report understanding how to navigate system, where to get help, and are knowledgeable of the resources available to them Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) 			

SHORT- AND LONG-TERM EVALUATION PLAN

Evaluation Description

The Bristol HEZ OPP is a comprehensive set of strategies and activities designed to reduce opioid use, prevent overdoses, and reduce stigma among individuals and families that experience opiate addiction in their lives. The BHEZ OPP evaluation plan is designed to foster program transparency and enable program staff and stakeholders to make informed decisions about the program's progress and effectiveness.

The evaluation plan has been designed to demonstrate the quality of the OPP by connecting multiple evaluation activities given the number of different funding sources,

and implementation agents. It describes how BHEZ staff will monitor the program to ensure its timely implementation and it includes short- and long-term process and outcome measures that will allow staff to use the results for ongoing program improvement and decision making.

Program Stage

The BHEZ OPP is in its infancy, yet implementation is in full swing. The project has a tight timeline, and several activities entered the implementation phase while the plan was being finalized. Following are some examples of how the evaluation questions are aligned to the stage of program growth:

Early

Early growth activities have been organized such that some evaluation questions will be nothing more than “To what extent did exploration meetings for offering education for parents of children experiencing anxiety and depression occur?”, and “What did the meetings yield?”

Middle

Middle growth activities will have evaluation questions such as “To what extent did Narcan trainees learn to successfully administer Narcan?”

Mature

When the program is in a more mature stage the questions are aligned toward the key results, “To what extent did the comprehensive program reduce opioid use?”

Evaluation Approach

The BHEZ OPP evaluation design consists of process and outcome evaluations. Activities undertaken in this project appear across most goals and several objectives in the plan and logic model. To avoid extensive repetition, the process evaluation will only list each activity once. The interested reader is referred to the BHEZ OPP to see the activities listed by goal and objective where information about partners and responsible parties can also be viewed, and to the logic model to see their connection to short- and long-term outcomes.

The evaluation plan parameters were developed during Subcommittee Meetings 4 and 5, while the subcommittee worked with Datacorp to prioritize and finalize its OPP. During those meetings, process and outcome measures were discussed and the feasibility of the being able to collect the data was also discussed. The subcommittee helped to select evaluation measures, where appropriate, for nearly every activity in the plan. These measures guided the development of the evaluation plan and were reviewed with the subcommittee during the final subcommittee meeting prior to the evaluation plan being finalized. The BHEZ coordinators assisted with questions that arose during the development of the final evaluation plan.

Evaluation Questions

As described earlier in the section on the prioritization process, the subcommittee selected three key results through a consensus building process. These three key results will serve as the backbone for the evaluation questions.

Key Results the Comprehensive Plan is Intended to Produce

1. To what extent did the BHEZ OPP reduce the number of people who overdose from opiates in Bristol?
2. To what extent did the BHEZ OPP reduce the number of people who are using and/or abusing opiates in Bristol?
3. To what extent did the BHEZ OPP reduce the stigma associated with opiate use and abuse in Bristol?

Process Evaluation

The process evaluation is designed to provide the BHEZ OPP subcommittee with continuous monitoring and feedback so that it can appraise its implementation throughout the life of the project. All of the selected activities are documented in the OPP (see above) and logic model (see below), which will allow the subcommittee to determine if it is hitting its targets and if the activities are unfolding as planned. Ideally, if the activities are implemented on-time and “as planned”, the short-term outcomes will be achieved, which will impact the effectiveness of the project and achievement of key- or long-term outcomes. For simplicity sake and to reduce repetition, each activity has been categorized and is listed only once in the process evaluation plan.

Process Evaluation Methods

The process evaluation largely relies on data gathered via the campaigns, trainings, and events. Data gathered include counts, attendance sheets, and a community survey to name a few. The table below lists the process evaluation questions for each major activity category, defines the measures that will be used to assess the activity, the method and source of data collection, how often data will be collected and analyses that will be used.

Table 5. Process Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods

Process Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Media and Messaging Campaigns					
To what extent did the new BHEZ website increase community knowledge of opiate use, behavioral health resources, and alternative treatments resources?	# hits on relevant pages; time spent on site; Accurate knowledge of opioids, behavioral health, alternative treatment, and support services	Data extraction from web statistics; community survey	BHEZ website; Community Knowledge of Opioid Survey (TBD);	Quarterly; Pre- and Post-tests	Counts, length of time on site; Item frequencies; Trend analysis and t-tests
To what extent did ads and messaging educate the community, create	# ads in newspaper, #flyers	Tracking spreadsheet	Tracking spreadsheet	Following each release	Counts, dates, comparison with timeline

Process Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
support group awareness, and impact the use of available resources?					in OPP
To what extent was information shared with physicians and faith leaders?	Completion status	Tracking spreadsheet	Tracking spreadsheet with information sources	Following each contact	Counts, dates, comparison with timeline in OPP
To what extent were East Bay Recover Center flyers distributed?	# flyers made, # flyers distributed, # distribution channels	Tracking spreadsheet	Tracking spreadsheet with flyers name and distribution statistics	Following each release	Counts, dates, comparison with timeline in OPP
Social Media Campaign					
To what extent did the live-streamed community forum reach the community?	Social media reach and reaction statistics,	Statistics from BHEZ managed social media pages	Facebook, Twitter, Instagram statistics	After the event, weekly for 1 month, quarterly	Counts and frequencies
To what extent are messaging posts reaching the intended audience?	Social media reach and reaction statistics,	Statistics from BHEZ managed social media pages	Facebook, Twitter, Instagram statistics	After the post, weekly for 1 month, quarterly	Counts and frequencies
Events					
What impact did attendance at community events have on information dissemination and knowledge of opioid risks?	Booths at events; materials distributed; Accurate knowledge of opioid risks	Records kept during events; Community survey	Event records; Community Knowledge of Opioid Survey (TBD)	At each event; Pre- and Post-tests	Frequencies and percents; t-tests
To what extent did the Red Ribbon speaker educate the community?	Attendance at speaker's talk; Accurate knowledge of opioid risks	Attendance estimates; Community survey	Attendance statistics; Community Knowledge of Opioid Survey (TBD)	At event; Pre- and Post-tests	Counts, frequencies, t-tests
How well attended was the <i>Four Legs to Stand On</i> performance and did it raise opioid awareness?	Attendance at performance, accurate knowledge of opioid risks and addiction	# attended; Community survey	Attendance statistics; Community Knowledge of Opioid Survey (TBD)	At event; Pre- and Post-tests	Counts, frequencies, t-tests
What was the	# of	Arrangements		At each	Counts and

Process Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
effect of holding Medicine Cleanouts and Drug Take Back Days?	prescriptions collected, pounds of medication collected, # participants ;	made for data sharing Medicine Clean Outs and Drug Take-Back Days statistics		event	weights
What was the effect of hold the educational forum on recovery?	Event held; attendance; knowledge of resources	# attended; Community survey	Community Knowledge of Opioid Survey (TBD)	At event; Pre and Post-tests	
Exploration Meetings					
What was the outcome of the Bristol PD to explore drug pick-up services for seniors?	# of meetings and dates	Meeting notes and dates compared to OPP	Tracking sheets and meeting minutes	At each meeting	Counts
What was the outcome of school department meetings to explore educating parents of children with anxiety and depression, and athletic programs?	# of meetings and dates	Meeting notes and dates compared to OPP	Tracking sheets and meeting minutes	At each meeting	Counts
What was the outcome of meetings with CODAC & Town of Bristol to explore mobile treatment?	# of meetings and dates	Meeting notes and dates compared to OPP	Tracking sheets and meeting minutes	At each meeting	Counts
What was the outcome of the meetings to explore support groups for people with mental illness and their families?	# of meetings and dates; Accurate knowledge of community resources	Meeting notes and dates compared to OPP	Tracking sheets and meeting minutes	At each meeting	Counts
What was the outcome of the meetings to explore support groups for grandparents raising grandchildren?	# of meetings and dates; Accurate knowledge of community resources	Meeting notes and dates compared to OPP; Community survey	Tracking sheets and meeting minutes; Community Knowledge of Opioid Survey (TBD)	At each meeting; Pre- and Post-tests	Counts
Training					
What was the effect of training physicians on	Increased knowledge, likelihood of	Survey	Post training assessment	At each training	Frequencies

Process Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
prescribing and pain solutions, and sharing pain information with patients?	implementing, likelihood of sharing information with patients				
What was the effect of the Narcan/Family crisis toolkit and Good Samaritan Law training?	Increased knowledge, likelihood of implementing, likelihood of administering Narcan	Survey	Post training assessment	At each training	Frequencies
What was the effect of the Narcan Train the Trainer training?	Training dates, # successfully trained	Successful completion documents	Training leaders documents, Comparison to OPP	At each training	Counts
What was the effect of the Craft trainings?	Training dates, # successfully trained	Successful completion documents , Comparison to OPP	Training leaders documents	At each training	Counts
What was the effect of the Mental Health First Aid training?	Training dates, # successfully trained	Successful completion documents, Comparison to OPP	Training leaders documents	At each training	Counts
What was the effect of the Mental Health First Aid training for adolescents?	Training dates, # successfully trained	Successful completion documents, Comparison to OPP	Training leaders documents	At each training	Counts
Dissemination and Distribution Efforts					
To what extent did rack card dissemination take place?	# and types of rack cards; participation among pharmacies	Tracking sheet with dates, Comparison to OPP	Tracking spreadsheet	At distribution attempt	Counts and frequencies
To what extent was signage posted in BCMC posted?	Signage posted in # of waiting rooms	Tracking sheet with dates to document waiting rooms that take signs, Comparison to OPP	Tracking spreadsheet	At distribution attempt	Counts
To what extent were Detera Bags distributed at BCMC, the Recovery Rally, and	# of bags distributed	Tracking sheet w/ dates, # of bags documented, Comparison to	Tracking spreadsheet	At distribution attempt	Counts and frequencies

Process Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Resource Fair?		OPP			
Support Groups					
Were N/A groups added in Bristol, and are they well attended?	Groups added, meeting dates, attendance estimates	Tracking sheet with meeting dates and times	Tracking spreadsheet	Monthly check-in for one quarter then quarterly	Counts and frequencies

Outcome Evaluation

The outcome evaluation provides the BHEZ OPP Subcommittee the opportunity to demonstrate the effectiveness of its plan. The logic model below shows how the activities and their short-term affects connect to the longer-term key results that the subcommittee selected.

Goal 1. Prevention: Prevent the negative impact of opiate abuse in Bristol

Table 6. Goal 1. Prevention: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Prevention Outcomes					
O1. What were the individual and combined effects of increasing community knowledge of the risks of addiction, and did that have an effect on reducing overdoses, opiate use, and stigma associated with use?	Knowledge of the risks of addiction, Reductions in opiate overdoses and use, reductions in stigma	Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls	Pre and post survey, quarterly, and biannually	t-tests, multiple regression, trend analysis
O2. Was there an increase in community involvement in addressing opiate use/abuse, and what effect did it have an effect on reducing overdoses, opiate use, and stigma	Community survey report of involvement, Reductions in opiate overdoses and use, reductions in stigma	Community survey, Secondary data collection	Training survey, Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls	Pre and post training and community surveys, quarterly, and biannually	t-tests, multiple regression, trend analysis

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
associated with use?					
O3. Did community awareness increase, and what impact did it have on reducing overdoses, use, and stigma associated with use?	Increased community awareness, Reductions in opiate overdoses and use, reductions in stigma	Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls	Pre and post survey, quarterly, and biannually	t-tests, multiple regression, trend analysis
O4. Did professional awareness and consumer advocacy increase, and what impact did it have on reducing overdoses, opiate use, and stigma associated with use?	Increased professional and consumer advocacy, Reduction in # prescriptions, Reductions in opiate overdoses and use, reductions in stigma	Training survey Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls	Pre and post survey, quarterly, and biannually	t-tests, multiple regression, trend analysis
O5. Was there an increase in knowledge of overdose risk factors, and did it have an impact on reducing overdoses, opiate use, and stigma associated with use?	Increased community knowledge of overdose risk factors, Reductions in opiate overdoses and use, reductions in stigma	Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls	Pre and post survey, quarterly, and biannually	t-tests, multiple regression, trend analysis

Goal 2. Rescue: Increase access to Naloxone

Table 7. Goal 2. Rescue: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Rescue Outcomes					
O1. What are the effects of pharmacy collaboration and how does this affect opioid overdose and use?	Knowledge of rack card distribution and risks of opioid use, Reduction in overdoses and opioid use	Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), RISS, RI DOH, PD, EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
O2. Did overdose prevention awareness and naloxone administration increase and what affect did it have on opioid overdoses, use, and stigma?	Overdose prevention, accurate Narcan administration knowledge & likelihood of administering Narcan, # trainees, increased # of administrations, Reduction in opioid overdoses and use	Review training statistics, Community survey, Secondary data collection	Training statistics, Community Knowledge of Opioids Survey (TBD), RISS, RI DOH, PD and EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis
O3. Was there an increase in awareness of the Good Samaritan Law and did it affect opioid overdoses, use, and stigma?	Increased knowledge of Good Samaritan Law, Likelihood of intervening, Increased Narcan administrations, Reduction in opioid overdoses, use, and stigma	Review training statistics, Community survey, Secondary data collection	Training statistics, Community Knowledge of Opioids Survey (TBD), RISS, RI DOH, PD and EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis

Goal 3. Treatment: Increase knowledge of and access to treatment options

Table 8. Goal 3. Treatment: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Treatment Outcomes					
O1. Was knowledge of alternative treatment for chronic pain increased and did it have an effect on reducing	Knowledge of alternative treatment for chronic pain, # referrals to alternative pain relief providers,	Community survey, referral tracking, Secondary data collection	Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD,	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
overdoses, opiate use, and stigma?	Reduction in opioid overdoses and use		EMT service calls		
O2. Was mobile treatment initiated in Bristol? (TBD)*	N/A	N/A	N/A	N/A	N/A
O3. Was there an increase in the availability of alternative mental health and substance abuse treatment options and what effect did it have on reducing overdoses, opiate use, and stigma?	NA groups being added and attended; Community knowledge of rack cards, treatment, and support groups, Reduction in opioid overdoses and use stigma	Interview with NA meeting lead, Community survey, Secondary data collection	Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis
O4. Was there an increase in the awareness of existing treatment options and did this have an impact on reducing overdoses, opiate use, and stigma?	Community knowledge of existing treatment services, Reduction in opioid overdoses and use stigma	Interview with treatment providers, referral sources, Community survey, Secondary data collection	Provider interview data, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis

*Mobile treatment is only being explored at this time. If it is initiated this outcome objective will be revised to determine the impact it may have had on the key results.

Goal 4. Recovery: Maintain consistent recovery support services in Bristol

Table 9. Goal 4. Recovery: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
Recovery Outcomes					
O1. What is the impact of increasing community	Knowledge of and support for recovery services,	Interview with treatment providers,	Provider interview data, Community	Pre and post survey, quarterly, annually,	t-tests, multiple regression, trend

Outcome Evaluation Question	Measure	Method	Data Source	Frequency	Analysis
support for recovery services, and what effect did it have on reducing overdoses, opiate use, and stigma associated with use?	Reduction in opioid overdoses and use stigma	referral sources, Community survey, Secondary data collection	Knowledge of Opioids Survey (TBD), RI DOH, PD and EMT service calls	and biannually	analysis
O.2. Was there an increase in the number of Mental Health First Aid trainings and did it have an impact on reducing overdoses, opiate use, and stigma?	Recognition and intervention in mental health crises, More treatment referrals/ fewer incarcerations, Reduction in opioid overdoses, use, and stigma	Review training statistics, Community survey, Secondary data collection	Training documents, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis
O3. Were community support services enhanced and did it have an impact on reducing overdoses, opiate use, and stigma?	New support group participants report understanding how to navigate system, get help, and knowledge of resources, Reduction in opioid overdoses and use stigma	Interviews with support service leads, Community survey (also with support group volunteers), Secondary data collection	Support service lead interview data, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls	Pre and post survey, quarterly, annually, and biannually	t-tests, multiple regression, trend analysis

LOGIC MODEL

Figure 9. Goal 1 Prevention Logic Model

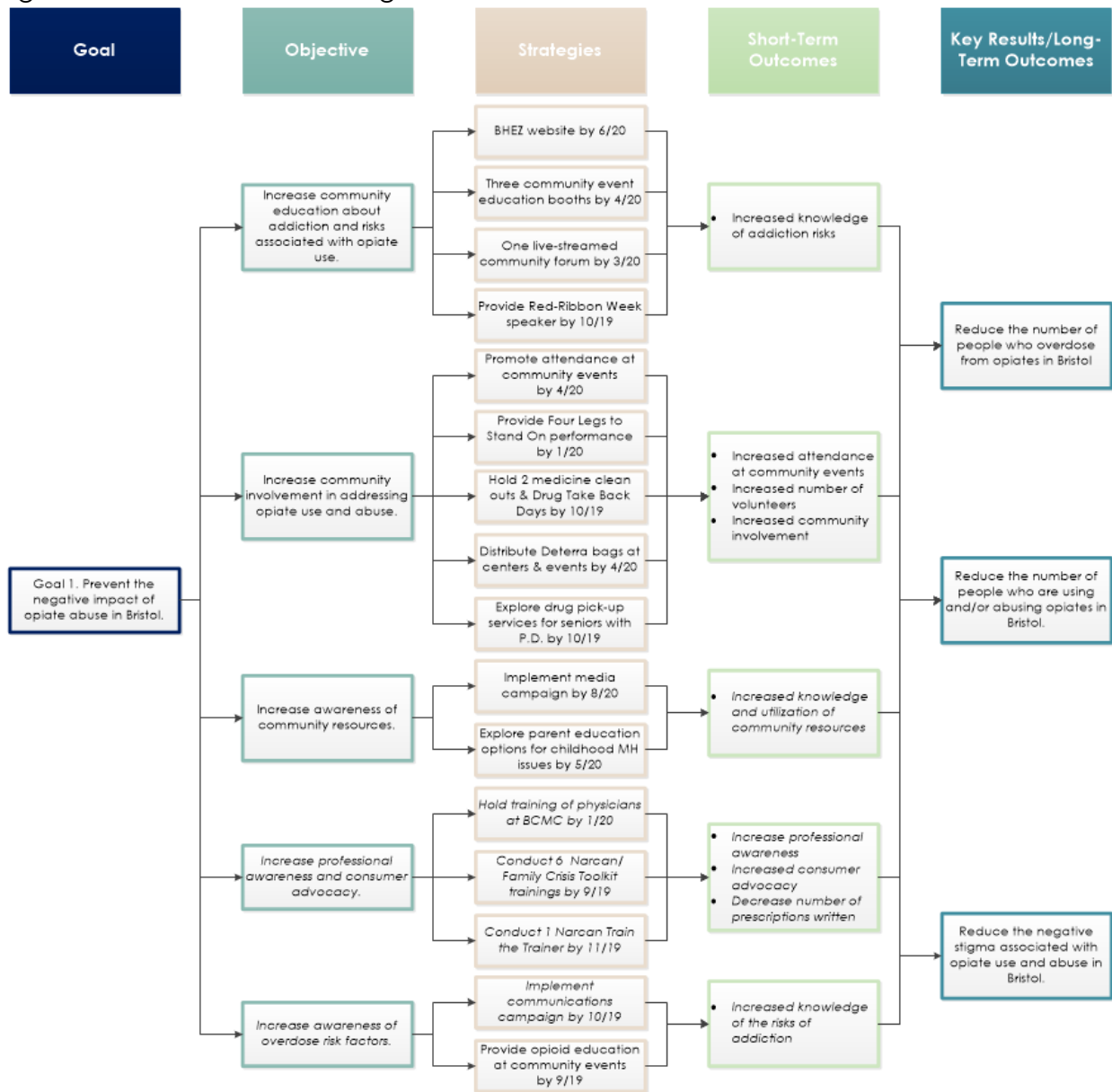


Figure 10. Goal 2 Rescue Logic Model

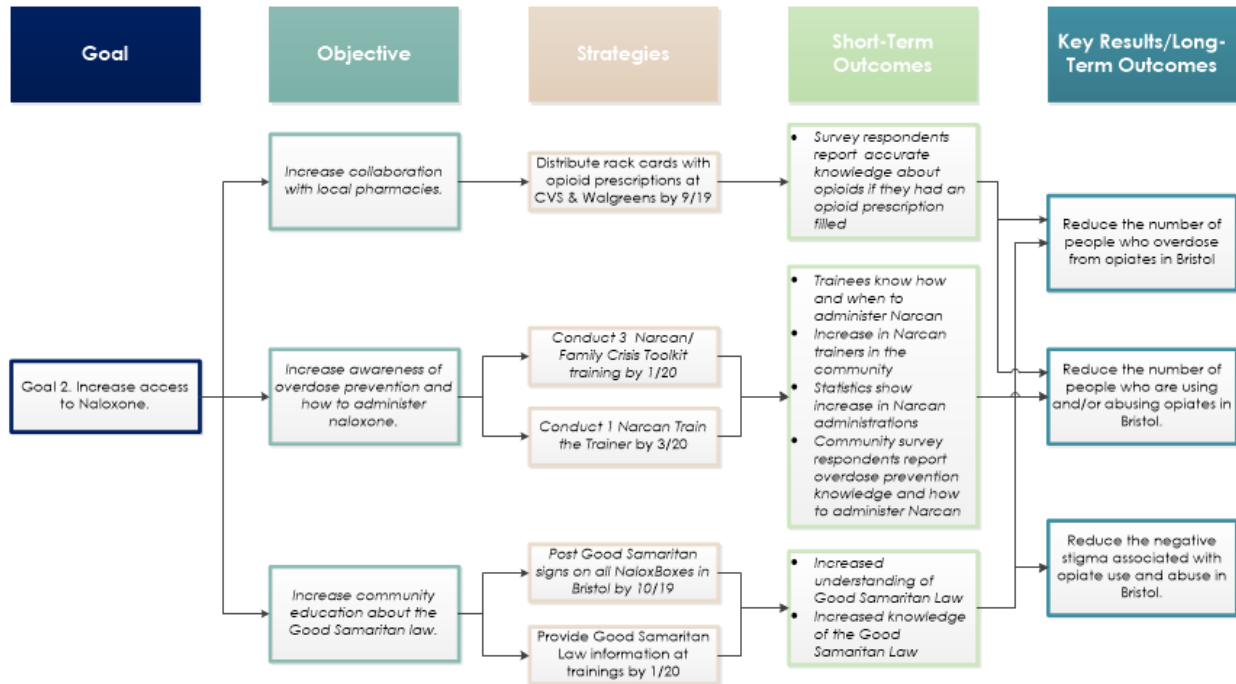


Figure 11. Goal 3 Treatment Logic Model

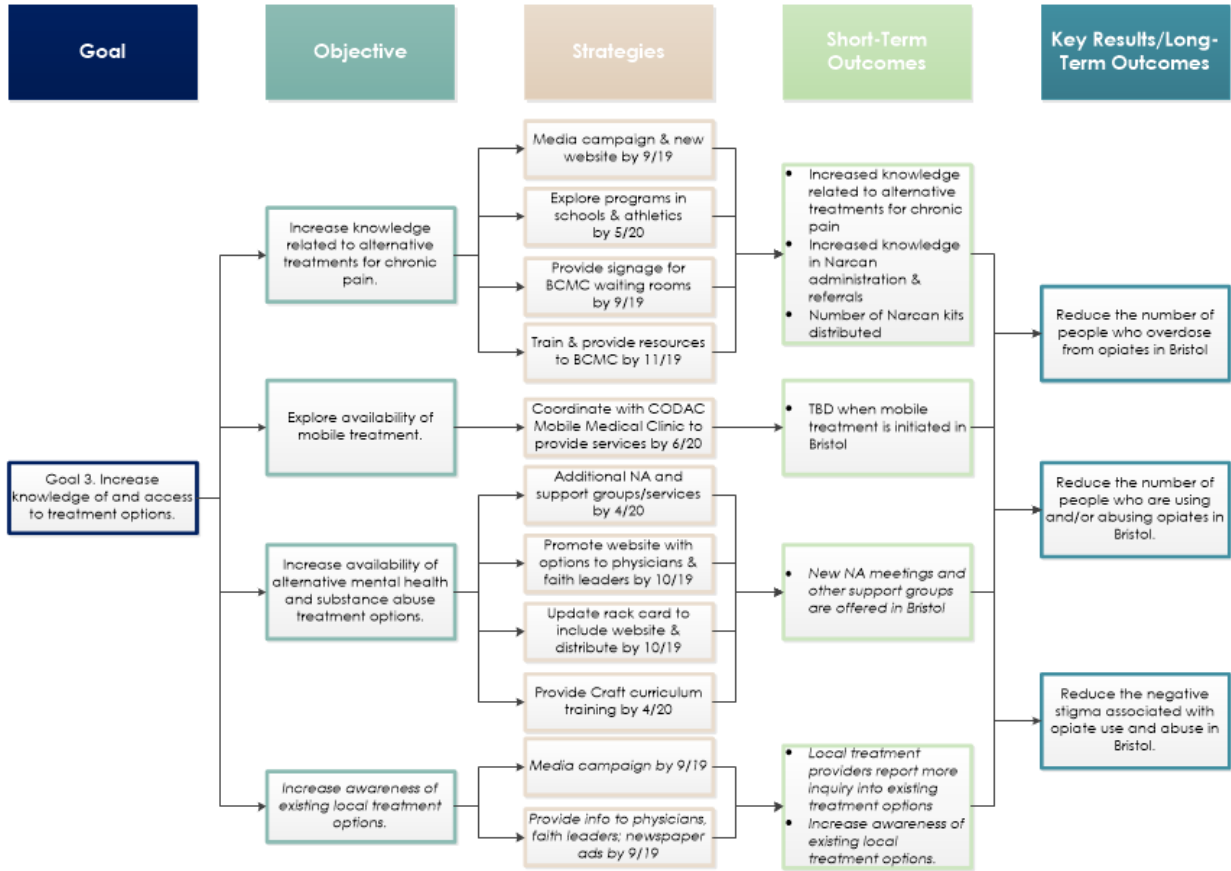
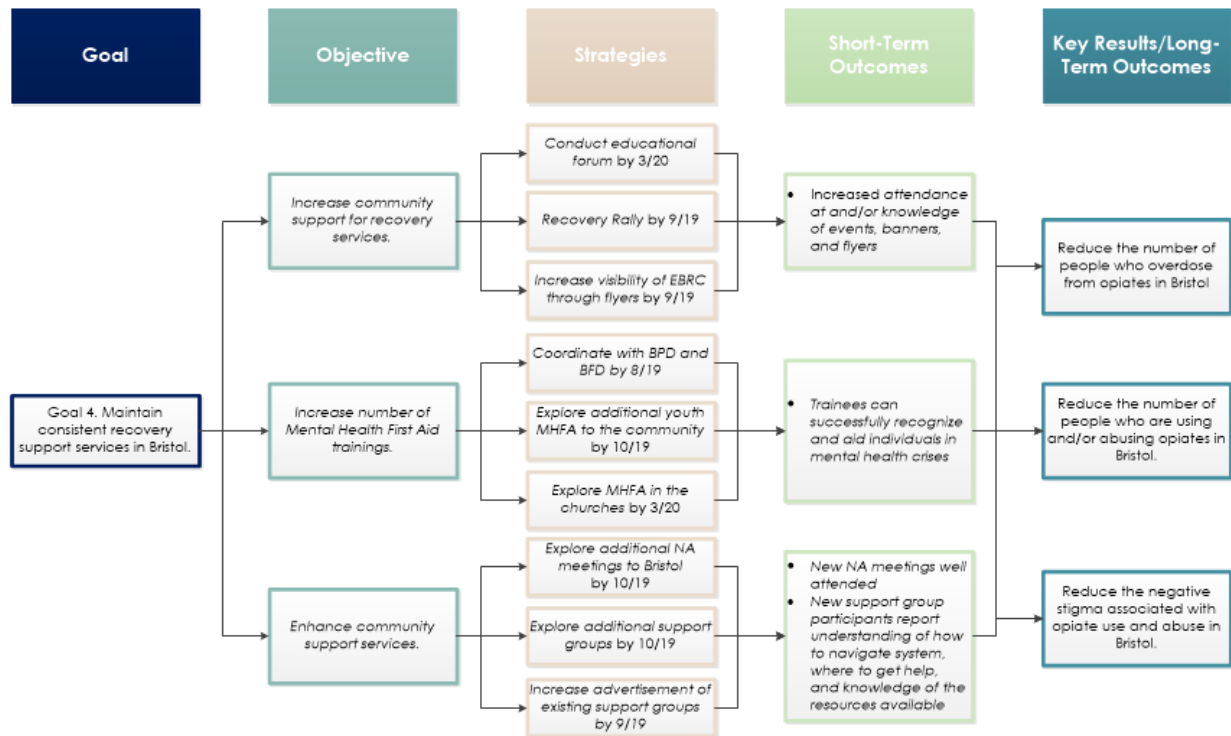


Figure 12. Goal 4 Recovery Logic Model



HOW WE EVALUATED THE SUCCESS OF OUR EFFORTS

Development of Opioid Prevention Plan and Evaluation Plan

We primarily evaluated the outcome of this planning process by comparing our progress to our initial timeline. Our timeline was extremely compressed due to the late date of the purchase order and the town's required RFP process. Once these hurdles were surmounted, the project stayed on schedule through the last round of meetings. While the meetings were completed on time, the process involved finalizing our plan while simultaneously implementing some of our activities. This resulted in our OPP requiring three rounds of revisions due to knowledge gained through the implementation process while the plan was still being completed. This in turn affected the completion of the evaluation plan.

Lessons Learned

One of the key lessons learned during this planning process is that summer makes it extremely difficult to get good meeting attendance. Several subcommittee members were unable to participate, despite having meetings scheduled months in advance. Nevertheless, we were very excited to have this opportunity. Our enthusiasm, however, resulted in another lesson learned. Our plan is extremely ambitious and has numerous objectives and strategies. The number of objectives and strategies had a tremendous impact on our ability to complete the evaluation plan quickly as the OPP became somewhat of a moving target once implementation began. This caused numerous alignment issues and revisions that slowed the process down that could have been avoided had the two events (planning and implementation) not been going on simultaneously. In the future, we believe more realistic timelines would be beneficial to all parties concerned.

FUNDING REQUIRED

The table below documents areas in the plan where funding is required in order to carry out the activity. Activities are listed along with pertinent details, resources involved in conducting activities, costs, and potential funding sources.

Table 10. Funding Required to Fully Execute Plan by Goal, Objective & Strategy

Goal 1. Prevent the negative impact of opiate abuse in Bristol				
Objective 1. Strategy 4				
			Costs	
Activity	Details	Resource	Total Cost	Potential Funding Sources
Red Ribbon Speaker	Provide speaker for red ribbon week to speak on opiate use	HEZ; BPC	\$3,000	SURGE
Objective 2. Strategy 2				
Four Legs to Stand On	N/A	HEZ; COAAST	\$3,300	TBD
Objective 3. Strategy 2				
Education for parents of children	N/A		School Department;	TBD

experiencing anxiety and depression			EBCAP; HEZ	
Objective 4. Strategy 2				
Acquire dummy for Narcan training	N/A	REST	\$425	SURGE
Goal 2. Increase access to Naloxone				
Objective 3. Strategy 1				
Education signage of Good Samaritan Law on Nalox boxes	N/A	BHEZ/REST	TBD	HEZ
Goal 3. Increase knowledge and access to treatment				
Objective 3. Strategies 1, 3 and 4				
Additional NA and support groups/services to St. Michael's parish hall	N/A	HEZ; EBCAP; St. Michaels Church	\$1,200.00/year	TBD
Update Rack card to include website and distribute widely	Rack cards updated to include website information	TBD	TBD	SURGE
Provide Craft curriculum training	N/A	TBD	\$3,300	TBD
Objective 4. Strategy 2				
Provide info to physicians, faith leaders; put ads in the newspaper	Resource information provided to physicians and faith leaders	TBD	TBD	SURGE
Goal 4. Maintain consistent recovery support services in Bristol				
Objective 2. Strategies 2 and 3				
Explore additional youth MHFA to the community	Train additional first responders in MHFA	HEZ; EBCAP	TBD	TBD
Explore MHFA in the churches	N/A	HEZ; Faith-based Leaders	\$379	TBD
Objective 1. Strategy 3				
Create/Distribute flyers throughout the community advertising the East Bay Recovery Center (media ads)	N/A	HEZ/East Bay Recovery Center	\$1,930	SURGE

APPENDIX A

Bristol Health Equity Zone Overdose Prevention Plan Subcommittee Members

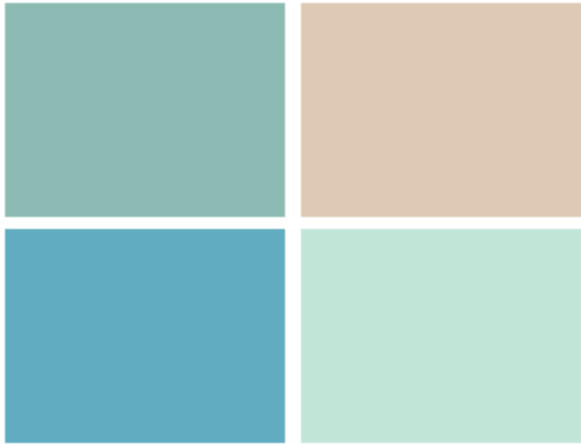
Bristol Health Equity Zone Opioid Prevention Plan Subcommittee

Table 1. Bristol HEZ Opioid Prevention Plan Subcommittee Participants and Affiliation

OPP Subcommittee Participant	Professional Affiliation
Sarah Bullard	Bristol Health Equity Zone
Jennifer Adams	CODAC
Denise Alves	East Bay Regional Coalition
Brian Morse	Bristol Police Department
Cortney Lancaster	Bristol Fire Department
Michael DeMello	Bristol Fire Department
Rev Liz Habecker	Resident
Tommy Joyce	East Bay Recovery Center
Margo Katz	RI DOH
Laurie MacDougall	REST
Madeline Crowell	Blue Cross Blue Shield
Megan Elwell	East Bay Regional Coalition
Scott Panella	Bristol Health Equity Zone
Craig Pereira	Bristol Health Equity Zone
Emily Spence	Bristol Health Equity Zone
Richard Savino	Resident
Steve St. Pierre	Bristol Police Department
Donna Wilson	Benjamin Church Senior Center
Kristen Westmoreland	East Bay Regional Coalition
Ernie Thivierge	East Bay Recovery Center
Annie Silviari	John Snow Incorporated

APPENDIX B

Data Review PowerPoint Presentation



Review of Existing Opioid Data

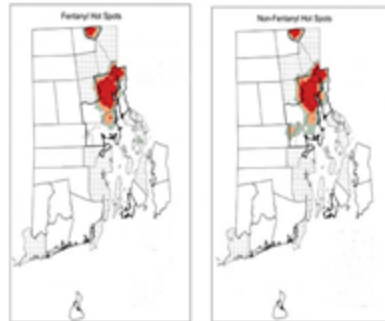


P. Allison Mirugh, Ph.D.
Nicoletta Lomuto, M.A.

General Population

- Approximately half of residents believe the town has a problem with opiates or prescription medication
- “Hard numbers” confirm problem
- Ranks about in the middle of the State

Fentanyl and Non-Fentanyl Overdose Deaths in RI



Adult Opioid Use

- Seen as a problem
 - Focus group participants
 - Teachers
- Lack connection to resources
- “Police officers spend a lot of their time tracking down distributors and administering narcan...so that forces the focus to be reactive instead of proactive”

Youth Opioid Use

- Abundance of data
 - RISS, Health and Wellness Survey, focus groups
- Approximately 2-3% used opioids in the past month
- Multiple contributing factors
 - Anxiety, stress, depression
 - Peer pressure
 - Lack of parental enforcement of rules
- Lack connection/trust to resources

Adult and Youth Data Gaps

- Personal stories of those affected
- What is the perspective of users?
- What issues are specific to Bristol?



Seniors

Drug Abuse Problems Among Medicare Beneficiaries

Area	Drug Abuse Prevalence
Bristol County	2.15%
Rhode Island Average	3.20%
National Average	3.37%

Source: CMS Interactive Atlas of Chronic Conditions



Newborns

Neonatal Abstinence Syndrome Rates in Rhode Island (RI DOH)



Summary of Data Gaps

- Specific Populations
 - Affected families
 - Newborns
 - Seniors
- Opioid users versus other users
- Improving connection to resources

Thank you!

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APPENDIX C

Community Survey Instrument & Results

Bristol Health Equity Zone Opioid Prevention Plan Community Survey

Community Survey Instrument



Bristol Health Equity Zone Overdose Survey



Prevention Plan

To complete this survey online please scan the with any smart device:

following QR code

- I am **(Choose one)**: Male Female Don't Identify with a binary gender
- Which age group do you belong to? 12-17 18-25 26-34 35-49 50-64
 65 or older
- What is the highest level of education you have completed? **(Choose one)**
 High school degree/ GED Associate's degree Bachelor's degree
 Master's/ graduate degree PhD or other advanced degree
- Do you **(Check all that apply)**: Live in Bristol Work in Bristol Study in Bristol
 None of the Above

Please select yes or no:	Yes	No
5. Do you know someone in Bristol who has abused the following in the last 30 days?		
Heroin	<input type="radio"/>	<input type="radio"/>
Prescription medication (that was not prescribed)	<input type="radio"/>	<input type="radio"/>
Prescription medication (that was used in excess of a prescription)	<input type="radio"/>	<input type="radio"/>
6. Do you think there is a problem in Bristol with the following?		
Heroin	<input type="radio"/>	<input type="radio"/>
Prescription medication (that was not prescribed)	<input type="radio"/>	<input type="radio"/>
Prescription medication (that was used in excess of a prescription)	<input type="radio"/>	<input type="radio"/>
7. Do you think there is a problem in Bristol with overprescribed addictive pain medication?	<input type="radio"/>	<input type="radio"/>
8. Have you ever known someone or heard about someone who had a newborn baby that was addicted to prescription drugs or heroin?	<input type="radio"/>	<input type="radio"/>
9. Have you ever had a family member or close friend become addicted to prescription pain medication?	<input type="radio"/>	<input type="radio"/>
10. Have you ever had a family member or close friend become addicted to heroin?	<input type="radio"/>	<input type="radio"/>

11. Do you think public education programs about community problems like opioid misuse are effective?	<input type="radio"/>	<input type="radio"/>
12. Do you think Bristol is doing enough to address the opioid problem?	<input type="radio"/>	<input type="radio"/>
13. Do you know someone who has died from opioid abuse?	<input type="radio"/>	<input type="radio"/>

Is the following statement true or false:	True	False
14. Opioids are an addictive class of drugs that includes both prescription medicines like OxyContin and illicit drugs like heroin and fentanyl.	<input type="radio"/>	<input type="radio"/>
15. The overall national life expectancy rate in the United States has gone down due to opioid addiction.	<input type="radio"/>	<input type="radio"/>
16. Addiction is a disease or public health issue.	<input type="radio"/>	<input type="radio"/>

17. Where have you seen educational material distributed in Bristol that addresses opioid misuse?

(Check all that apply)

- Business
- Community
- School
- Medical Office
- Place of Worship
- Other

18. Which age group do you believe is most affected by opioid abuse?

- 12-17
- 18-25
- 26-34
- 35-49
- 50-64
- 65 or older

19. What do you think the root cause of opioid misuse is? **(Check all that apply)**

- Anxiety/stress/depression
- Flaws in moral character
- Lack of adult supervision and guidance
- Overprescribing
- Peer pressure
- People are not aware of how addiction actually occurs
- People are unaware of how highly addictive pain killers are
- People who use pain killers
- Pharmaceutical companies
- Too much trust in physician recommendations

20. Why do you think people don't get help when they become addicted to pain killers? **(Choose ONLY three)**

- Fear due to stigma
- Insurance won't cover it
- It's not affordable

- Medical professionals don't know how to help even when they know their patient is addicted
- The hours of treatment don't fit in with most people's schedules
- The treatment that is available is not easily accessible
- There is not enough treatment available

21. What do you think can be done to address the opioid problem? **(Choose ONLY three)**

- Create more opportunities for people to connect with each other
- Increase legal penalties for individuals using opiates
- Provide accurate information about the risks involved in taking pain medication
- Provide education on alternatives to medication for pain management/treatment
- Provide more community education
- Provide more community support
- Provide more treatment options
- Reduce the stigma associated with seeking and receiving addiction treatment

22. Thinking over the last two years, do you think the opioid problem in Bristol has...

- Increased
- Decreased
- Stayed the same

23. If you would like, please use this space to provide any additional information:

Community Survey Results

Figure 1. Gender

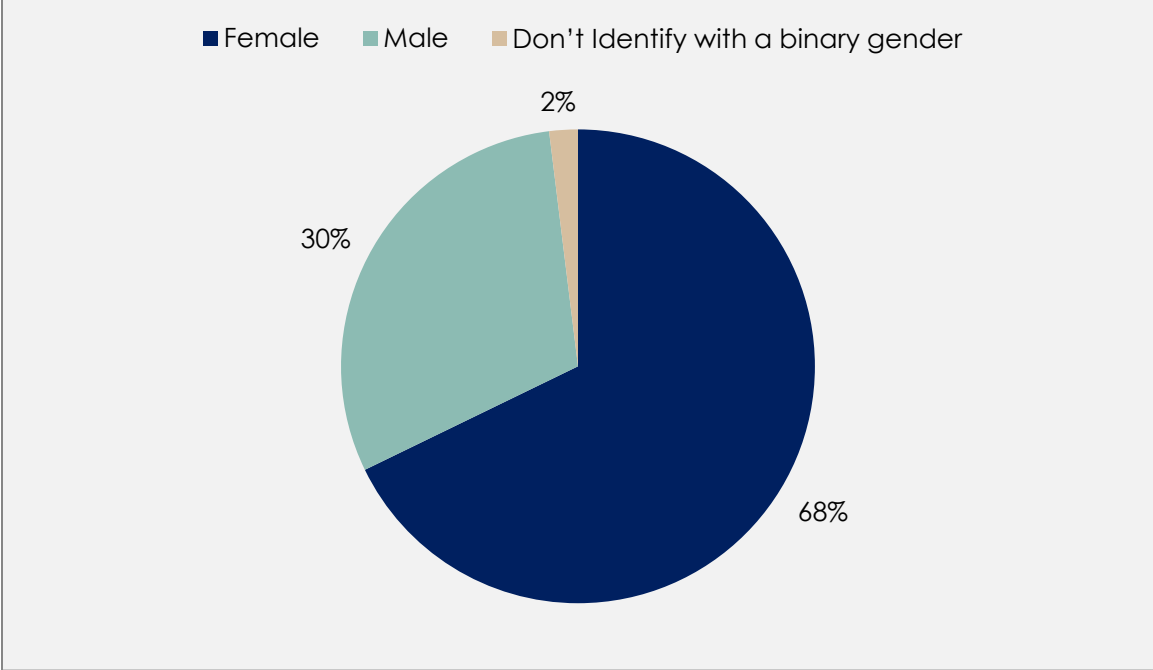


Figure 2. Age

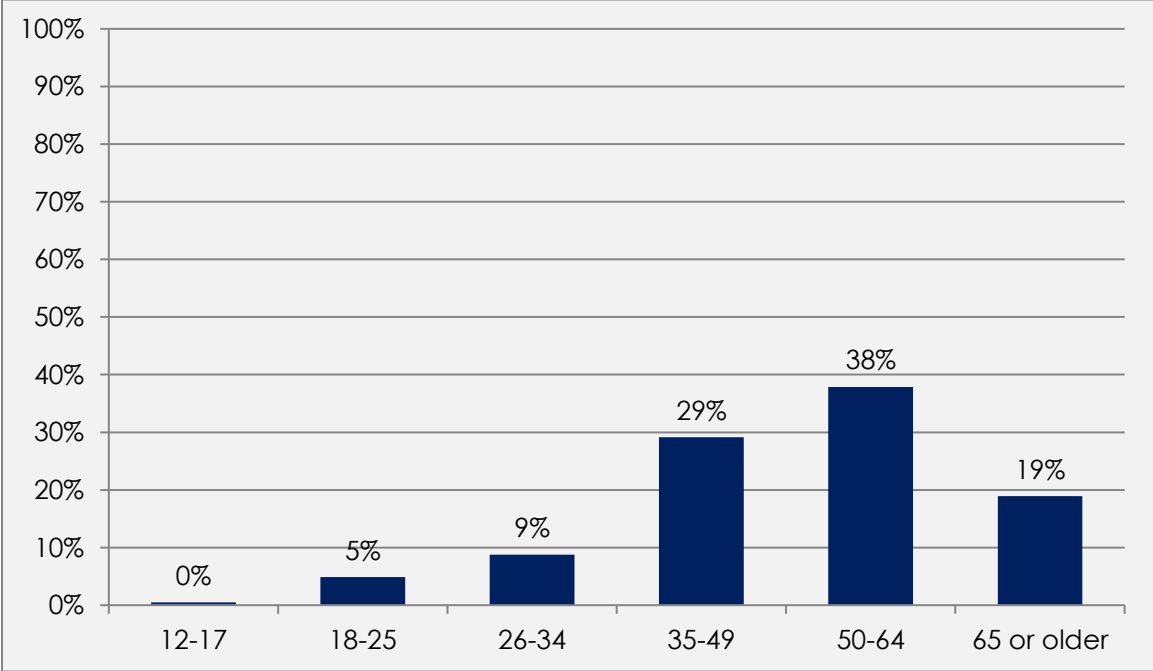


Figure 3. What is the highest level of education you have completed?

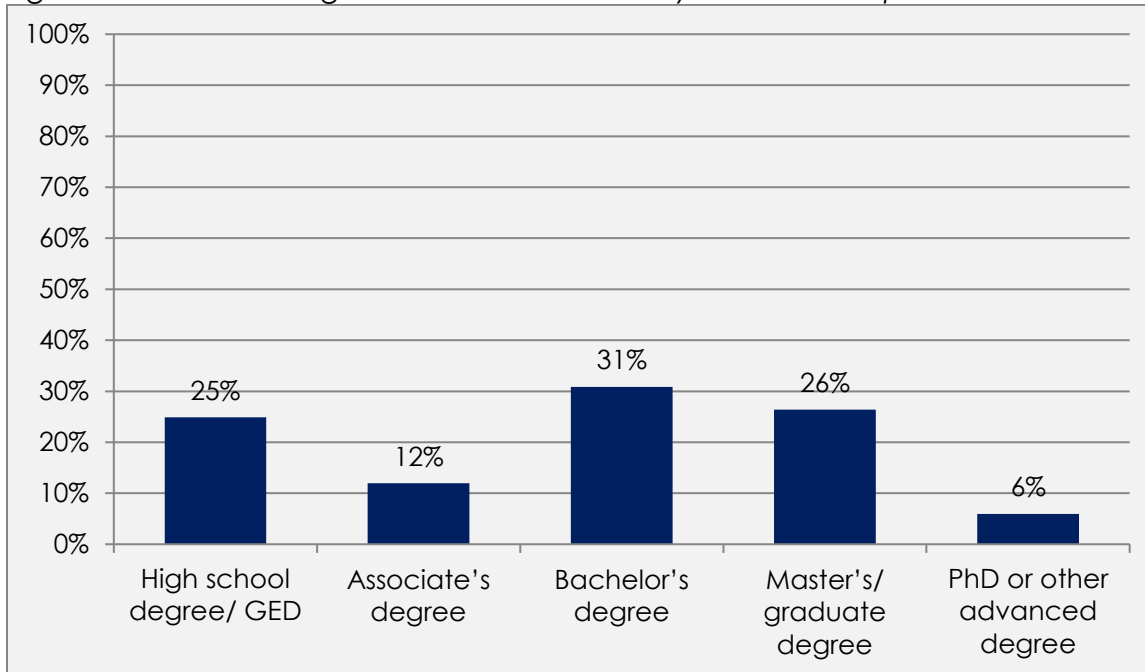


Figure 4. Geographic dispersion

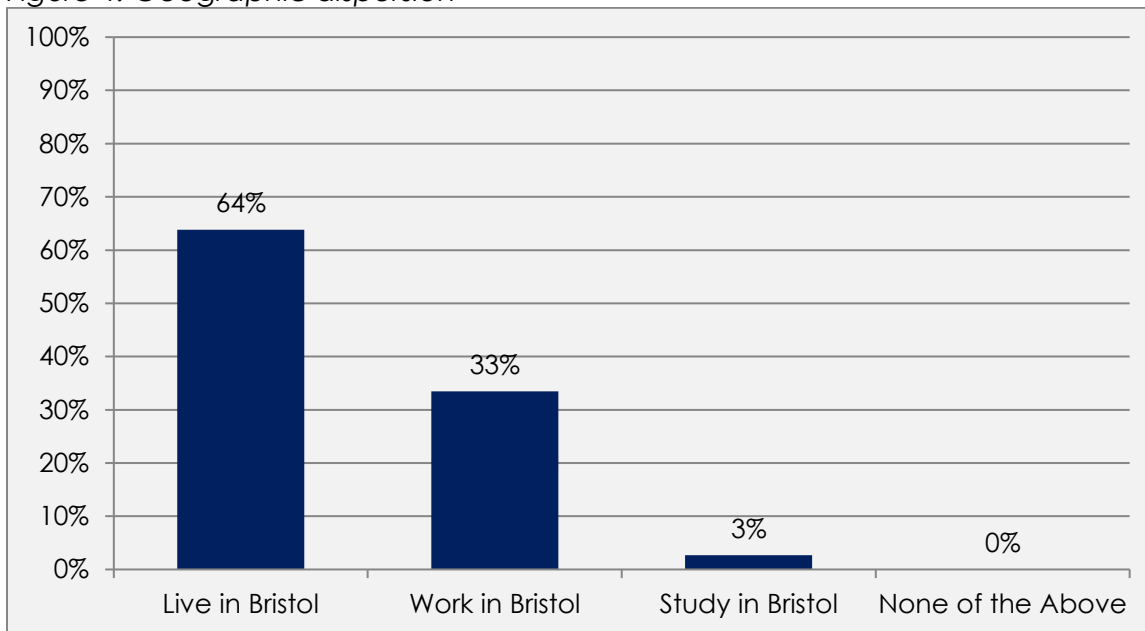


Figure 5. Know someone who has abused in last 30 days

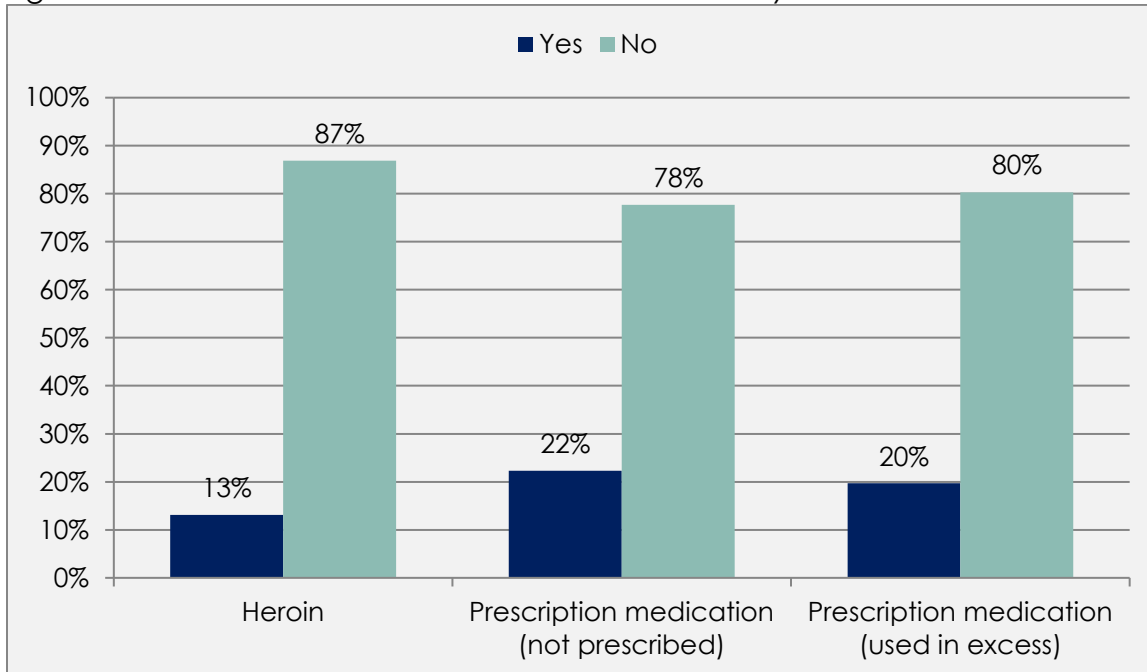


Figure 6. Is there a problem in Bristol with . . .

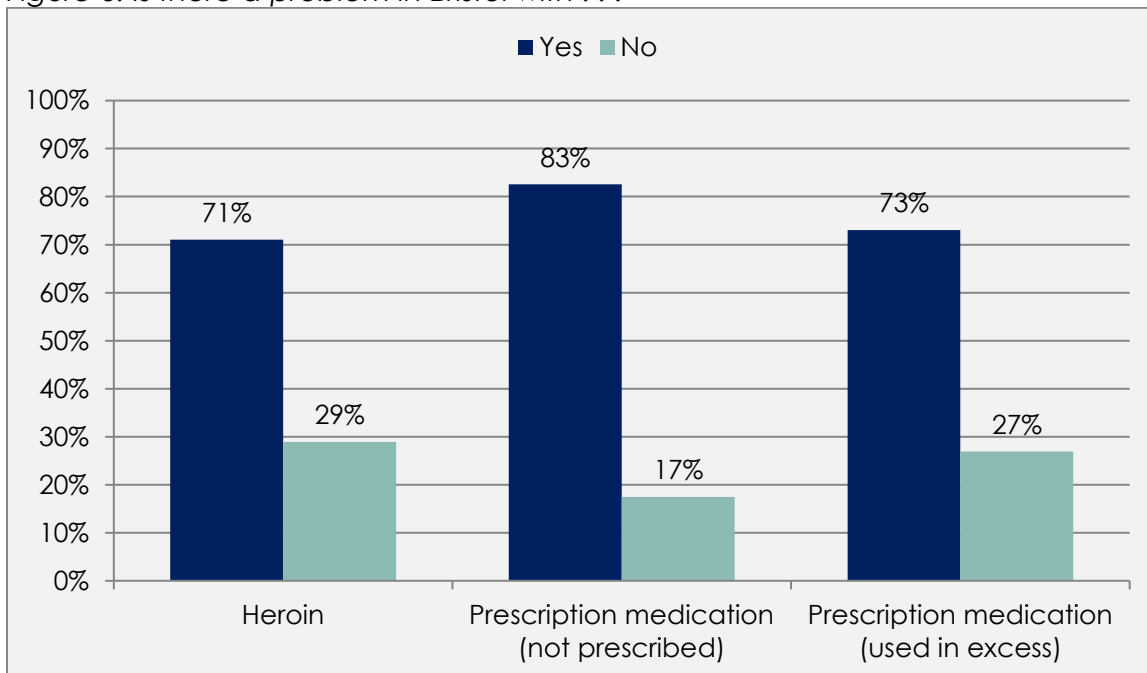


Figure 7. Problem with overprescribed addictive pain medication?

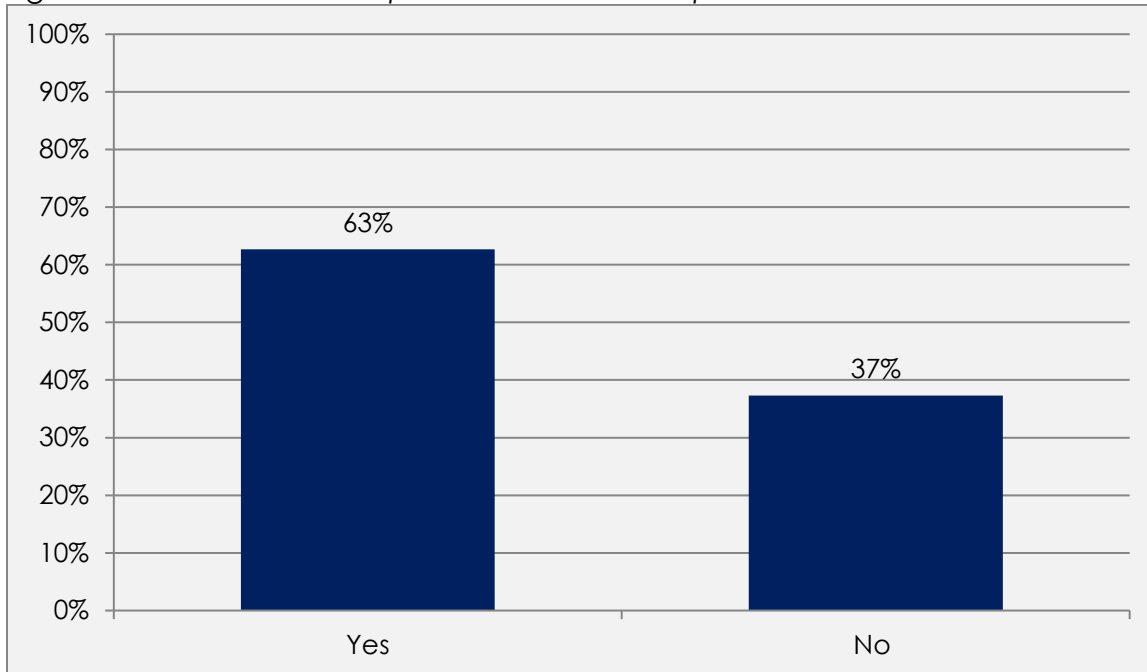


Figure 8. Known or heard about a newborn addicted to RX drugs or heroin?

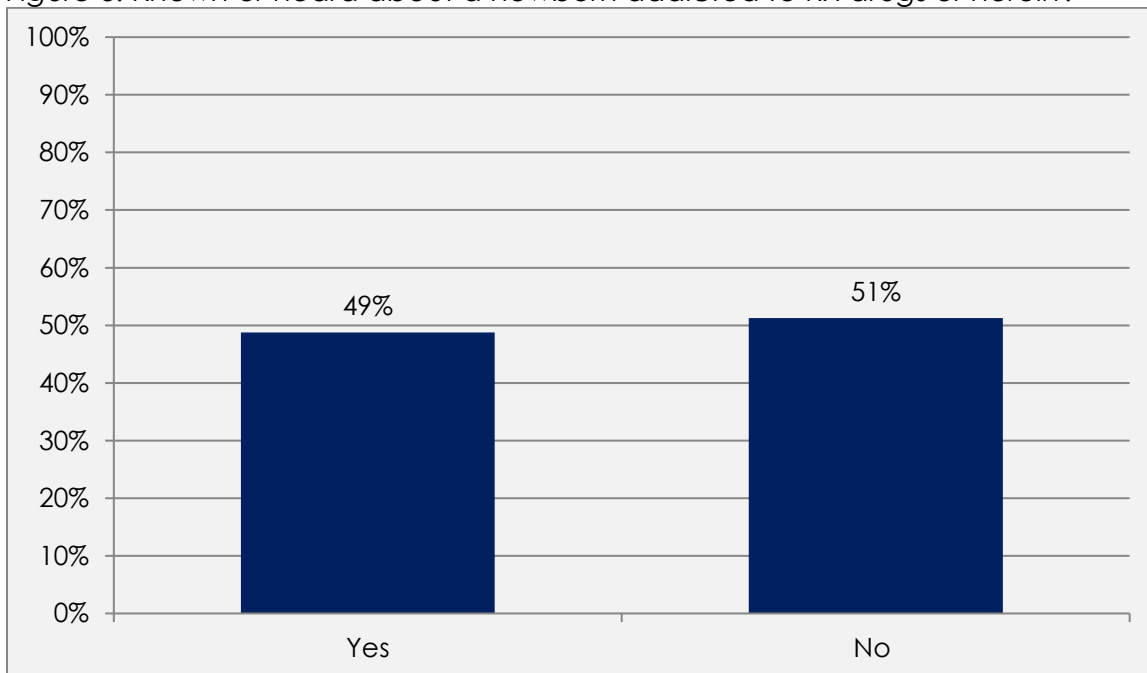


Figure 9. Family member or close friend addicted to RX medication

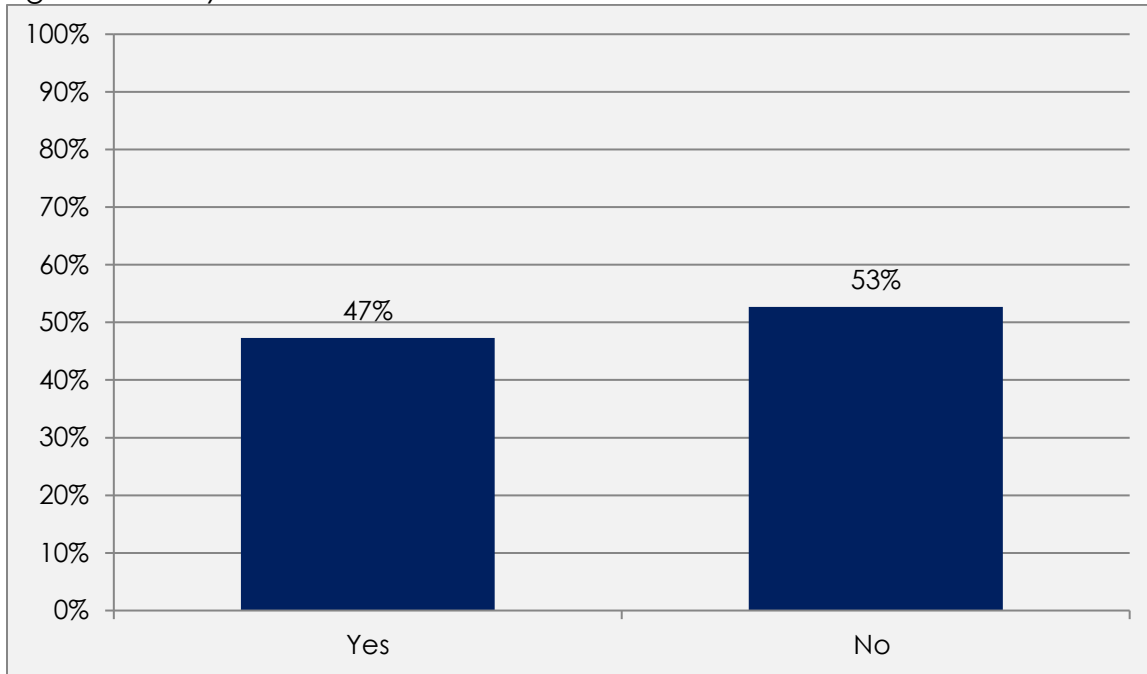


Figure 10. Family member or friend addicted to heroin

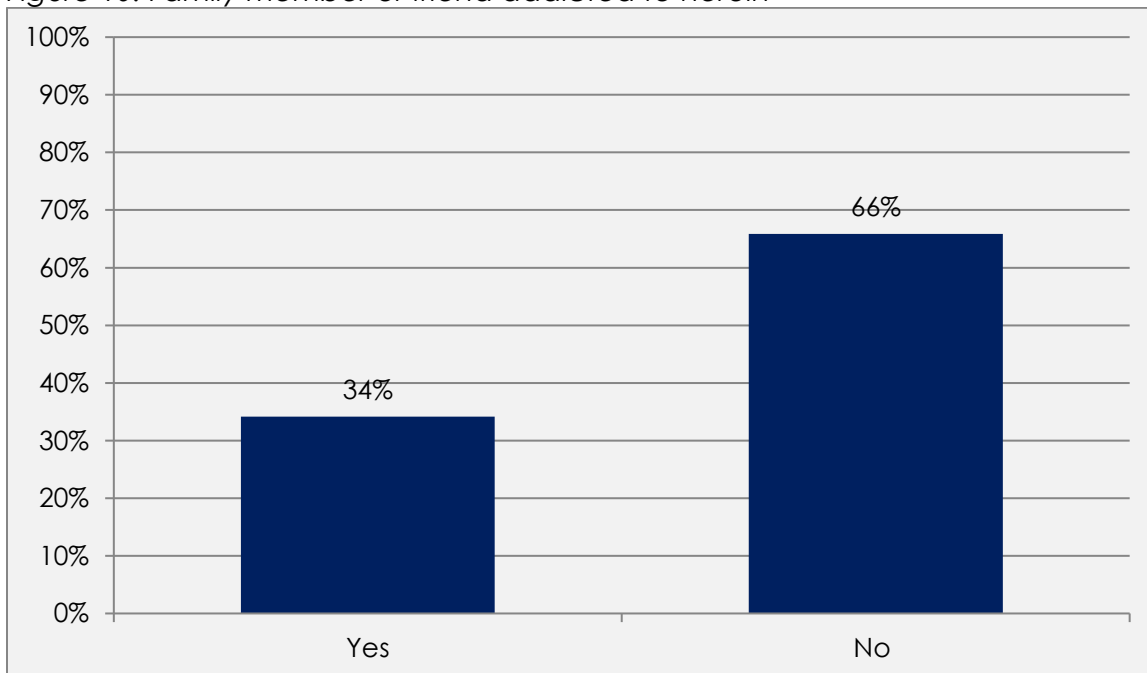


Figure 11. Overprescribing, substance exposed newborns, family & friends

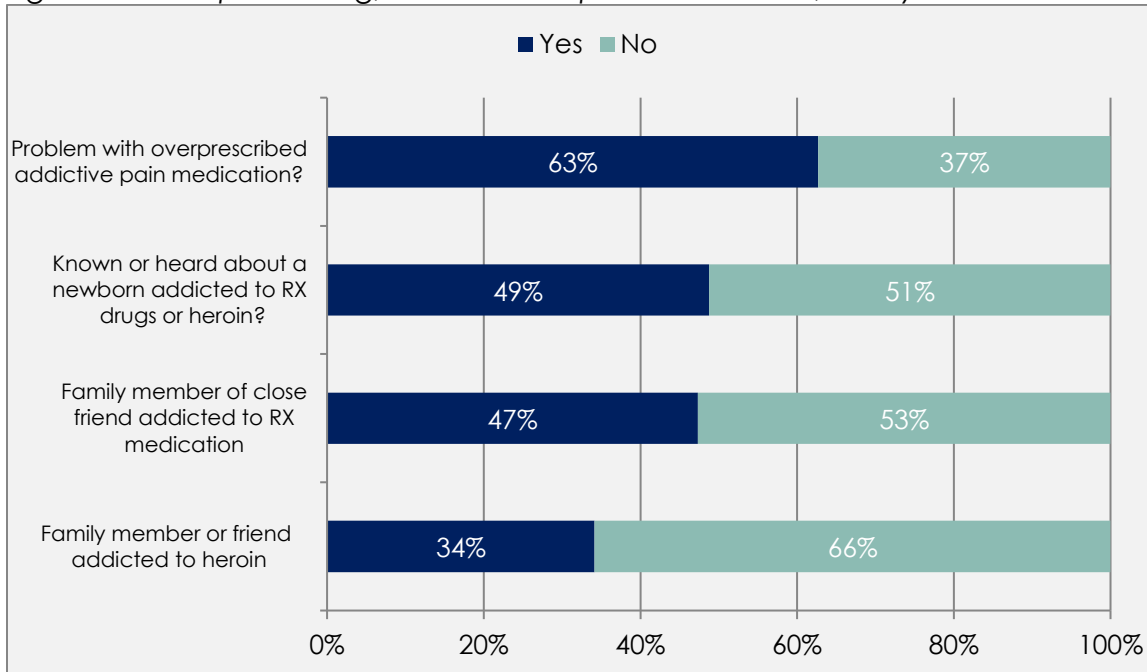


Figure 12. Do you think public education programs about community problems like opioid misuse are effective?

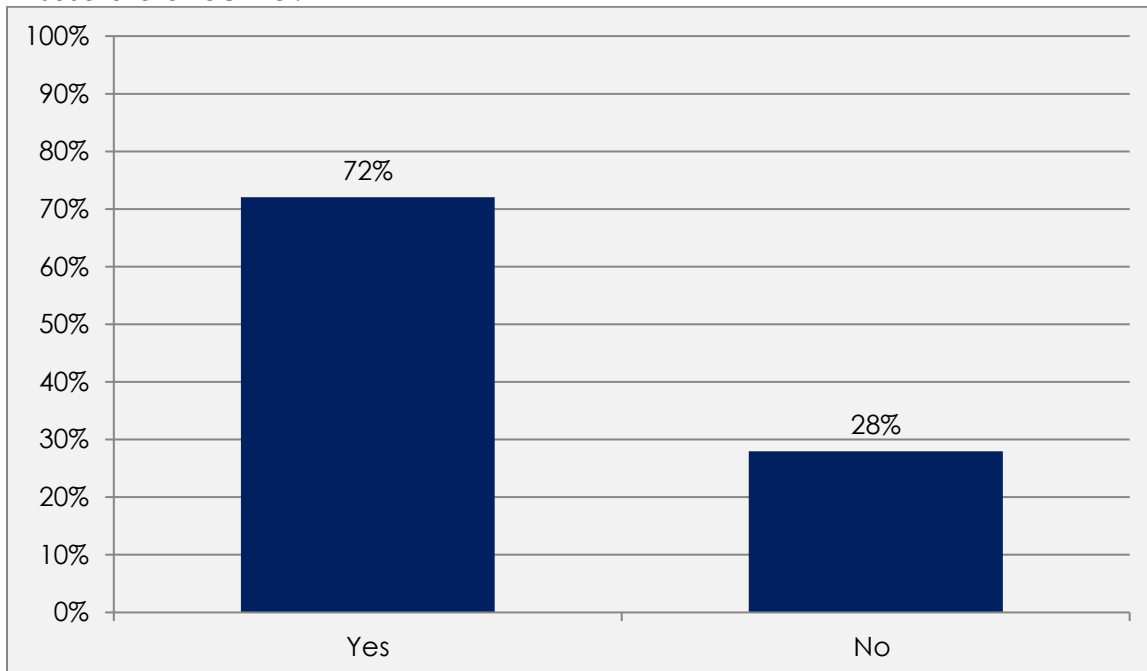


Figure 13. Do you think Bristol is doing enough to address the opioid problem?

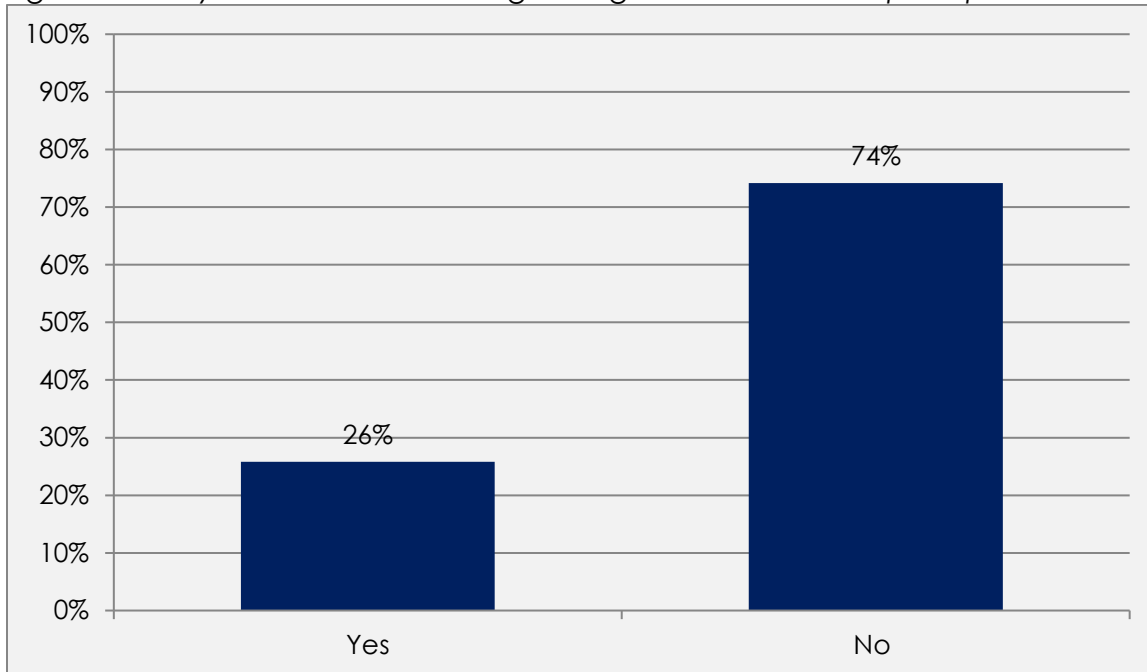


Figure 14. Do you know someone who has died from opioid abuse?

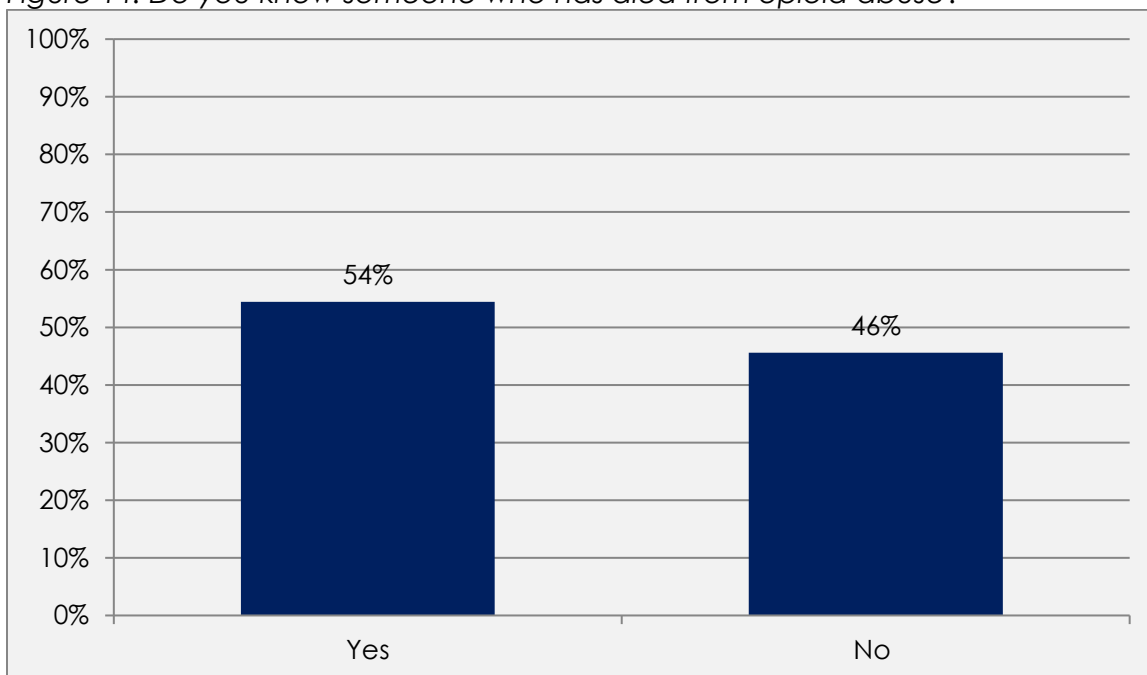


Figure 15. Public education, addressing misuse, & opioid-related death

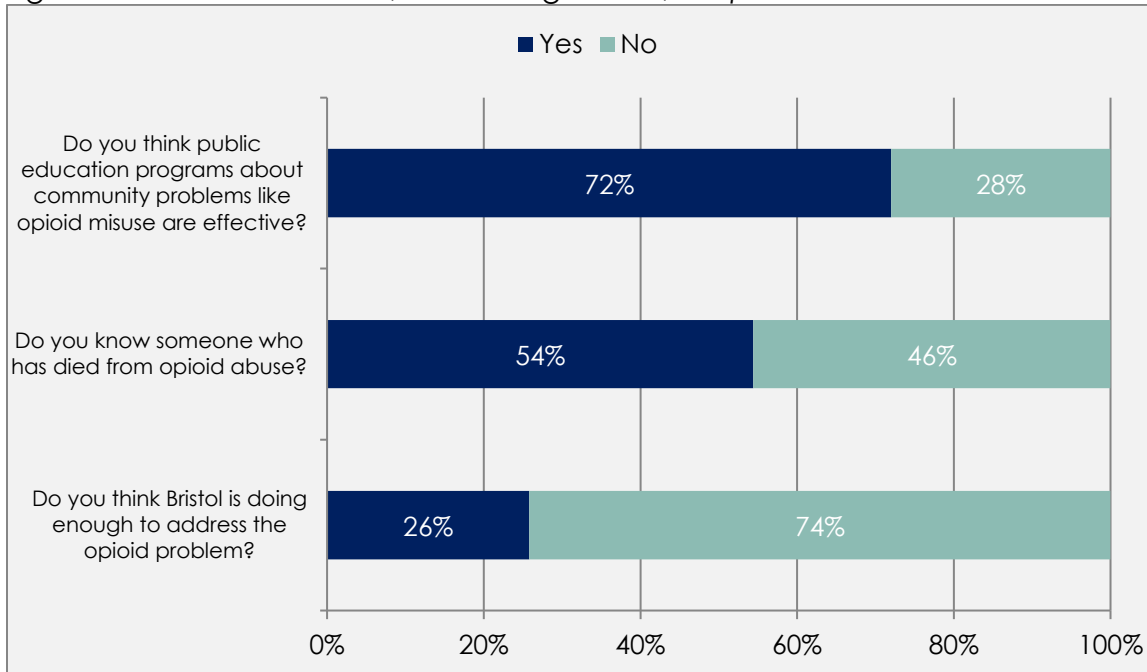


Figure 16. Opioids are an addictive class of drugs that includes both prescription medicines like OxyContin and illicit drugs like heroin and fentanyl

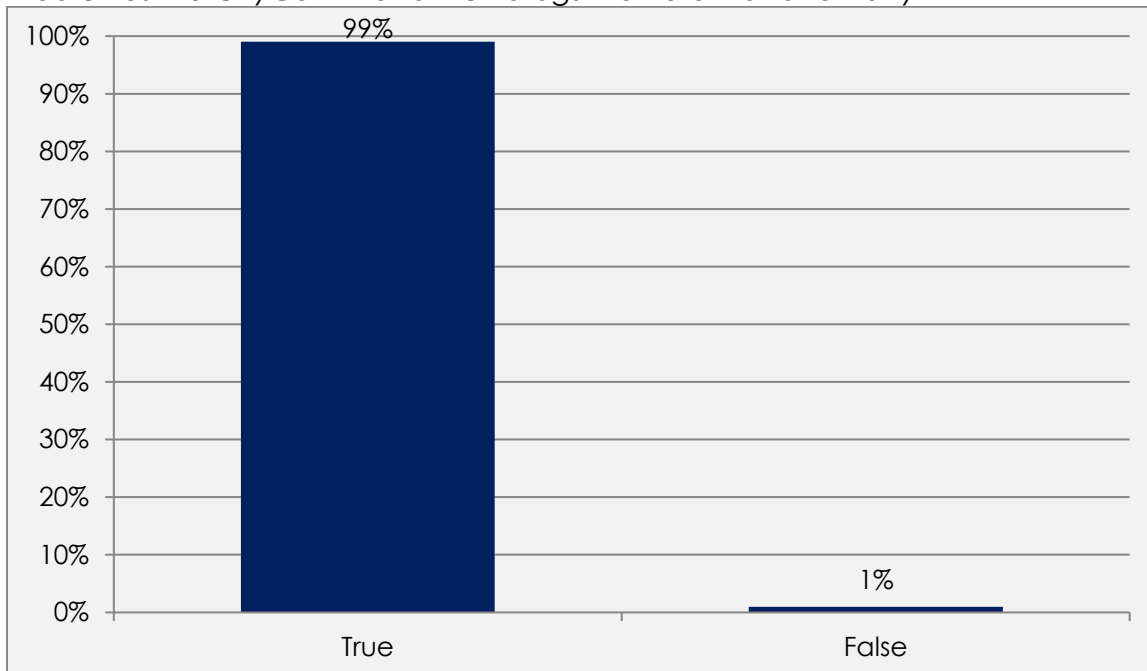


Figure 17. The overall national life expectancy rate in the United States has gone down due to opioid addiction

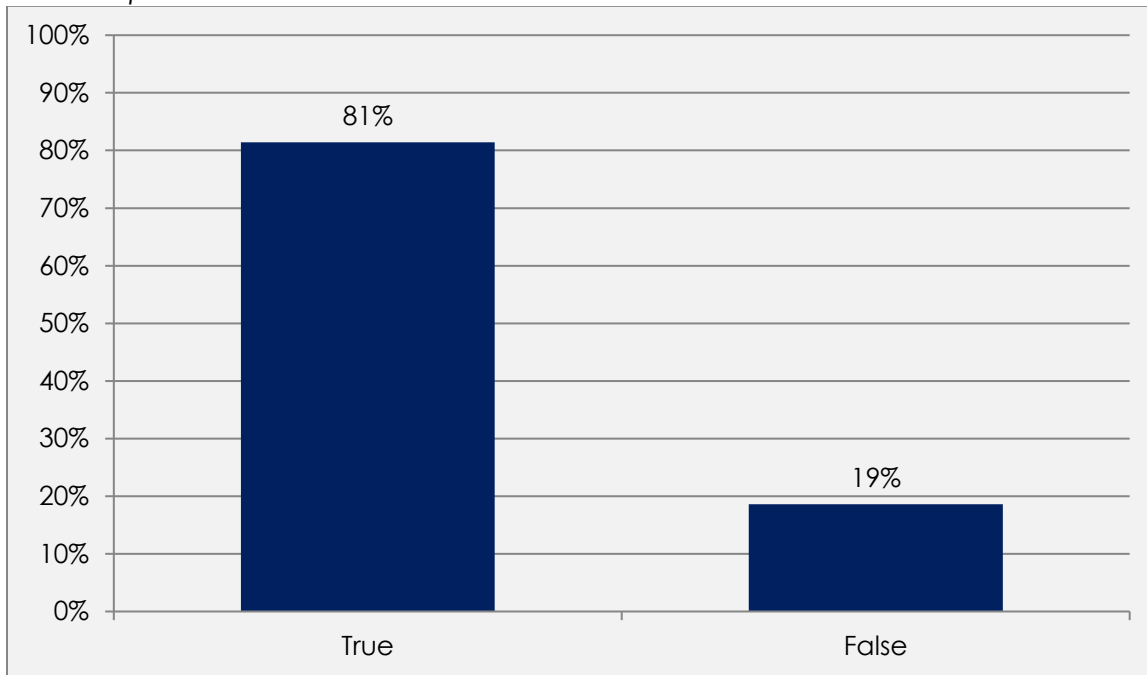


Figure 18. Addiction is a disease or public health issue

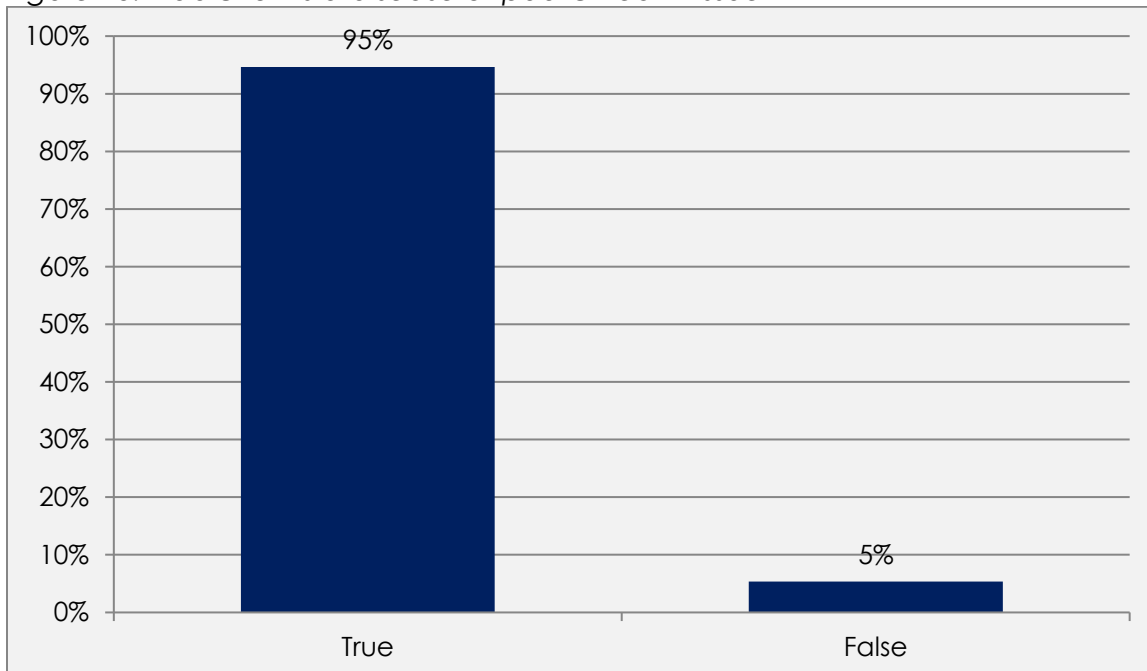


Figure 19. Knowledge about opiates

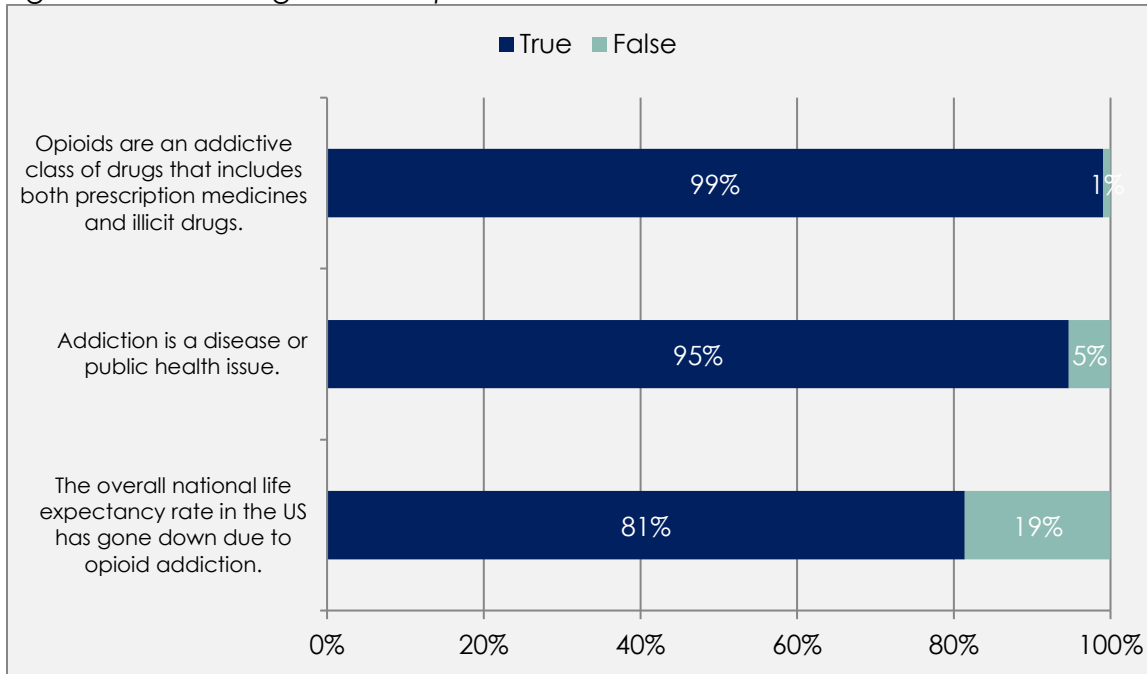


Figure 20. Where have you seen educational material distributed in Bristol that addresses opioid misuse? (Check all that apply)

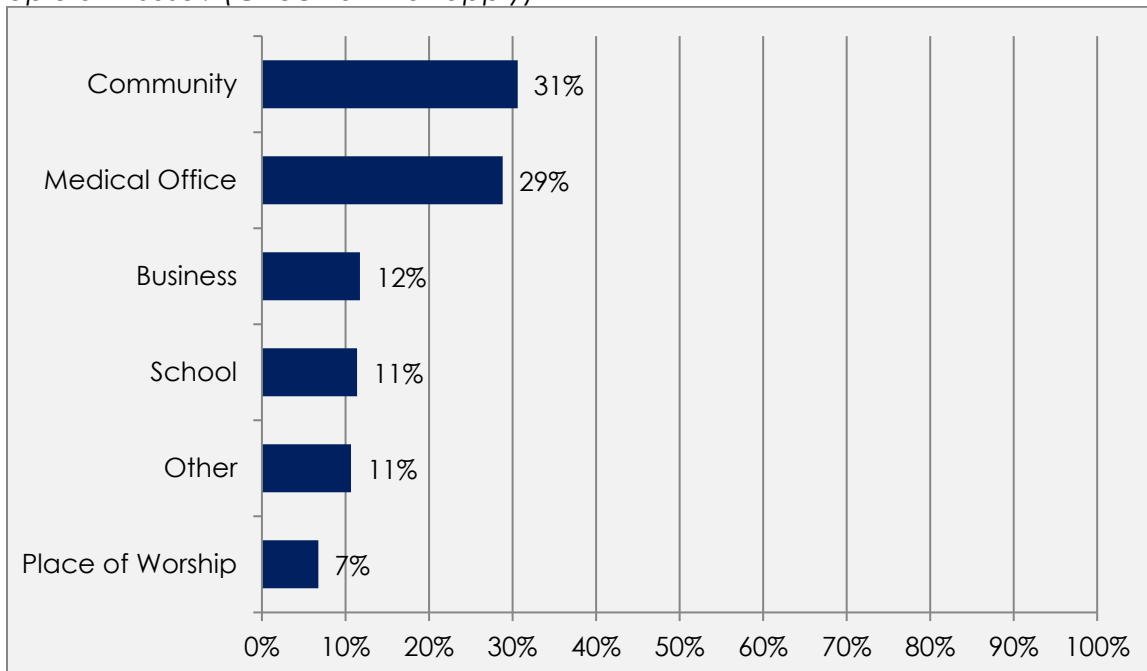


Figure 21. Which age group do you believe is most affected by opioid abuse?

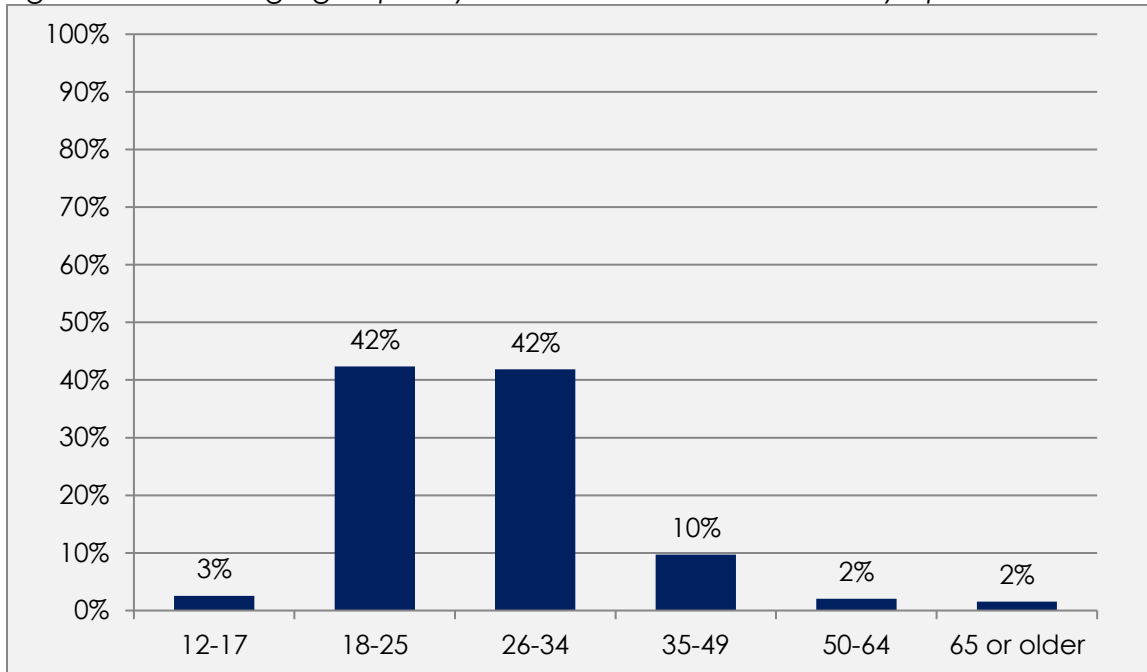


Figure 22. What do you think the root cause of opioid misuse is? (Check all that apply)

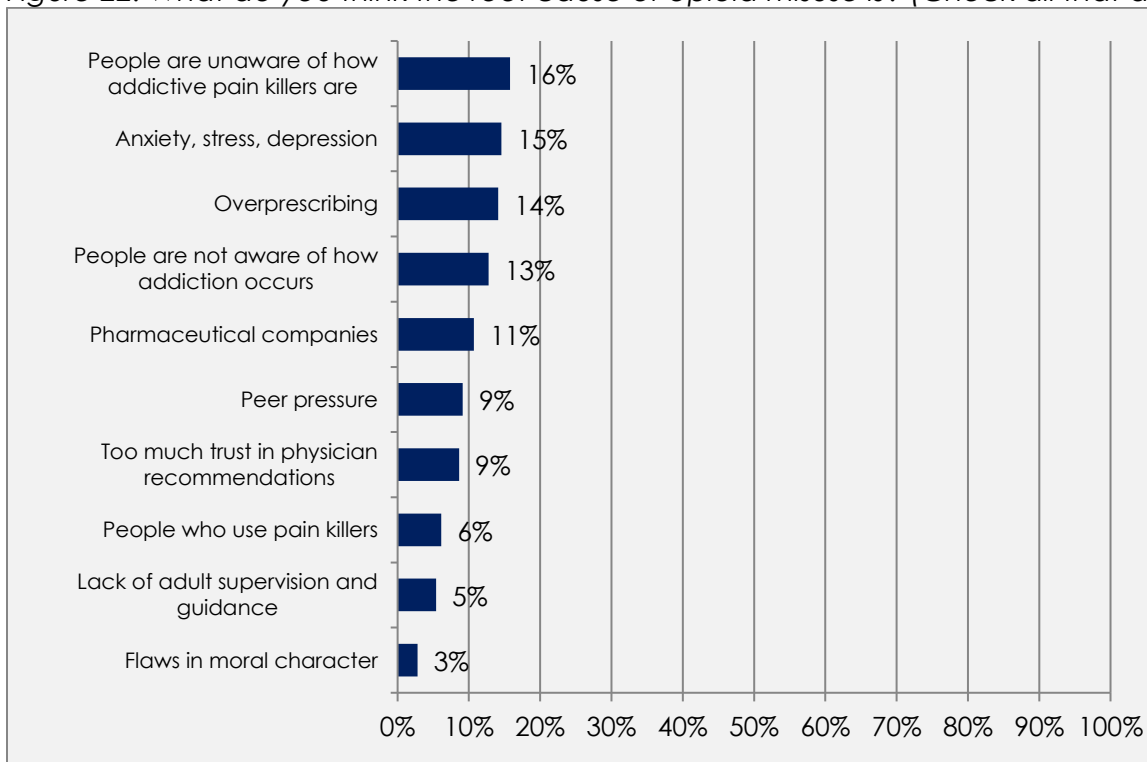


Figure 23. Why do you think people don't get help when they become addicted to pain killers? (Choose ONLY three)

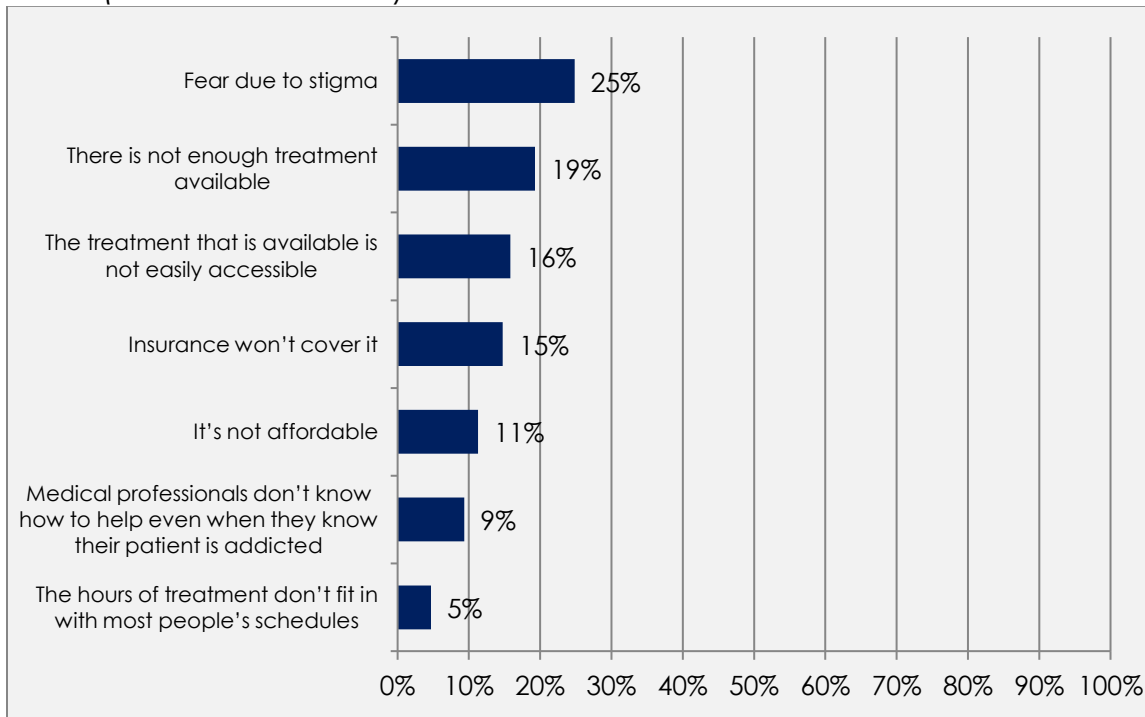
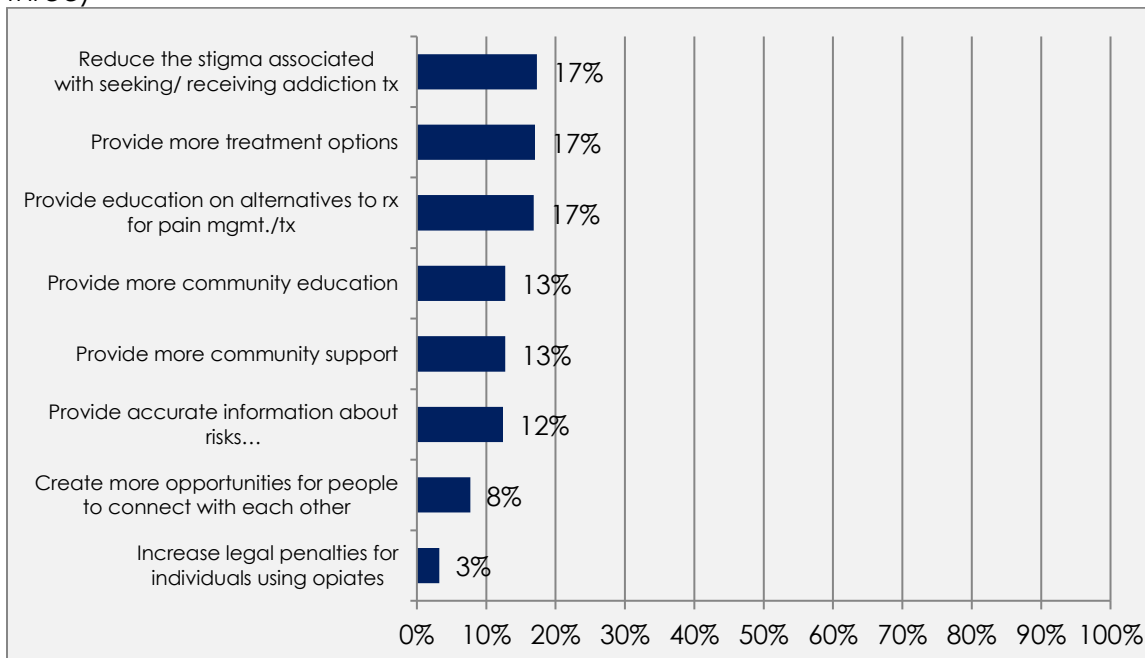


Figure 24. What do you think can be done to address the opioid problem? (Choose ONLY three)



APPENDIX D

Key Informant Interview Questions & Detailed Results

are not at a point where they express concern for their unborn baby.

3. How do you think the public perceives people who have a problem with substance abuse, and opiate use in particular?

Interviewees indicated they feel the public is very judgmental towards individuals who have substance abuse problems, and they blame the person for making bad choices. Being pregnant makes the judgment that much worse, with significant negative judgment coming from the woman's family and close friends. Despite this, there is a lot of positive support coming from community members who want to help and provide support to people suffering from addiction.

We need to do a better job addressing issues related to a pregnant woman who is in treatment who gives birth and tests positive because she is on methadone. Women who test positive at birth are not treated very well.

4. What resources or services are available for a pregnant woman who has a substance abuse problem or a problem with opiates?

Any residential treatment program in Rhode Island
SSTARBIRTH specializes in treating pregnant women who are addicted
The Women & Infants Hospital Moms Matter program
The Parent Support Network provides supportive services to mothers

4a. What are the biggest service gaps for pregnant substance abusing women?

Interviewees indicated there needs to be more availability of additional residential treatment specifically for pregnant women. There is a very limited opportunity to get a client into treatment, and many clients are lost because treatment services can't be accessed quickly enough.

Interviewees stated there are insurance gaps in coverage for addiction treatment, and getting someone into detox or treatment is contingent on when the last drug use occurred.

Finally, interviewees stated that they felt too many health care providers have judgments about pregnant women who are either addicts or who are enrolled in methadone treatment. The vast majority of pregnant women already have significant issues related to guilt, and negative judgment by healthcare providers can drive women away from getting the help they need.

There are too many health care providers who have judgements about pregnant women who are either using or who are in methadone treatment. Women in this situation already have huge issues related to guilt, and the negative judgement by the providers can drive women away from getting additional help.

5. What kinds of barriers or stigmas exist for pregnant women who need to access

services for substance abuse?

Interviewees indicated the most significant barriers for pregnant women accessing treatment are their own perceptions of what a good mother is. Many of the women already have very negative opinions of themselves, and these negative feelings are compounded by other people also having negative opinions of them, especially family and friends. The women indicated that DCYF is always a thought in the back of their minds, and they have fears that DCYF will be called if they decide to enter treatment.

6. What kind of educational messages do you think pregnant women need to hear about opiate misuse and abuse?

Interviewees felt messages to pregnant women should be focused on the effects opiates have on the human body, and that treatment is available. Opiate use can be very harmful to the unborn baby, but methadone can be safely used to help pregnant women address their opiate addiction. In addition, more information needs to be made available about what happens when a pregnant woman goes to the hospital to give birth and tests positive for opiates when she is enrolled in a treatment program. There is significant stigma associated with testing positive during childbirth, and more can be done to inform healthcare providers, and prepare the mother.

7. Where do you think pregnant women are most likely to go to obtain opiates?

Interviewees stated that pregnant women will either get the drugs themselves, or they will have a sibling or friend get the drugs for them. They indicated some women will continue to get drugs from their dealer but these seem to be women who are ambivalent about being pregnant and are more focused on relieving withdrawal symptoms. Also, some women will continue to get pain medications from their physicians even though they know they are pregnant.

8. What do you think are the three most important things that can be done to address the problem of opiate abuse among pregnant women?

Most of the clients seen by the interviewees are women who unintentionally became pregnant while they were enrolled in methadone treatment, or they are women who were injured and were put on opiate medications by their healthcare provider. Most of these women are not as knowledgeable or insightful about the consequences of getting pregnant as they could be, and most were not intending to become pregnant.

Interviewees stated that pregnant women need to be educated that they can seek help and not be afraid of losing custody of their child. Interviewees stated there is a misconception that methadone is bad for the baby and we need to let women know that methadone is safer for the baby than continuing to actively use heroin or fentanyl.

There is a misconception that methadone is bad for the baby and we need to change that. We need women to know that methadone is much safer for the baby than continuing with active drug use.

Finally, interviewees indicated that because most of the pregnancies that occur when a

women is in methadone treatment are unintentional, more work could be done to encourage use of birth control.

Educational Opportunities Related to Pregnant Addicted Women

- Pain medications are addictive and cause withdrawal when discontinued
- Methadone is a safer alternative than active drug use for pregnant women
- Pregnant women can seek treatment without losing children to DCYF
- Health care professionals can support and help addicted pregnant women
- Focus on pregnancy prevention while in methadone treatment

APPENDIX E

Focus Group Questions & Detailed Results

Focus Group Instrument

Bristol HEZ Opioid Overdose Needs Assessment Focus Group

1. How concerned are you about the use of pain medications in Bristol?
2. How concerned are you about the use of opiates like heroin or fentanyl in Bristol?
3. How do you think the Bristol community perceives people who have a problem with substance abuse, and opiate use in particular?
4. What resources or services are available for someone who has a substance abuse problem or a problem with opiates?
5. What kinds of barriers or stigmas exist for people who need to access services for substance abuse?
6. What are the health implications or risks associated with using opioids, including prescriptions and drugs?
 - What kind of educational messages do you think people need to hear about opiate misuse and abuse?
7. Where do you think people in Bristol are most likely to go to obtain opiates?
8. What do you think are the three most important things that can be done to address the problem of opiate abuse in Bristol?

Focus Group Results

The information presented below represents the consolidated viewpoints of the four focus groups conducted for this study. The focus groups were completed with members engaged in the community recruited from the medical facility, senior center, East Bay Recovery Center (EBRC), and the local Resources Education and Support Together (REST) group. The information in no way reflects the opinion of the writer or Datacorp.

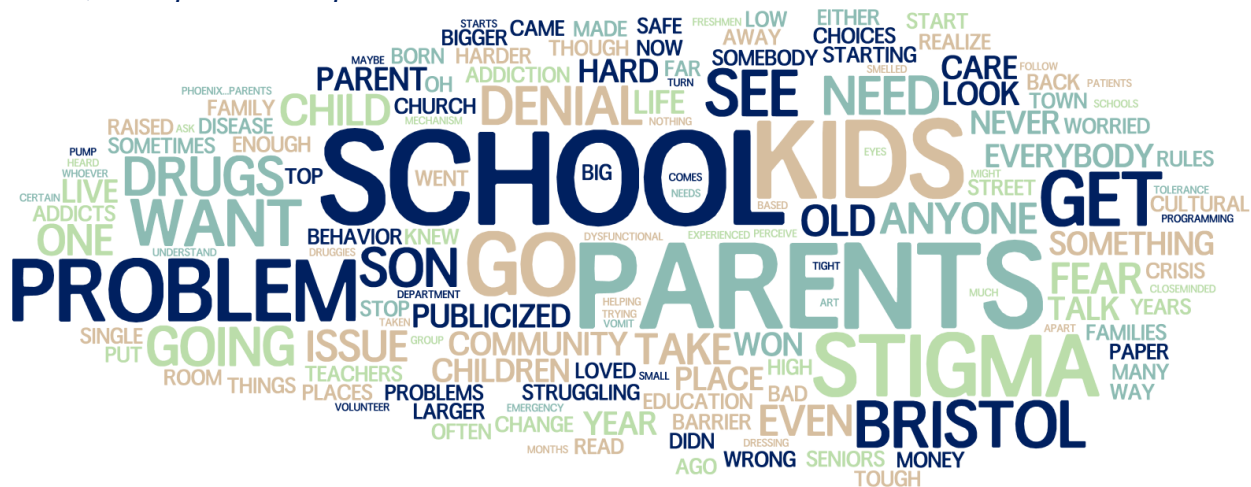
Table 1. Opioid Prevention Plan Focus Groups Conducted

Focus Group	Topics Emphasized	Number of Participants	Date
Resources Education and Support Together (REST) Group	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction	9	May 6, 2019
Medical Community	Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction	5	May 13, 2019
East Bay Recovery Center	Opioid Prevalence & Awareness; Community Perceptions; Resources &	7	May 16, 2019

transition to other forms of prescription medications due to cost and other insurance based barriers. Overall, individuals across groups seemed to be more concerned about overdose and death when discussing substances like heroin and fentanyl whereas there was more concern of improper use, overprescribing, or starting the trajectory of addiction when discussing pain medications.

I have had a problem with opiates, my doctor prescribed gabapentin but it was much more expensive the second month. I couldn't afford it so I had to go back to the opiates. It doesn't make any sense. It's a matter of supply and demand.

How do you think the Bristol community perceives people who have a problem with substance abuse, and opiate use in particular?



Until people realize it's a disease there won't be any change. They look down on them and think they are bad people

Across all focus groups participants agreed that Bristol residents maintain a resoundingly negative perception of individuals who suffer from an opiate addiction. All focus group participants cited stigmas that exist for individuals and even family members affected or affiliated with opiate abuse. For example, one participant noted that perceptions are often based in morality and judgment rather than a medical or behavioral dependency. Many participants discussed the denial of residents to acknowledge or accept the severity and the impact of the problem in Bristol. Fear and a lack of understanding were also discussed as sources of intense stigma. Specifically, the REST and EBRC groups noted that lack of knowledge regarding addiction as a disease may increase negative perceptions of Bristol residents. Some noteworthy terms used to describe opiate abusing individuals include low-life, junkies, and druggies. These terms epitomize the negative perceptions retained in the community.

Throughout the focus groups, participants reported that the negative perceptions expand beyond individuals to their family members. For example, participants discussed that parents are often judged based on their parenting styles and skills, which may lead to them feeling blamed for a child's addiction. So much so, family members have cited

They don't understand that it's a disease. They often make it more moral than medical.

Bristol Health Equity Zone (BHEZ) Overdose Prevention Plan (OPP)

The Town of Bristol, through a Rhode Island Department of Health (RI DOH) grant to the Bristol Health Equity Zone (HEZ), has developed an Overdose Prevention Plan (OPP) that will serve as a framework for building and strengthening prevention efforts at the community level. Three key components were the driving force of the BHEZ OPP plan:

- Conduct a community-led needs assessment and prioritization process that identifies gaps, assets, and potential solutions.
- Use results from the needs assessment and prioritization process to develop a Bristol HEZ Overdose Prevention Plan (OPP).
- Develop a short- and long-term evaluation plan that incorporates performance measures.

The Bristol HEZ established an OPP Subcommittee as a first step in this process. This subcommittee utilized the existing HEZ Substance Abuse Awareness and Prevention Working Group as the core of the new subcommittee. Additional representation for the OPP subcommittee was solicited throughout the community.

Next, the findings led to the identification of three desired outcomes for the Bristol community as a result of this effort:

- Reduce the number of people who overdose from opiates in Bristol.
- Reduce the number of people who are using and/or abusing opiates in Bristol.
- Reduce the stigma associated with opiate use and abuse in Bristol.

Finally, the Subcommittee identified four goals from which measurable objectives and activities were then selected:

- **Prevention: Prevent the negative impact of opiate abuse in Bristol**
 - Increase community education about addiction and risks associated with opiate use.
 - Increase community involvement in addressing opiate use and abuse.
 - Increase awareness of community resources.
 - Increase professional awareness and consumer advocacy.
 - Increase awareness of overdose risk factors.
- **Rescue: Increase access to naloxone**
 - Increase collaboration with local pharmacies.
 - Increase awareness of overdose prevention and how to administer naloxone.
 - Increase community education about the Good Samaritan law.
- **Treatment: Increase knowledge of and access to treatment options**
 - Increase knowledge related to alternative treatments for chronic pain.
 - Explore availability of mobile treatment.
 - Increase availability of alternative mental health and substance abuse treatment options.
 - Increase awareness of existing local treatment options.
- **Recovery: Maintain consistent recovery support services in Bristol**
 - Increase community support for recovery services.
 - Increase number of Mental Health First Aid trainings.
 - Enhance community support services.

To access the full Bristol HEZ Overdose Prevention Plan, please visit: <https://www.bristolhealthequityzone.org/opp>

[HelpsHereBristol.com](https://www.bristolhealthequityzone.org/opp)



Help Is Here
Bristol is a
program of the
Bristol Health
Equity Zone



We asked you, the residents of Bristol, to share your thoughts about

PRESCRIPTION DRUGS AND OPIOIDS.



Here are some highlights from your responses.



Does Bristol have a drug problem?

83%

say there's a problem with illegally obtained prescription drugs



71%

say there's a problem with heroin

73%

say there's a problem with prescription drug abuse

47% have had a family member or close friend become addicted to prescription pain medication



know someone who died from opioid abuse

72%

say public education programs about opioid misuse are effective

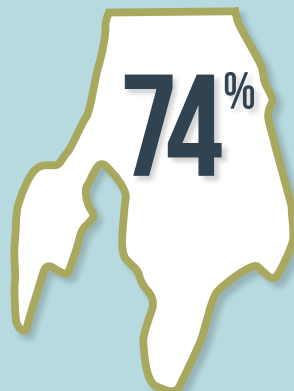


Your top three perceived reasons why people don't get help for a painkiller addiction:

25% fear due to stigma

19% not enough treatment available

16% available treatment isn't easily accessible



say Bristol is not doing enough to address the opioid problem

63% think addictive pain medication is overprescribed in Bristol



Your top three perceived reasons for opioid misuse:

16% lack of awareness about how addictive painkillers are

15% anxiety stress depression

14% over-prescribing



OVERDOSE PREVENTION

ABOUT OPIOID PRESCRIPTION PAIN MEDICATIONS

TYPES:

Percocet, OxyContin, and Vicodin

WHAT THEY DO:

Cause your brain to block the feeling of pain. They do not treat the underlying cause of pain.

DANGERS:

They are very addictive, even after using for just a few days. They increase your chances of accidental overdose, coma, and death.

PROPER DOSAGE

Never share your prescription with anyone.

Do not increase your prescribed dosage, or take it more often, or combine it with alcohol.

DISPOSAL OF MEDICATIONS

Bring medications to the Bristol Police Department's Drug Take Back box, 24/7.

Use Detera bags (drug deactivation systems) to dispose of medication. You can request Detera bag supplies from the Bristol Prevention Coalition, the Bristol Police Department, or your physician at the Bristol County Medical Center (while supplies last).

according to a recent town wide survey:

95%

think addiction is a disease or public health issue.

54%

know someone who has died from opioid abuse.





RESCUE PROCEDURE

STEPS TO TAKE IF YOU SUSPECT AN OVERDOSE

- 1:** Call 911
- 2:** Give Naloxone
- 3:** Perform rescue breathing
(tilt neck, pinch nose, breathe into mouth, count to five, repeat)
- 4:** Stay until help arrives

RHODE ISLAND GOOD SAMARITAN LAW

Callers to 911 and overdose victims are protected from prosecution if drugs are found at the scene. A person who administers Naloxone and/or rescue breathing to another person shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug.

NALOXONE

Naloxone is an antidote used to reverse a drug overdose from heroin or prescription pain medications. It is available without a prescription at pharmacies across RI. It can also be acquired for **FREE** at:

- Bristol Police Department
395 Metacom Avenue
-call **253-6900** for more info
- East Bay Recovery Center in Warren
- call **289-2055** for more info
- REST support groups in
Bristol – www.resthelps.org
(specifically for family and friends with a loved one who has a substance use disorder)

according to a recent town wide survey:

82%

know someone who has abused heroin, a prescription med not prescribed to them, or a prescription med used in excess.





RECOVERY CENTERS

RECOVERY CENTERS ARE

- The face of recovery
- A physical location where recovery allies can organize and provide support and care
- A safe and supportive place that emphasizes helping individuals through peer recovery
- Facilitating new ways of living through positive relationships

EAST BAY RECOVERY CENTER OFFERS

- individual recovery coaching sessions
- telephone recovery support
- employment and life skills specialists
- all recovery groups
- 12-step fellowship meetings
- relapse prevention
- education groups
- Naloxone trainings*
- wellness activities - legal assistance workshops

- community events
- holiday events
- East Bay Community Action Program Social Services

*All staff are trainers for Naloxone administration. FREE Naloxone is available for distribution during recovery center hours.

CONTACT INFORMATION

For more information on East Bay Recovery Center's programs and services, contact Tommy Joyce, LCDP, CPRS, Director of Recovery Support Services: **401-302-6231** or tjoyce@ebcap.org

East Bay Recovery Center 31 Railroad Avenue Warren, RI: **401-289-2055**

Monday, 9am to 5pm

Tuesday, 11am to 7pm

Wednesday, 9am to 5pm

Thursday, 11am to 7pm

Friday, 9am to 5pm

Saturday, 9am to 1pm





TREATMENT RESOURCES

**SEEKING HELP WITH ADDICTION?
YOU DON'T HAVE TO DO IT ALONE.**

Please visit:

**BH Link: call us at 401-414-LINK
(5465) or visit our 24-hour/7-day
triage center: 975 Waterman Ave.,
East Providence, RI**

**East Bay Recovery Center:
call us at 401-289-2055 or call
EBCAP's 24 hour/7-day hotline at
401-246-0700**

**For a listing of resources please
visit HelpsHereBristol.com**

according to a recent town wide survey:

**When asked why people don't get
help when they become addicted,**

19%

**said it's because
"there are not
enough treatment
options available."**





JOIN THE VOICES FOR RECOVERY:
TOGETHER WE ARE STRONGER

recoverymonth.gov



NATIONAL
**RECOVERY
MONTH 2019**
30th Anniversary

WELCOME!

Bristol's 4th annual Rally 4 Recovery!

A gathering to strengthen and unite communities, families, and individuals in recovery.

11:00—11:30 AM Resource Tables, Bristol Musician—Fay Bullard

11:30—12:30 PM Speakers

12:30—1:30 PM Neal and the Vipers

12:30—2:00 PM Resource Tables

1:50—2:00 PM Closing Remarks

Visit HelpsHereBristol.com for a listing of resources available in our community!

**Help is here.
And we mean right here.**

Life can take you down difficult paths. For some of us, those paths can lead to depression, job loss, homelessness, substance abuse, mental health concerns, and other challenges. If you're battling any such issues, we have good news: Help is available here in our community.

Help Is Here Bristol can connect you to a variety of local services to help you overcome the challenges you face. Visit HelpsHereBristol.com to learn more.

**HELPIHERE
Bristol**

Help Is Here Bristol is a program of the Bristol Health Equity Zone

Thank you to our donors/sponsors:

Balasco's, Walgreens,
Common Pub and Grille,
Bayside YMCA, Fay Bullard
Nealand the Vipers



Appendix B

- *Re-Assessment Kickoff Flyer*
- *Re-Assessment Survey Tool*
 - *Re-Assessment Findings*
- *2016/2020 Assessment/Re-Assessment Comparison*



Partnering for a healthy community



JOIN YOUR BRISTOL HEZ TEAM IN LOOKING BACK AND LOOKING FORWARD!

Since 2016, the Bristol Health Equity Zone (HEZ), through partnerships, has worked towards equal access to healthy lifestyles for community members at all stages of life. In order to better understand what our community needs and how we can help, we are conducting a re-assessment survey to identify new gaps in services/programs and evaluate the effectiveness of HEZ programming.

You are invited to a
FREE PASTA DINNER
at the Franklin Court Independent Living
Community Room
Tuesday March 3rd, 5-7pm

*Pasta, meatballs, salad & garlic bread, generously provided by
Bon Appetit Catering of Roger Williams University,
a Bristol HEZ Community Partner.*

Roger Williams
University

The survey should take no longer than 15 minutes.

All responses will be kept confidential.

Complete the survey to be eligible for giveaways!



Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

Overview

The Bristol Health Equity Zone (HEZ), through partnerships, works towards equal access to healthy lifestyles throughout all stages of life for the community. In order to better understand existing and/or emerging needs of the community and develop new strategies to address these needs, we are conducting this re-assessment to evaluate the effectiveness of HEZ programming since 2016.

This survey should take no longer than 15 minutes. All responses will be kept confidential.

Thank you. The Bristol HEZ Team appreciates your time!

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

Healthy Food Access and Nutrition

This section seeks to better understand your experiences accessing (cost and location) healthy food and nutrition information in Bristol (e.g., in stores, restaurants, vending machines at community parks, farmer's markets and community events).

1. When purchasing food in Bristol, please rank your priorities when making decisions about your food choices? Use 1 as the most important and 4 as the least important.

Taste is the most important factor

1 2 3 4

Cost is the most important factor.

1 2 3 4

Ease of preparation is the most important factor.

1 2 3 4

Meeting the nutritional needs of my family is the most important factor.

1 2 3 4

2. When thinking about your confidence level around eating and cooking, I believe I am:

Confident about being able to cook from basic ingredients?

Strongly Agree Agree Neutral Disagree Strongly Disagree

Confident about following a simple recipe?

Strongly Agree Agree Neutral Disagree Strongly Disagree

Confident about tasting food that you have not eaten before?

Strongly Agree Agree Neutral Disagree Strongly Disagree

Confident about preparing and cooking new foods?

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. How often do you adjust meals to be healthier, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?

Never Rarely Sometimes Often Always

4. How often do you use the 'nutrition facts' on food labels when making choices about purchases?

Never Rarely Sometimes Often Always

5. Regarding access to fresh fruits and vegetables throughout the community, are you:

Aware of free produce available through the East Bay Food Pantry?

Yes No Unsure

Aware of the Mt. Hope Farm Farmer's Market?

Yes No Unsure

Aware of the community gardens at the Quinta Gamelin Community Center?

Yes No Unsure

Do you currently shop at the Mt. Hope Farm Farmer's Market?

Yes No Unsure

Do you currently garden at the community garden?

Yes No Unsure

Would you shop at a new downtown farmer's market if one existed?

Yes No Unsure

6. Do you think food stores in Bristol carry a variety of fresh vegetables and fruits of acceptable quality?

Note: Food stores are stores that predominantly sell food, including grocery stores, supermarkets, ethnic and specialized markets, some corner stores, and some convenience stores.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Do you think vegetables and fruits are available at comparable prices from other sources in Bristol such as farmer's markets, roadside stands and community gardens?

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. Do you think restaurants in Bristol promote healthy eating (e.g., by providing nutrition information on the menu, identifying healthy menu options, serving moderate portions, and/or highlighting healthy foods)?

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. Do you think adequate food assistance is available to those in need in the community?

Yes No

10. Are there other opportunities or barriers in Bristol to accessing healthy food and nutrition information that we should know about?

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

Physical Activity

This section seeks to better understand your experiences walking, biking, and accessing recreational activities and facilities in Bristol.

11. Do you regularly participate in an exercise program during the week, and if so, what is it?

Yes No

(please specify)

12. Do you think Bristol has a system of well-maintained sidewalks and paths that allow for safe walking and biking in the following areas:

In the downtown area?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Along commercial areas?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Within neighborhoods?
Strongly Agree Agree Neutral Disagree Strongly Disagree

13. When you walk and/or bike in town, you can safely get to all destinations?

Strongly Agree Agree Neutral Disagree Strongly Disagree

14. Do you think there are existing design features that adversely impact the use of walking/biking in Bristol? (e.g., non-functioning signals, lack of crosswalks, intersection/crossing visibility)

Strongly Agree Agree Neutral Disagree Strongly Disagree

15. If the Town were to target challenges to walking and/or biking around Bristol, what should the focus be?

16. Do you think the Town of Bristol offers a variety of free/low-cost opportunities for the following:

Indoor swimming (includes therapeutic swimming)?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Basketball?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Baseball/Softball?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Soccer/Football/Lacrosse?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Health/Wellness/Recreation Center (e.g. Community Center, YMCA)?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Walking indoors, after hours and during inclement weather?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Playgrounds/Play Structures?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Passive recreation (e.g. Nature, Bird Watching)?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Water-based activities (e.g. blue/kayak trails)?
Strongly Agree Agree Neutral Disagree Strongly Disagree

Swimming lessons?
Strongly Agree Agree Neutral Disagree Strongly Disagree

17. Do you think the majority of the opportunities listed above are fully used by residents of all income levels and abilities in Bristol?

Strongly Agree Agree Neutral Disagree Strongly Disagree

18. Are there other opportunities for physical activity in Bristol we should know about?

Community Design in Support of Healthy Living

This section seeks to better understand your experiences around how the town is developed and redeveloped in support of walking, biking, and accessing healthy foods for all residents, including those with disabilities.

19. Do you think Bristol is developing new and/or redeveloping existing roads to improve opportunities for walking and biking (e.g., sidewalks, crosswalks/crossing signals, bike lanes)?

Strongly Agree Agree Neutral Disagree Strongly Disagree

20. Do you think schools and businesses in Bristol encourage walking and/or biking by providing certain amenities for walkers and/or bikers (e.g., bike racks, safe approaches to buildings, resting/sheltered areas)?

Strongly Agree Agree Neutral Disagree Strongly Disagree

21. Do you think walking and biking routes in Bristol are accessible to people with disabilities?

Strongly Agree Agree Neutral Disagree Strongly Disagree

22. Do you think the Town of Bristol supports new developments that incorporate sidewalks, bike lanes, and recreational and/or open space components?

Strongly Agree Agree Neutral Disagree Strongly Disagree

23. Do you think the food stores and restaurants in Bristol that offer healthy foods and menu options (e.g., fresh produce and vegetables, whole grain products, moderate portions, shared entrees) are easily accessible:

By foot, bike and/or public transportation?

Strongly Agree Agree Neutral Disagree Strongly Disagree

To people with disabilities?

Strongly Agree Agree Neutral Disagree Strongly Disagree

24. Are there other issues or opportunities around how new development and redevelopment occurs in Bristol that can support and encourage walking, biking and accessing healthy foods?

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

Public Transportation in Support of Healthy Living

This section seeks to better understand your experiences around how Bristol is served regarding public transportation.

25. How often do you use RIPTA (Rhode Island Public Transit Authority) services?

Daily Once a week Once a month About 5 times per year Never

26. Do you think RIPTA serves the entire community and is easily accessible by walking/biking for regular commuting to work and local destinations?

Strongly Agree Agree Neutral Disagree Strongly Disagree

27. If there was an alternative, free/low-cost town-sponsored transportation system (e.g., trolley, van-pool services, dial-a-ride) in Bristol, would you use it?

Yes No Unsure

28. If there was an alternative, free/low-cost town-sponsored transportation system (e.g., trolley, van-pool services, dial-a-ride) in Bristol, how would you use it?

- Medical appointments
- After school programming
- To access the East Bay Food Pantry
- Leisure activities

29. Are there other RIPTA or public transportation issues or opportunities in Bristol we should know about?

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

Personal Health and Wellness

This section seeks to better understand your experiences regarding health and wellness services provided by community health centers and/or social service providers in Bristol. Note: Chronic refers to 'any disease and/or condition that persists for a long time.'

30. Are you aware that the following community-based resources are available in Bristol:

Physical activity?
Yes No Unsure

Nutrition/Cooking?
Yes No Unsure

Mental Health Services (e.g. Post Traumatic Stress Disorder, depression, social/emotional development)?
Yes No Unsure

Counseling/Support for special populations?
Yes No Unsure

Parenting Skills/Child development information?
Yes No Unsure

Life Skills (e.g., cooking, laundry, banking)?
Yes No Unsure

Health Care Navigators?
Yes No Unsure

Basic Needs (e.g., food, housing, clothing)?
Yes No Unsure

31. If the Town of Bristol offered free/low-cost educational programs on any of the above topics, would you be interested? If yes, please specify what topics listed in the above question might be of particular interest to you?

Yes No Unsure

(please specify)

32. Have you ever used alternative methods for treatment and/or support (e.g., yoga, reiki, meditation/empowerment, stress management services)?

Yes No Unsure

33. Are you aware of existing mental health centers (Behavioral Health Link, East Bay Center) that could provide free/low-cost services?

Yes No Unsure

34. Are you aware that health care and/or social service agencies in Bristol provide support and/or translation services to better understand health conditions and access health services?

Yes No Unsure

35. Regarding how you generally feel:

There are plenty of people you can rely on when you have problems?

Yes No Unsure

There are many people you can trust completely?

Yes No Unsure

There are enough people you feel close to?

Yes No Unsure

36. Would you or a family member be interested in joining a support group for any of the following areas?

(Check all that apply)

- Loss of a friend/family member to suicide
- Friends/families of those suffering from addiction/substance abuse
- Friends/families of those suffering from mental illness
- Friends/families of those with chronic illness
- No, neither me nor my family members would be interested in joining a grief support group
- Other (please specify)

37. Would you be in favor of barriers on bridges to address suicide prevention?

Yes No Unsure

38. Are there any other issues or opportunities around local health care services we should know about?

Substance Misuse, Awareness and Prevention

This section seeks to better understand your experiences with substance misuse, awareness and prevention in Bristol.

39. Do you know someone in Bristol who has abused the following in the last 30 days?

Heroin?
 Yes No Unsure

Cocaine?
 Yes No Unsure

Marijuana?
 Yes No Unsure

Prescription medication (not prescribed to them)?
 Yes No Unsure

Alcohol?
 Yes No Unsure

Cigarettes/Nicotine/Vaping?
 Yes No Unsure

40. Do you think there is a problem in Bristol with the following?

Heroin?
 Yes No Unsure

Cocaine?
 Yes No Unsure

Marijuana?
 Yes No Unsure

Prescription medication (not prescribed to them)?
 Yes No Unsure

Alcohol?
 Yes No Unsure

Cigarettes/Nicotine/Vaping?
 Yes No Unsure

41. What do you think is the root cause of substance misuse? (Check all that apply)

- People are unaware of how addictive painkillers are
- Anxiety, stress, depression
- Over-prescribing
- People are not aware of how addiction occurs
- Pharmaceutical companies
- Peer pressure
- Too much trust in physician recommendations
- People who use painkillers
- Lack of adult supervision and guidance
- Flaws in moral character

42. Are you aware of treatment options for an opioid overdose?

Yes No Unsure

43. When confronted with an opioid overdose emergency:

Do you know how/where to obtain Naloxone?

Yes No Unsure

Are you trained to administer Naloxone?

Yes No Unsure

Do you carry Naloxone on you?

Yes No Unsure

Are you aware of the Good Samaritan Law?

Yes No Unsure

Are you aware of the services provided at the East Bay Recovery Center?

Yes No Unsure

44. Have you seen educational material distributed/displayed in Bristol that addresses substance misuse?

Medical Office?

Yes No Unsure

Business?

Yes No Unsure

School?

Yes No Unsure

Place of Worship?

Yes No Unsure

Other?

Yes No Unsure

45. Do you think Bristol is doing enough to address substance misuse in the community?

Yes

No

Unsure

46. What do you think can be done to address the substance misuse problem? (Check all that apply)

Reduce the stigma associated with seeking/receiving addiction

treatment Provide more treatment options

Provide education on alternatives to treatment for pain

management Provide more community education

Provide more community

support Provide accurate

information about risks

Create more opportunities for people to connect with each

other Increase legal penalties for individuals using

substances

47. Are there other issues or opportunities around substance misuse, awareness and prevention in Bristol we should know about?

Bristol HEZ Programs/Strategies 2016 - Present

This section seeks to better understand if you are aware of and/or have participated in any Bristol HEZ programming to date.

48. Under the general topic of Food and Nutrition, are you aware of or participated in the following:

	Aware of...	Participated in...
Community Garden program at Quinta Gamelin Community Center?	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Cooking Demonstrations?	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist series at Quinta Gamelin Community Center?	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Market interest?	<input type="checkbox"/>	<input type="checkbox"/>

49. Under the general topic of Physical Activity, are you aware of or participated in the following:

	Aware of...	Participated in...
Quinta Gamelin Community Center programs? (Children's Micro programs, East Bay Fitness Challenges, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Park Activation Day?	<input type="checkbox"/>	<input type="checkbox"/>

50. Under the general topic of Community Design in Support of Healthy Living, are you aware of or participated in the following:

	Aware of...	Participated in...
Complete Streets?	<input type="checkbox"/>	<input type="checkbox"/>
Walk/Bike Audits?	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Narcan policy?	<input type="checkbox"/>	<input type="checkbox"/>

51. Under the general topic of Transportation in Support of Healthy Living, are you aware of or participated in the following:

	Aware of...	Participated in...
Transportation to Cooking Demonstrations?	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to East Bay Food Pantry?	<input type="checkbox"/>	<input type="checkbox"/>

52. Under the general topic of Personal Health and Wellness, are you aware of or participated in the following:

	Aware of...	Participated in...
Diabetes Prevention Programming?	<input type="checkbox"/>	<input type="checkbox"/>
Bristol County Medical Center coordination?	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Resources Rack Card?	<input type="checkbox"/>	<input type="checkbox"/>
HelpsHereBristol.com campaign?	<input type="checkbox"/>	<input type="checkbox"/>
Parents As Teachers?	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health First Aid Training?	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense Parenting?	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention Working Group?	<input type="checkbox"/>	<input type="checkbox"/>
Student Advocate/Mental Health Services at Mt. Hope High School?	<input type="checkbox"/>	<input type="checkbox"/>
Don't Give Up/Kindness Rocks?	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention signage at Mt. Hope Bridge?	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Survivor's Day?	<input type="checkbox"/>	<input type="checkbox"/>

53. Under the general topic of Substance Misuse, Awareness and Prevention, are you aware of or participated in the following:

	Aware of...	Participated in...
East Bay Recovery Center?	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Prevention	<input type="checkbox"/>	<input type="checkbox"/>

Plan?

Opioid forums?

Recovery Rally?

Nalox Box installations?

54. Under the general topic of Community Engagement in Support of Healthy Living, are you aware of or participated in the following:

	Aware of...	Participated in...
Resource Fair?	<input type="checkbox"/>	<input type="checkbox"/>
Courageous Kids Camp?	<input type="checkbox"/>	<input type="checkbox"/>
Family Movie Night?	<input type="checkbox"/>	<input type="checkbox"/>
Day of Caring?	<input type="checkbox"/>	<input type="checkbox"/>
Impacts the Bristol HEZ has made in the community?	<input type="checkbox"/>	<input type="checkbox"/>

55. Are there other Bristol HEZ programs that you are aware of/participated in?

Demographics

Finally, to better understand the specific needs of the community and develop targeted strategies to address these identified needs, we are asking some demographic information.

56. Which general area of town do you live in?

- Northern (north of Tupelo St.)
- Highlands (Cliff Drive south to Mulberry Rd.)
- Industrial area (Broadcommon Rd.)
- Kickemuit (Kickemuit Ave.)
- High School (Gooding Ave. south to Bayview Ave.)
- The Narrows/Hopeworth Avenue
- Downtown
- Poppasquash
- Mt. Hope
- Roger Williams University
- Non-resident, employed in Town
- Bristol Warren Regional School District Family (residing in Warren)

57. What is your age?

- Under 18 years old
- 18 - 24 years old
- 25 - 49 years old
- 50 - 74 years old
- 75 years or older

58. How long have you been a resident in Bristol, RI?

- Less than 1 year
- 1 to 5 years
- More than 5 years

59. Please identify your ethnicity/race:

- White
- Hispanic or Latino
- Black or African American
- Asian / Pacific Islander
- Portuguese
- Other (please specify)

60. What is the highest degree or level of school you have completed?

- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit/vocational training, no degree/certificate
- Associate degree
- Bachelor's degree
- Master's degree, and/or beyond

61. What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced

62. What is your employment status?

- Employed
- Unemployed
- Self-employed
- Student
- Retired
- Disabled
- Other (please specify)

63. Please identify your gender?

Female

Male

64. What do you need to live a healthier lifestyle? (check all that apply)

More education

More physical activity opportunities

A health care navigator

Affordable healthcare

Transportation

Time

Affordable childcare

Other (please specify)

65. In the past, have you participated in any other Bristol HEZ surveys?

Baseline Assessment of Health Needs in the Community (original, 2016)?

Yes No Unsure

Cooking Demonstration Surveys?

Yes No Unsure

Wellness Survey?

Yes No Unsure

Walk/Bike Audit Survey?

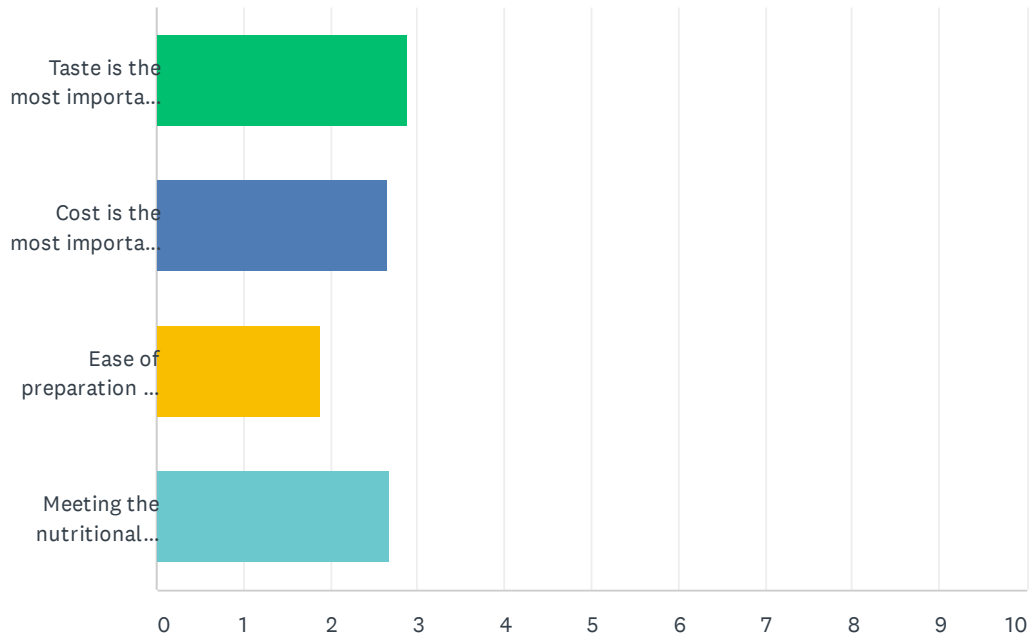
Yes No Unsure

Other?

Other (please specify)

Q1 When purchasing food in Bristol, please rank your priorities when making decisions about your food choices? Use 1 as the most important and 4 as the least important.

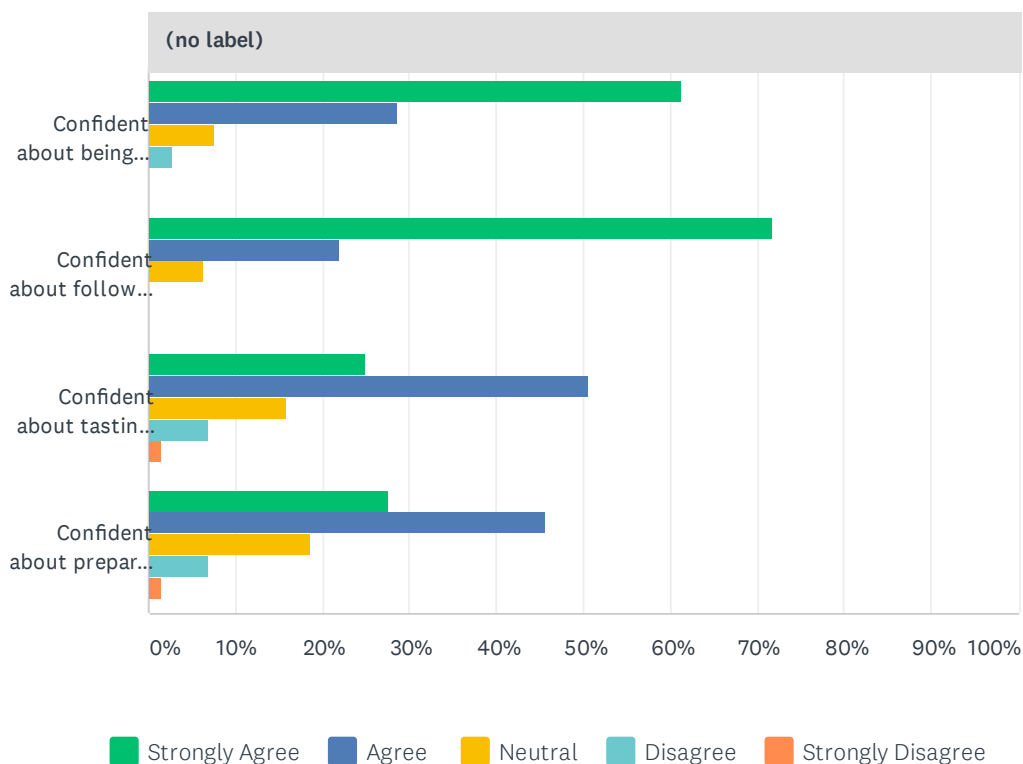
Answered: 84 Skipped: 63



	1	2	3	4	TOTAL	SCORE
Taste is the most important factor	37.04% 30	25.93% 21	24.69% 20	12.35% 10	81	2.88
Cost is the most important factor	27.85% 22	25.32% 20	31.65% 25	15.19% 12	79	2.66
Ease of preparation is the most important factor	6.10% 5	20.73% 17	29.27% 24	43.90% 36	82	1.89
Meeting the nutritional needs of my family is the most important factor	29.76% 25	30.95% 26	15.48% 13	23.81% 20	84	2.67

Q2 When thinking about your confidence level around eating and cooking, I believe I am:

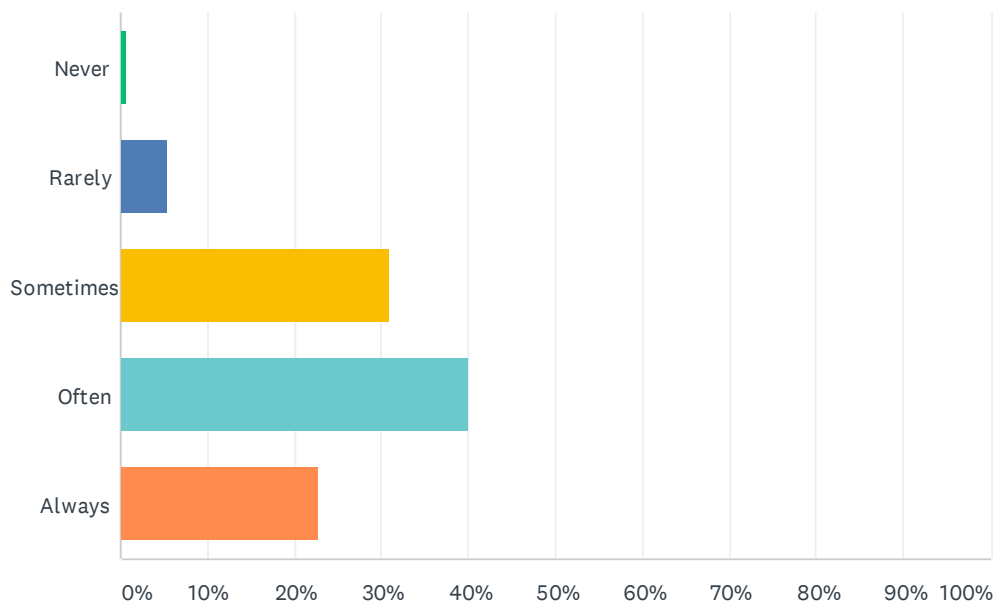
Answered: 147 Skipped: 0



(no label)						
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
Confident about being able to cook from basic ingredients?	61.22% 90	28.57% 42	7.48% 11	2.72% 4	0.00% 0	147
Confident about following a simple recipe?	71.72% 104	22.07% 32	6.21% 9	0.00% 0	0.00% 0	145
Confident about tasting food that I have not eaten before?	25.00% 36	50.69% 73	15.97% 23	6.94% 10	1.39% 2	144
Confident about preparing and cooking new foods?	27.59% 40	45.52% 66	18.62% 27	6.90% 10	1.38% 2	145

Q3 How often do you adjust meals to be healthier, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?

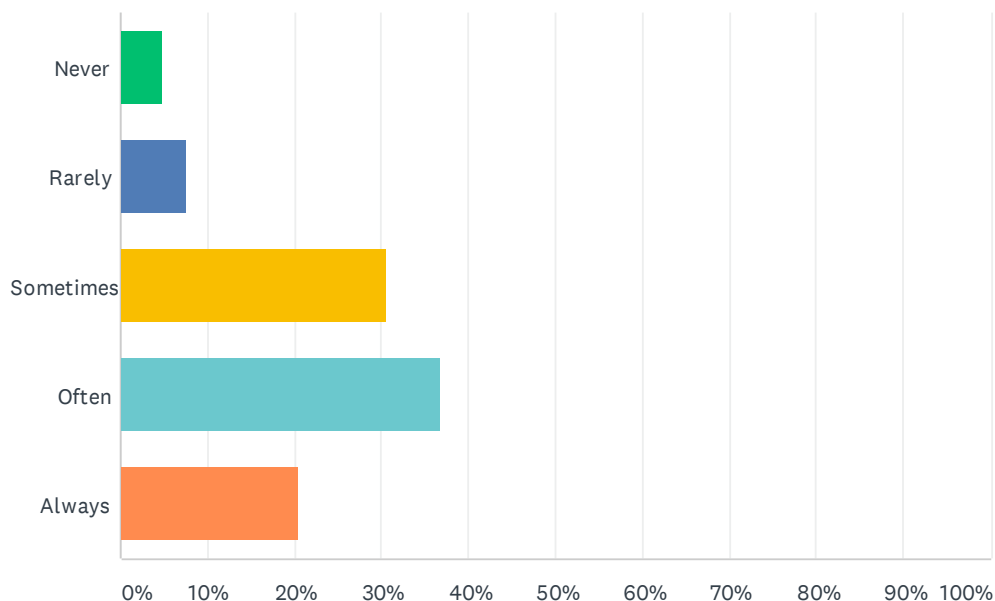
Answered: 145 Skipped: 2



ANSWER CHOICES	RESPONSES	
Never	0.69%	1
Rarely	5.52%	8
Sometimes	31.03%	45
Often	40.00%	58
Always	22.76%	33
TOTAL		145

Q4 How often do you use the 'nutrition facts' on food labels when making choices about purchases?

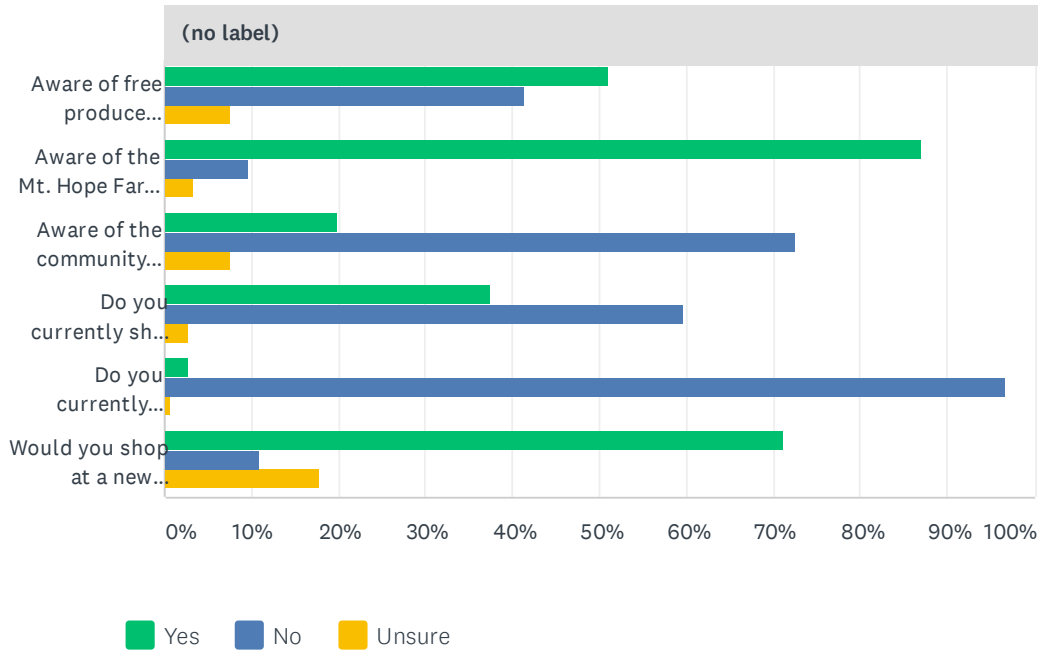
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Never	4.76%	7
Rarely	7.48%	11
Sometimes	30.61%	45
Often	36.73%	54
Always	20.41%	30
TOTAL		147

Q5 Regarding access to fresh fruits and vegetables throughout the community, are you:

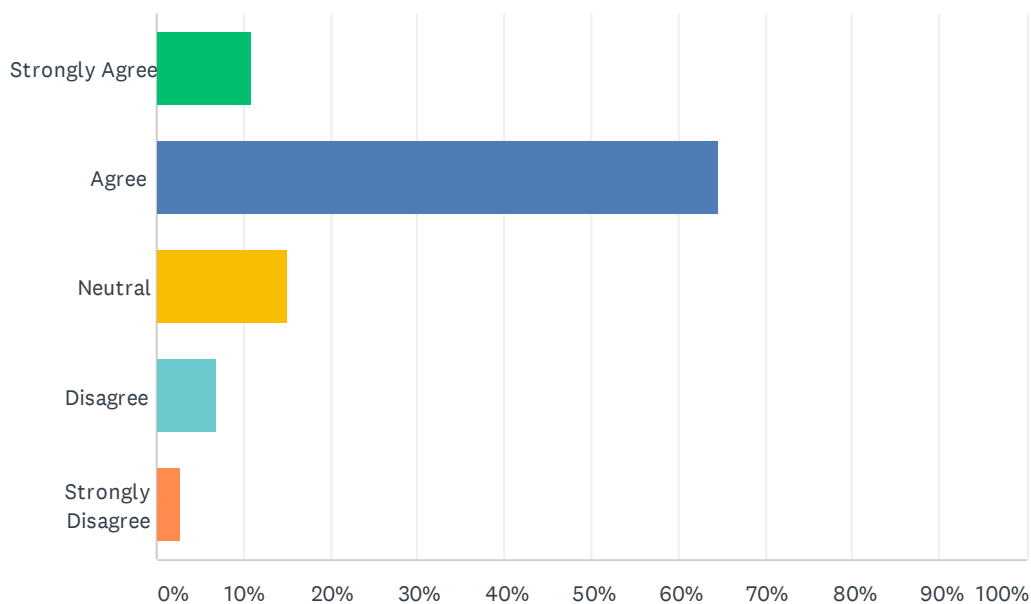
Answered: 147 Skipped: 0



(no label)	YES	NO	UNSURE	TOTAL
Aware of free produce available through the East Bay Food Pantry ?	51.02% 75	41.50% 61	7.48% 11	147
Aware of the Mt. Hope Farm farmer's market?	87.07% 128	9.52% 14	3.40% 5	147
Aware of the community gardens at the Quinta Gamelin Community Center?	19.86% 29	72.60% 106	7.53% 11	146
Do you currently shop at the Mt. Hope Farm farmer's market?	37.50% 54	59.72% 86	2.78% 4	144
Do you currently garden at the community garden?	2.74% 4	96.58% 141	0.68% 1	146
Would you shop at a new downtown farmer's market if one existed?	71.23% 104	10.96% 16	17.81% 26	146

Q6 Do you think food stores in Bristol carry a variety of fresh vegetables and fruits of acceptable quality? Note: Food stores are stores that predominantly sell food, including grocery stores, supermarkets, ethnic and specialized markets, some corner stores, and some convenience stores.

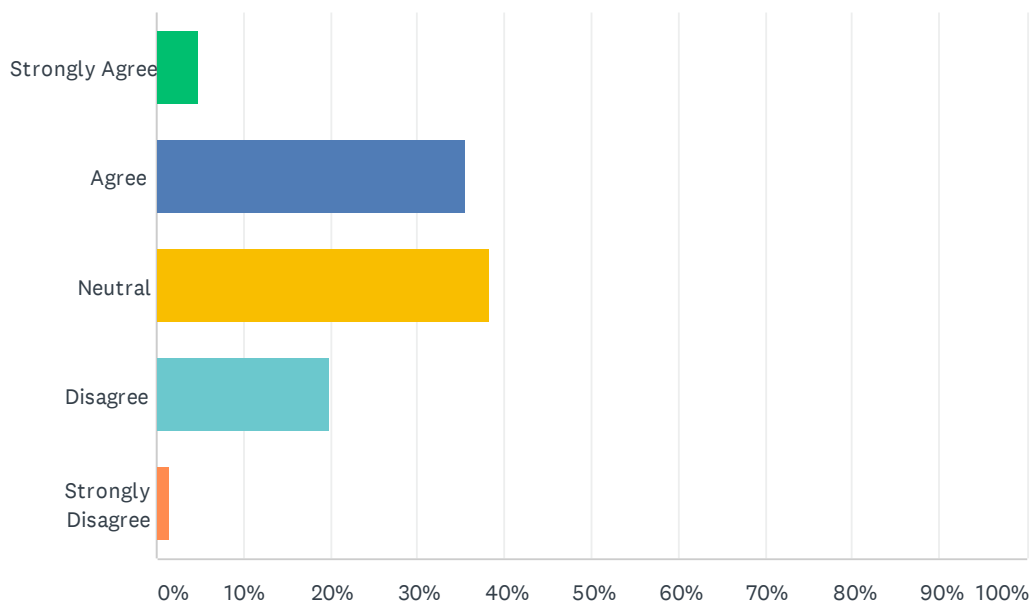
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	10.88%	16
Agree	64.63%	95
Neutral	14.97%	22
Disagree	6.80%	10
Strongly Disagree	2.72%	4
TOTAL		147

Q7 Do you think vegetables and fruits are available at comparable prices from other sources in Bristol such as farmer’s markets, road side stands and community gardens?

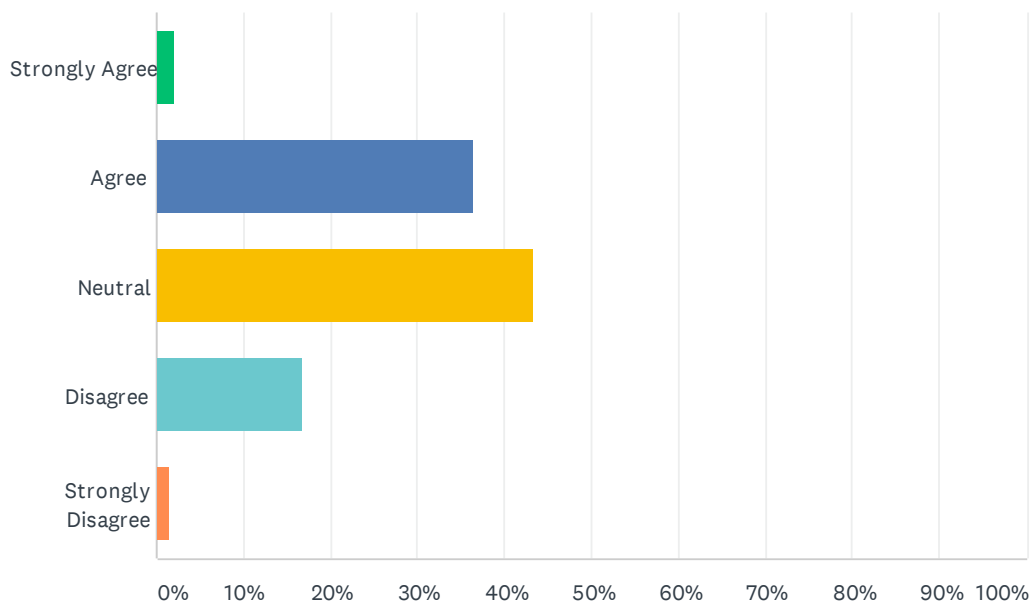
Answered: 146 Skipped: 1



ANSWER CHOICES	RESPONSES
Strongly Agree	4.79% 7
Agree	35.62% 52
Neutral	38.36% 56
Disagree	19.86% 29
Strongly Disagree	1.37% 2
TOTAL	146

Q8 Do you think restaurants in Bristol promote healthy eating (e.g., by providing nutrition information on the menu, identifying healthy menu options, serving moderate portions, and/or highlighting healthy foods)?

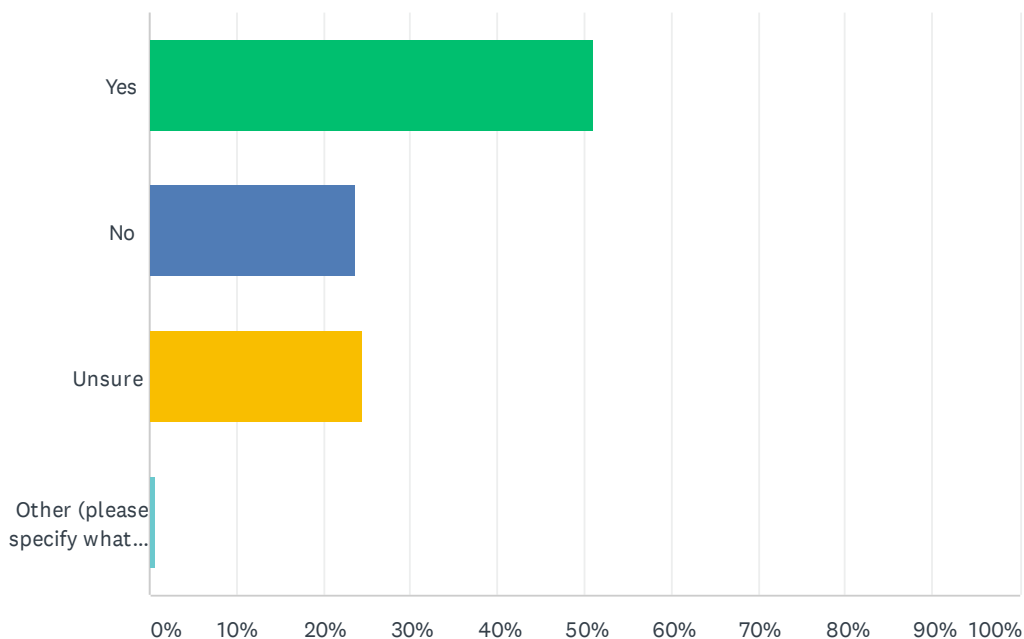
Answered: 143 Skipped: 4



ANSWER CHOICES	RESPONSES
Strongly Agree	2.10% 3
Agree	36.36% 52
Neutral	43.36% 62
Disagree	16.78% 24
Strongly Disagree	1.40% 2
TOTAL	143

Q9 Do you think adequate (enough to sustain an individual/family) food assistance is available to those in need in the community?

Answered: 139 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	51.08%	71
No	23.74%	33
Unsure	24.46%	34
Other (please specify what additional assistance is needed)	0.72%	1
TOTAL		139

#	OTHER (PLEASE SPECIFY WHAT ADDITIONAL ASSISTANCE IS NEEDED)	DATE
1	Soup kitchen downtown,also YMCA,ALDIS Grocery store,within walking distance for individuals with no means of transportation, preferably in the the Kaiser complex also the Robin Rug Mills on the waterfront should be utilized for succommunity purposes,such a waste...	2/29/2020 3:31 PM

Q10 Are there other opportunities or barriers in Bristol to accessing healthy food and nutrition information that we should know about? (please specify as opportunity and/or barrier)

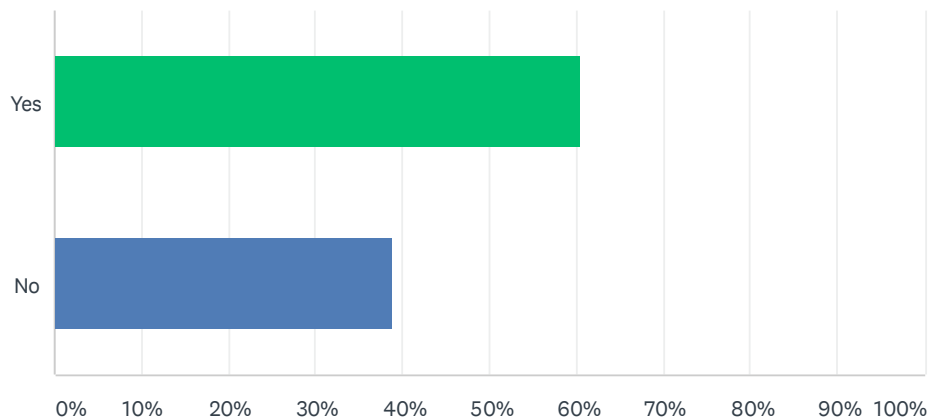
Answered: 28 Skipped: 119

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	RESPONSES	DATE
1	A new market downtown would be helpful for many elderly that do not drive, smaller family markets are more expensive	4/24/2020 5:09 PM
2	CSAs should be encouraged	4/24/2020 4:44 PM
3	cost	4/23/2020 4:54 PM
4	cost	4/23/2020 4:26 PM
5	No transportation to markets (stop and shop, Seabra, etc)	4/23/2020 3:43 PM
6	2 major grocery stores in Bristol one needs more variety in produce and the other needs to come down in price	4/23/2020 11:41 AM
7	yes	4/23/2020 11:18 AM
8	I am not aware	4/23/2020 11:03 AM
9	perhaps a CSA. Community Supported Agriculture where one pays up front and gets a weekly box of produce, herbs, flowers. Great in times of abundance for the participant. When abundance isn't there the farmer still gets paid. We ARE all in this together.	4/22/2020 11:31 AM
10	Accessibility to stores	4/15/2020 11:57 AM
11	TRANSPORTATION!	4/15/2020 11:41 AM
12	Diet factors, allergies, cost of health food and additives of nutritional value	4/2/2020 11:32 AM
13	Would love to have a market downtown dedicated to nutritional food	3/31/2020 11:27 AM
14	I think restaurants can do more to offer healthier food. Creative salads, less fried food, and more veggie offerings.	3/9/2020 6:19 PM
15	Transportation and lack of knowledge about resources	3/9/2020 12:45 PM
16	Barrier: have to drive to Swansea or Fall River to get lower cost produce in the winter (during summer, Usher stand provides affordable local source)	3/6/2020 10:11 PM
17	Restaurants need to realize that there are potential customers looking for better food!!	3/6/2020 4:42 AM
18	Elderly that live away from downtown can't access parts of the city because there's no sidewalks besides downtown city	3/5/2020 10:50 PM
19	I would like to see a program that teaches everyone including children to grow their own food.	3/5/2020 1:26 PM
20	Opportunity: RWU at Food Pantry	3/4/2020 10:18 AM
21	Yes . There should be a community health and nutrition center to educate the residents on their needs for healthy living also education on addiction to alcohol and dangerous street Drugs,Bristol has a 1960,s mentality,far behind the times.	2/29/2020 3:31 PM
22	Competition among sellers is lacking. Bristol needs to open up to new market vendors. Stop the snobbiness.	2/28/2020 7:09 PM
23	I personally am not involved enough in the bristol community to know if there are significant barriers or opportunities related to accessing food. I know that there are programs in the community that aid in making food more accessible for members of the community and that Roger Williams also has a program to help students with financial struggles.	2/17/2020 1:45 PM
24	unsure	2/14/2020 10:29 AM
25	Medacom	2/14/2020 10:25 AM
26	n/a	2/14/2020 10:17 AM
27	Costs	2/14/2020 10:16 AM
28	N/A	2/14/2020 10:11 AM

Q11 Do you regularly participate in an exercise program during the week, and if so, what is it?

Answered: 139 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	60.43%	84
No	38.85%	54
TOTAL		139

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	(PLEASE SPECIFY)	DATE
1	walking daily	4/24/2020 5:11 PM
2	yoga, pilates	4/24/2020 4:46 PM
3	zumba, walking	4/24/2020 4:30 PM
4	ymca	4/24/2020 4:12 PM
5	gym	4/24/2020 4:05 PM
6	gym	4/24/2020 3:24 PM
7	zumba and bowling and exercise at home	4/24/2020 3:09 PM
8	3-5 times a week at gym	4/24/2020 2:54 PM
9	zumba gold, low pack exercise, walking	4/24/2020 2:47 PM
10	chair yoga, zombi gold	4/24/2020 2:40 PM
11	strength training, walk/run	4/24/2020 2:32 PM
12	run 30 mins per day	4/23/2020 4:33 PM
13	chair yoga - zumba	4/23/2020 4:19 PM
14	yoga, walking	4/23/2020 3:58 PM
15	walking, running, karate	4/23/2020 11:53 AM
16	chair yoga, zumba, gentle fitness, walking	4/23/2020 11:43 AM
17	walk and yoga	4/23/2020 11:35 AM
18	I go to the gym	4/23/2020 11:05 AM
19	swim, walk	4/22/2020 11:34 AM
20	matter of balance when offered	4/15/2020 1:14 PM
21	ballroom dancing every Friday and Saturday	4/15/2020 1:05 PM
22	Rec center	4/15/2020 11:58 AM
23	silver sneakers at bristol fitness	4/10/2020 1:21 PM
24	yoga, tai chi	4/10/2020 1:17 PM
25	Walking	4/10/2020 1:01 PM
26	walking	4/10/2020 12:52 PM
27	walking	4/10/2020 12:46 PM
28	zumba, aerobics, yoga, gym	4/10/2020 12:33 PM
29	Zumba	4/8/2020 11:38 AM
30	walking	4/8/2020 11:32 AM
31	dance	4/2/2020 12:19 PM
32	Yoga and exercise	4/2/2020 12:12 PM
33	chair exercises, walk	4/2/2020 11:46 AM
34	zumba, walking	4/2/2020 11:37 AM
35	Long walks	4/1/2020 5:51 PM
36	I walk everywhere	4/1/2020 5:27 PM
37	Tabata classes and volleyball	3/31/2020 12:03 PM

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

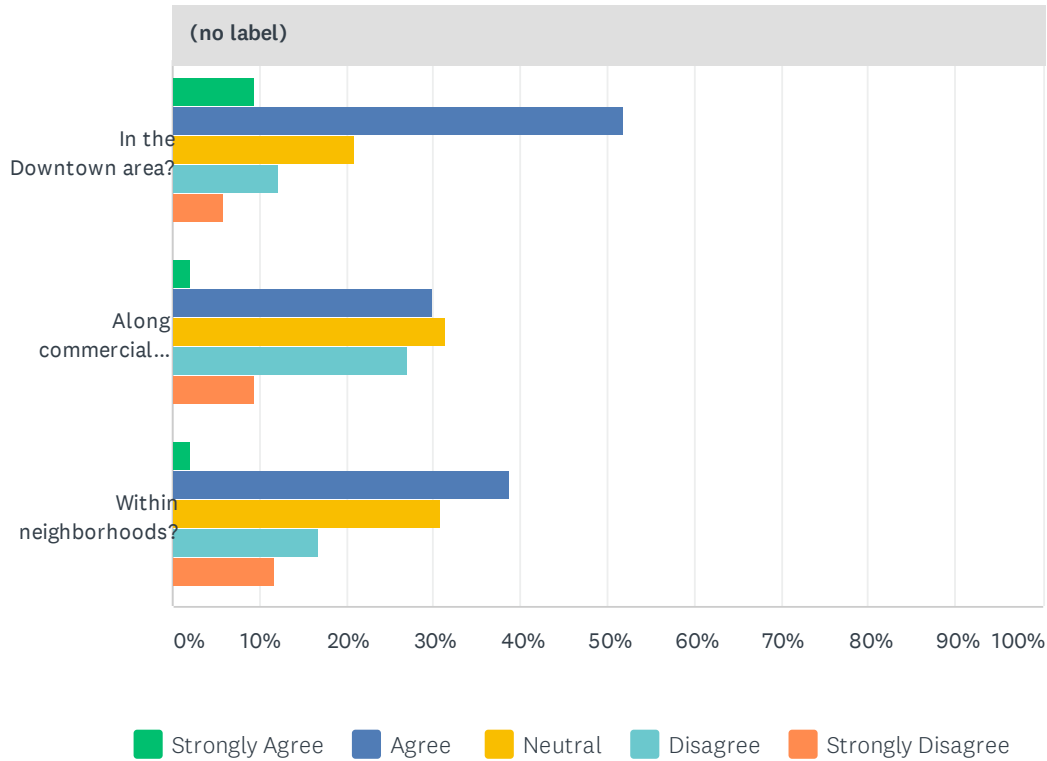
38	Bikes	3/31/2020 11:56 AM
39	zumba, chair yoga, walking	3/31/2020 11:48 AM
40	I have a hip injury	3/31/2020 11:40 AM
41	yoga, gym, line dancing in bristol and Barrington senior center	3/31/2020 11:29 AM
42	Walking	3/28/2020 8:31 AM
43	Chair Yoga and walking daily	3/12/2020 6:58 PM
44	Walking on the bike path and in Colt Park, small group exercise classes	3/10/2020 12:21 PM
45	Mountain bike, walk	3/10/2020 6:57 AM
46	Bristol Total Fitness classes	3/9/2020 6:22 PM
47	Pickle ball yoga fitness class	3/9/2020 12:49 PM
48	Belong to a gym	3/9/2020 10:17 AM
49	walk/bike	3/9/2020 8:24 AM
50	Video exercise	3/6/2020 10:14 PM
51	Zumba, cross fit, tabata, boot camp	3/6/2020 6:22 AM
52	Walking/jogging	3/6/2020 4:46 AM
53	Gym	3/5/2020 10:52 PM
54	Bristol Total Fitness	3/5/2020 5:49 PM
55	Walking	3/5/2020 5:19 PM
56	Walking and senior center	3/5/2020 1:32 PM
57	Walking	3/4/2020 10:28 AM
58	Water aerobics	3/3/2020 8:25 AM
59	Walking, swimming, biking in good weather.	2/29/2020 3:50 PM
60	Treadmill / Stationary Bike	2/29/2020 10:37 AM
61	Walking, home yoga, swimming	2/28/2020 10:31 PM
62	YMCA aquatic classes	2/28/2020 7:12 PM
63	Swimming	2/28/2020 6:10 PM
64	gym	2/28/2020 5:10 PM
65	Gym	2/19/2020 10:39 AM
66	I go to the Gym at my university (RWU).	2/19/2020 10:39 AM
67	RWU Athletics	2/19/2020 10:23 AM
68	Softball	2/18/2020 8:34 PM
69	Going to the gym: Cardio and core	2/17/2020 8:46 PM
70	Go to the gym 2-3 days a week	2/14/2020 3:13 PM
71	RWU Rugby Team or individual workout	2/14/2020 10:39 AM
72	I fequently go to the gym on RWU campus	2/14/2020 10:27 AM
73	Lifting 4x a week and cardio 1x a week	2/14/2020 10:20 AM
74	Gym	2/14/2020 10:17 AM
75	Daily gym workouts	2/14/2020 10:15 AM

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

76	I do go to the gym once a week	2/14/2020 10:15 AM
77	Track & Field	2/14/2020 10:12 AM

Q12 Do you think Bristol has a system of well-maintained sidewalks and paths that allow for safe walking and biking in the following areas:

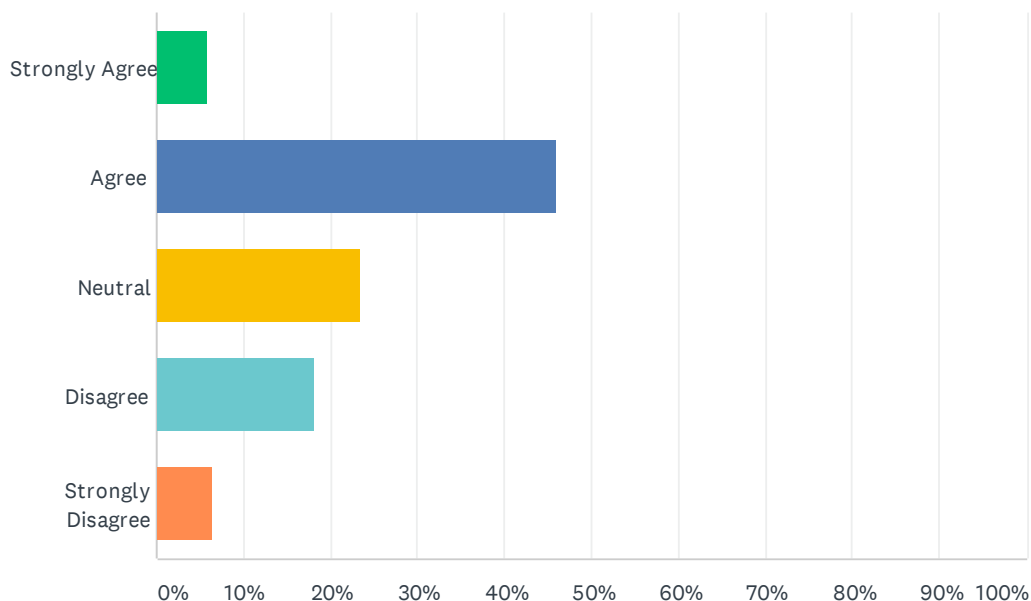
Answered: 139 Skipped: 8



(no label)						
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
In the Downtown area?	9.35%	51.80%	20.86%	12.23%	5.76%	139
	13	72	29	17	8	
Along commercial areas?	2.19%	29.93%	31.39%	27.01%	9.49%	137
	3	41	43	37	13	
Within neighborhoods?	2.19%	38.69%	30.66%	16.79%	11.68%	137
	3	53	42	23	16	

Q13 When you walk and/or bike in town, you can safely get to all destinations?

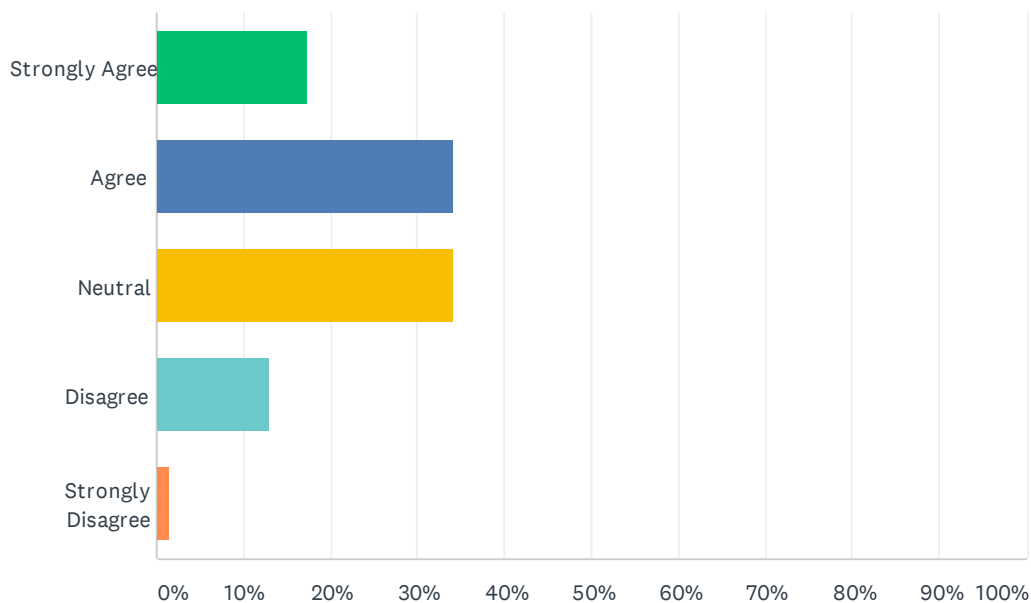
Answered: 137 Skipped: 10



ANSWER CHOICES	RESPONSES	
Strongly Agree	5.84%	8
Agree	45.99%	63
Neutral	23.36%	32
Disagree	18.25%	25
Strongly Disagree	6.57%	9
TOTAL		137

Q14 Do you think there are existing design features that adversely impact the use of walking/biking in Bristol? (e.g., non-functioning signals, lack of crosswalks, intersection/crossing visibility)

Answered: 132 Skipped: 15



ANSWER CHOICES	RESPONSES	
Strongly Agree	17.42%	23
Agree	34.09%	45
Neutral	34.09%	45
Disagree	12.88%	17
Strongly Disagree	1.52%	2
TOTAL		132

Q15 If the Town were to target challenges to walking and/or biking around Bristol, what should the focus be?

Answered: 87 Skipped: 60

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	RESPONSES	DATE
1	Neighborhoods	5/13/2020 2:07 PM
2	Hope street to chestnut on east side sidewalks are crumbling	4/24/2020 5:11 PM
3	tree roots heaving sidewalks	4/24/2020 5:02 PM
4	repair sidewalks where needed more crosswalks	4/24/2020 4:54 PM
5	Viable bike lanes on Hope Street particular south of Washington to mill bridge	4/24/2020 4:46 PM
6	safer sidewalks	4/24/2020 4:37 PM
7	sidewalks	4/24/2020 4:30 PM
8	sidewalks by stop and shop	4/24/2020 4:05 PM
9	Have larger sidewalks and more safety regulations	4/24/2020 3:24 PM
10	traffic	4/24/2020 3:09 PM
11	Create better bikeways and sidewalks that are even more accessible	4/24/2020 2:54 PM
12	Extending the bike path beyond downtown to the mt hope bridge and farther west	4/24/2020 2:32 PM
13	safety	4/23/2020 4:55 PM
14	More visibility for walkers/bikers	4/23/2020 4:33 PM
15	better sidewalks downtown	4/23/2020 4:27 PM
16	better signals for bikers and walkers	4/23/2020 4:19 PM
17	ensuring there are sidewalks everywhere, snow is cleared rom sidewalks, safe biking routes are posted, cars are alerted to the presence of bikes, connectors to the East Bay Bike Path are built out.	4/23/2020 4:06 PM
18	Bug problem with bike path on spring/summer weekends dangerously crowded	4/23/2020 3:58 PM
19	new sidewalk ramps - way too steep	4/23/2020 3:44 PM
20	creating safe walking and biking routes from neighborhoods to businesses especially grocery stores and other destinations along metacom. Creating a culture of respect for walkers and bikers. Creating safe, reliable crossings for main roads especially metacom, hope, and gooding	4/23/2020 11:53 AM
21	walking sidewalks near union street and for the down. biking stay on bike path.	4/23/2020 11:43 AM
22	the lifted side walks	4/23/2020 11:19 AM
23	More walking accessible walk ways	4/23/2020 11:13 AM
24	adding sidewalks in residential zones and ass bike paths to share the road	4/23/2020 11:05 AM
25	sidewalks. Not just on side streets but along Hope St.	4/22/2020 11:34 AM
26	walking paths, wheelchair accessibility, transportation	4/15/2020 11:58 AM
27	Better sidewalks and crossings, smoother transitions from roads to sidewalks, keep poles and mailboxes out of the sidewalks.	4/15/2020 11:43 AM
28	sidewalks on streets off of metacom	4/10/2020 1:21 PM
29	Fix sidewalks	4/10/2020 12:52 PM
30	Maintaining the sidewalks	4/10/2020 12:46 PM
31	Indoor space for bad weather	4/8/2020 11:47 AM
32	Safety	4/8/2020 11:38 AM
33	fixing sidewalks	4/2/2020 12:26 PM
34	better/safe road areas for bikers on main streets	4/2/2020 12:19 PM

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

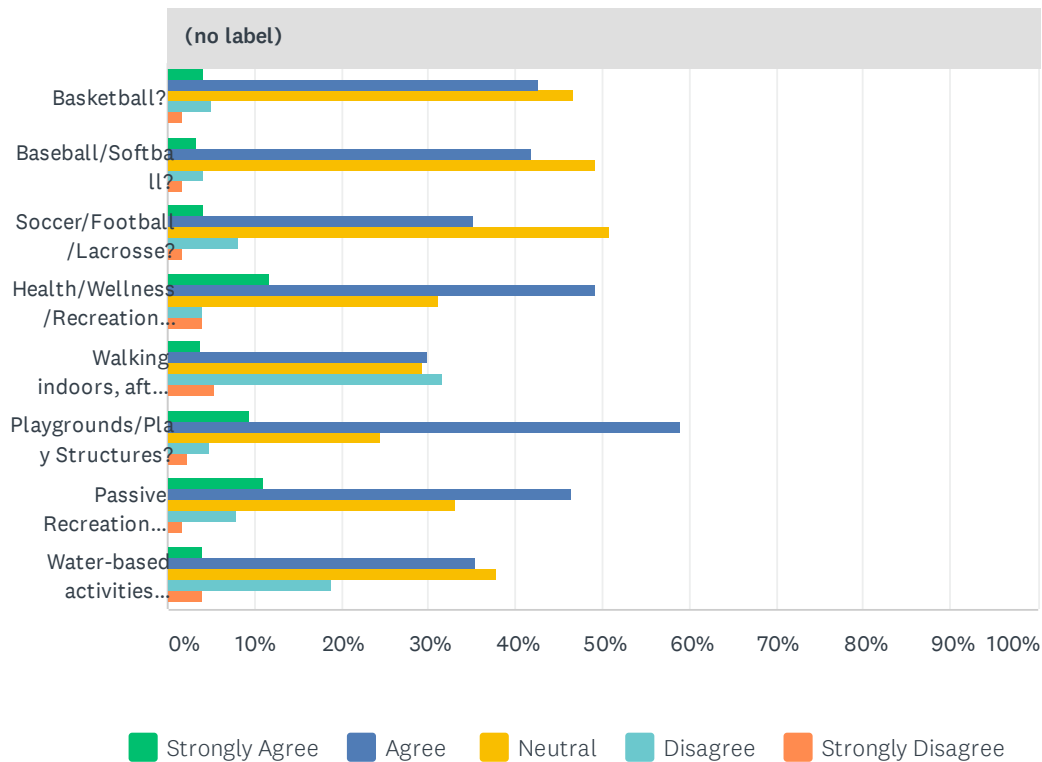
35	in bike paths and side walks	4/2/2020 12:12 PM
36	Safety and availability to all individuals	4/2/2020 11:37 AM
37	Don't see any	4/1/2020 5:51 PM
38	Lights on the bike path	4/1/2020 5:45 PM
39	Safety	4/1/2020 5:39 PM
40	Traffic	4/1/2020 5:27 PM
41	State street lower meet hope	4/1/2020 5:21 PM
42	Cars parked too close to corners so you cannot see	3/31/2020 12:03 PM
43	Pay attention	3/31/2020 11:56 AM
44	Traffic	3/31/2020 11:40 AM
45	Repairing the sidewalks properly. Not patch work.	3/12/2020 6:58 PM
46	improving sidewalks in areas outside of downtown, bike lanes	3/10/2020 12:21 PM
47	Rte 136 is very unsafe	3/10/2020 6:57 AM
48	More sidewalks connecting the outer areas of Town neighborhoods	3/9/2020 6:22 PM
49	Better sidewalks	3/9/2020 12:49 PM
50	Better sidewalks on Hope St between Gooding Ave and Washington St	3/9/2020 8:24 AM
51	Bike lanes	3/6/2020 10:14 PM
52	Sidewalks crosswalks	3/6/2020 6:22 AM
53	Safer biking downtown.	3/6/2020 4:46 AM
54	Building sidewalks	3/5/2020 10:52 PM
55	Roads cutting through bike path b	3/5/2020 8:55 PM
56	More sidewalks	3/5/2020 6:26 PM
57	Metacom Avenue should have sidewalks from the Warren town line all of the way south to Ferry Road. As major east to west arteries, Gooding Avenue and Tupelo Street should have sidewalks as well, at least on one side of the street.	3/5/2020 5:49 PM
58	Sidewalks in all areas	3/5/2020 5:19 PM
59	Safety crossing and more safe paths	3/5/2020 2:46 PM
60	More awareness of cross walks and reassessment of existing cross walks. Public education about using them. Check out mt carmel school at end of day!	3/5/2020 1:32 PM
61	Vehicles	3/5/2020 11:54 AM
62	parts of Metacom have no sidewalks	3/5/2020 8:31 AM
63	Do not allow bicycles/scooters/skateboards,etc. on sidewalks: It's one thing to have to be aware of traffic while preparing to cross streets-without having to worry about whats coming up behind you while on them.	3/4/2020 10:28 AM
64	Drivers do not respect pedestrian crosswalks.	3/3/2020 8:25 AM
65	Safety on bike path/road intersections	3/2/2020 4:27 PM
66	CROSSWALKS! Police at intersections stopping cars that don't stop for pedestrians. Education for cyclists to use the roads and not sidewalks.	3/2/2020 3:11 PM
67	Avoiding or separating,vehicle traffic from pedestrian and bike traffic,bikers and pedestrians take their life in their own hands in Bristol,oh yes need mny more handycap parking on the streets of Bristol, more parking in general.	2/29/2020 3:50 PM
68	Narrow streets which prohibit safe access for walking or biking	2/28/2020 10:31 PM

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

69	Train drivers to respect crosswalks. Pedestrians are simple targets to bad drivers. More police presence is needed.	2/28/2020 7:12 PM
70	Parked cars!	2/28/2020 6:10 PM
71	Enforce traffic laws, especially yielding to pedestrians	2/28/2020 5:10 PM
72	neighborhoods abd the downtown	2/28/2020 10:13 AM
73	unknown	2/24/2020 10:37 AM
74	I think targetting metacom because that is the direct link from RWU to Bristol, and it would be difficult for a student to access downtown or commercial Bristol areas without having to ride/walk on the side of the road (where there are no sidewalks).	2/19/2020 10:39 AM
75	Colt State Park seems to be the most hazardous, with bike and car lanes crossing over.	2/19/2020 10:23 AM
76	From University to surrounding areas	2/18/2020 8:34 PM
77	I would alter the set up of the crosswalks and add sidewalks near the Roger Williams University. There are not adequate safe areas to walk when trying to access use of the Ripta.	2/17/2020 1:49 PM
78	not sure	2/16/2020 6:50 PM
79	Metacom into Bristol issues	2/14/2020 3:13 PM
80	Metacom Ave	2/14/2020 10:39 AM
81	safe sidewalks that can also be used as bike paths not directly on the road	2/14/2020 10:37 AM
82	Medacom	2/14/2020 10:27 AM
83	Walking or Biking down Metacom is a scary place.	2/14/2020 10:20 AM
84	I don't know	2/14/2020 10:17 AM
85	add more bike paths	2/14/2020 10:15 AM
86	making the sidewalks safer, less cracks and bumps	2/14/2020 10:15 AM
87	metacom	2/14/2020 10:12 AM

Q16 Do you think the Town of Bristol offers a variety of free/low-cost opportunities for the following:

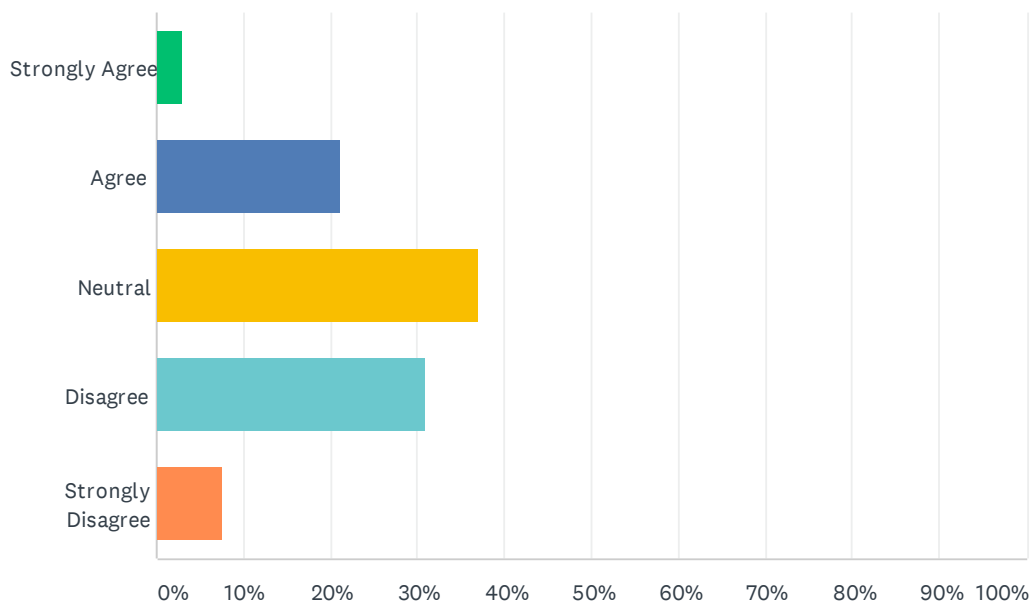
Answered: 134 Skipped: 13



(no label)						
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
Basketball?	4.10% 5	42.62% 52	46.72% 57	4.92% 6	1.64% 2	122
Baseball/Softball?	3.28% 4	41.80% 51	49.18% 60	4.10% 5	1.64% 2	122
Soccer/Football/Lacrosse?	4.10% 5	35.25% 43	50.82% 62	8.20% 10	1.64% 2	122
Health/Wellness/Recreation Center (e.g., Community Center)?	11.72% 15	49.22% 63	31.25% 40	3.91% 5	3.91% 5	128
Walking indoors, after hours and during inclement weather?	3.85% 5	30.00% 39	29.23% 38	31.54% 41	5.38% 7	130
Playgrounds/Play Structures?	9.45% 12	59.06% 75	24.41% 31	4.72% 6	2.36% 3	127
Passive Recreation (e.g., Nature, Bird Watching)?	11.02% 14	46.46% 59	33.07% 42	7.87% 10	1.57% 2	127
Water-based activities (e.g., blue/kayak trails)?	3.94% 5	35.43% 45	37.80% 48	18.90% 24	3.94% 5	127

Q17 Do you think the majority of the opportunities listed above are fully used by residents of all income levels and abilities in Bristol?

Answered: 132 Skipped: 15



ANSWER CHOICES	RESPONSES	
Strongly Agree	3.03%	4
Agree	21.21%	28
Neutral	37.12%	49
Disagree	31.06%	41
Strongly Disagree	7.58%	10
TOTAL		132

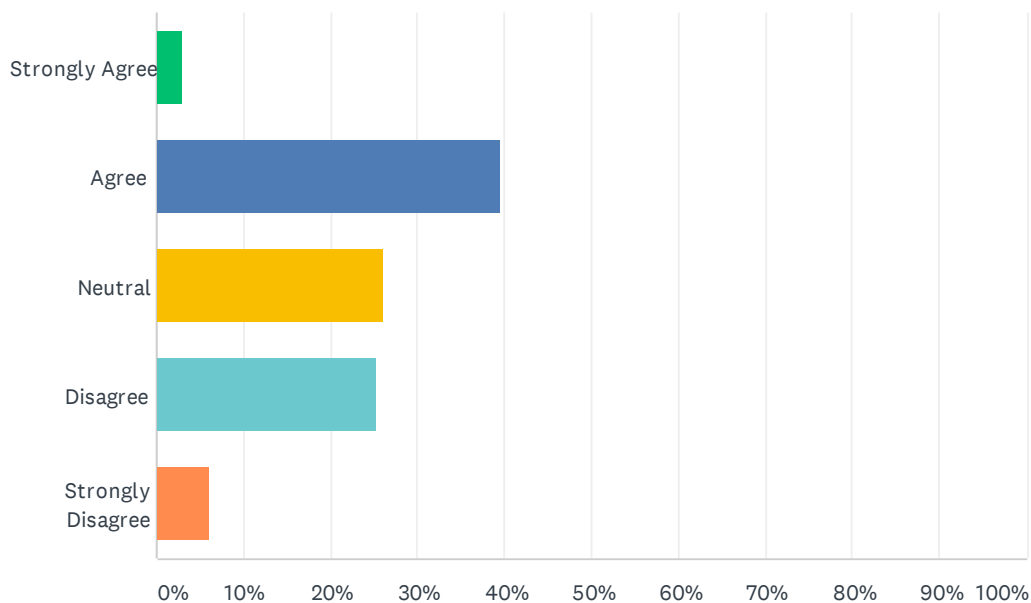
Q18 Are there other opportunities for physical activity in Bristol we should know about?

Answered: 24 Skipped: 123

#	RESPONSES	DATE
1	there really isn't much downtown! the senior center and recreation center are not available to many elderly many will not call to use driving service from the above organizations.	4/24/2020 5:11 PM
2	pool at rwu	4/24/2020 4:46 PM
3	swimming for children at Roger Williams university	4/24/2020 3:24 PM
4	kayaking	4/23/2020 4:55 PM
5	tennis courts on town common seem to be used a good deal, high school courts in summer?	4/23/2020 4:47 PM
6	Nonfunctioning signals and signals that direct pedestrians to cross when traffic has a green arrow to turn across the crosswalk, lack of sidewalks and cross-walks especially along and across main roads and lack of safe bike routes	4/23/2020 11:53 AM
7	Need more indoor walking for inclement weather	4/23/2020 11:43 AM
8	tell me	4/23/2020 11:19 AM
9	Zumba!	4/23/2020 11:13 AM
10	flood the tennis courts on the town common in winter like in the 70's!	4/22/2020 11:34 AM
11	Coggeshall farm for fresh air, walking, and learning	4/15/2020 11:43 AM
12	Zumba, creative dance, dance aerobics, aerobics, racketball	4/2/2020 11:37 AM
13	Zumba/basketball colt state park	4/1/2020 5:21 PM
14	Dog park	3/10/2020 6:57 AM
15	Bristol needs bike paths connecting the eastern parts of town to the East Bay Bike Path.	3/5/2020 5:49 PM
16	Not sure	3/5/2020 1:32 PM
17	Neutral	3/4/2020 10:28 AM
18	YMCA ,indoor swimming pools,Mt Hope farm and Colt state park also the narrows could use more nature trails an access to the waterfront,and please keep the degenerate perverts out of those areas for the safety of the innocent children and adults with good moral values.Thank You	2/29/2020 3:50 PM
19	Know about or get available? Aquatics is an ageless opportunity. No matter your age, anyone can enjoy the water.	2/28/2020 7:12 PM
20	I am unsure.	2/17/2020 1:49 PM
21	unsure	2/14/2020 10:37 AM
22	No	2/14/2020 10:27 AM
23	n/a	2/14/2020 10:20 AM
24	Gyms	2/14/2020 10:15 AM

Q19 Do you think Bristol is developing new and/or redeveloping existing roads to improve opportunities for walking and biking (e.g., sidewalks, crosswalks/crossing signals, bike lanes)?

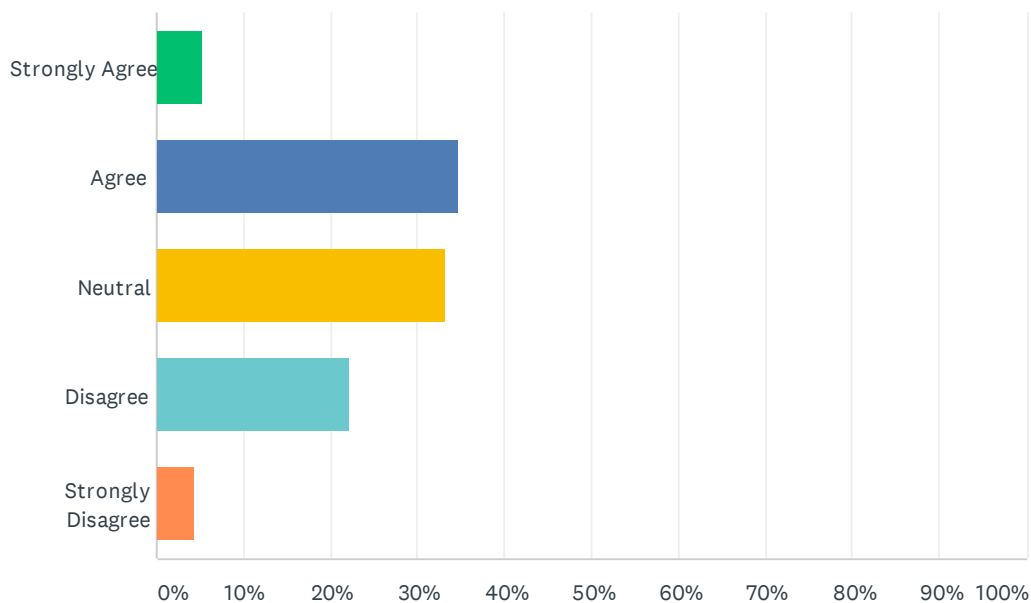
Answered: 134 Skipped: 13



ANSWER CHOICES	RESPONSES
Strongly Agree	2.99% 4
Agree	39.55% 53
Neutral	26.12% 35
Disagree	25.37% 34
Strongly Disagree	5.97% 8
TOTAL	134

Q20 Do you think schools and businesses in Bristol encourage walking and/or biking by providing certain amenities for walkers and/or bikers (e.g., bike racks, safe approaches to buildings, resting/sheltered areas)?

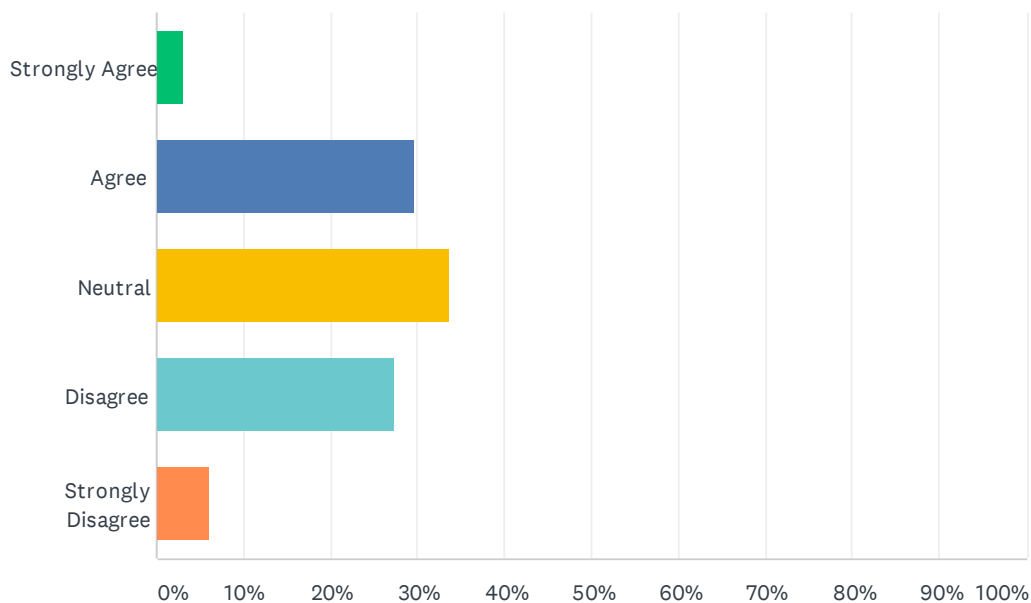
Answered: 135 Skipped: 12



ANSWER CHOICES	RESPONSES
Strongly Agree	5.19% 7
Agree	34.81% 47
Neutral	33.33% 45
Disagree	22.22% 30
Strongly Disagree	4.44% 6
TOTAL	135

Q21 Do you think walking and biking routes in Bristol are accessible to people with disabilities?

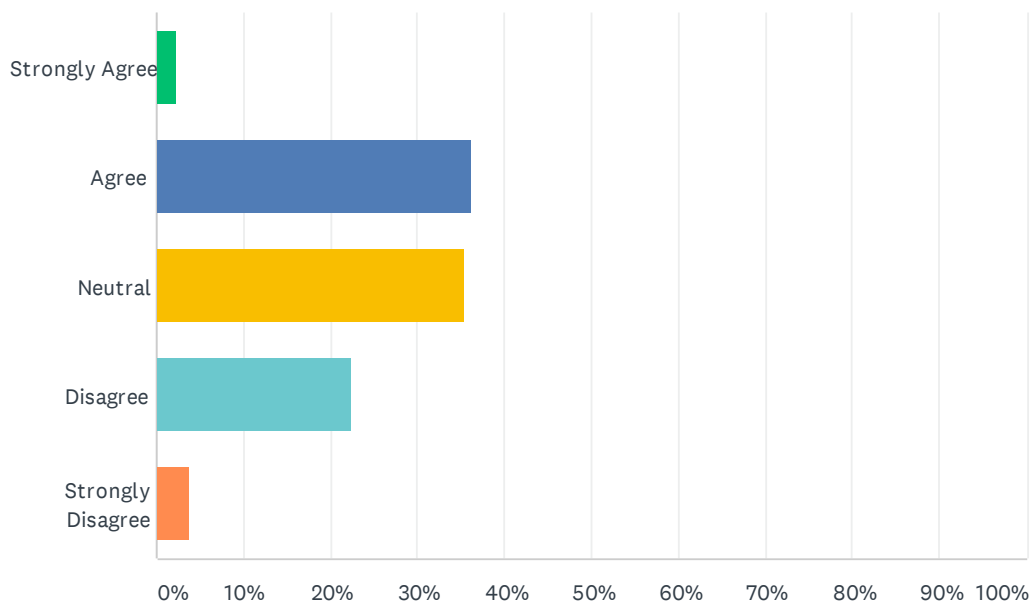
Answered: 131 Skipped: 16



ANSWER CHOICES	RESPONSES
Strongly Agree	3.05% 4
Agree	29.77% 39
Neutral	33.59% 44
Disagree	27.48% 36
Strongly Disagree	6.11% 8
TOTAL	131

Q22 Do you think the Town of Bristol supports new developments that incorporate sidewalks, bike lanes, and recreational and/or open space components?

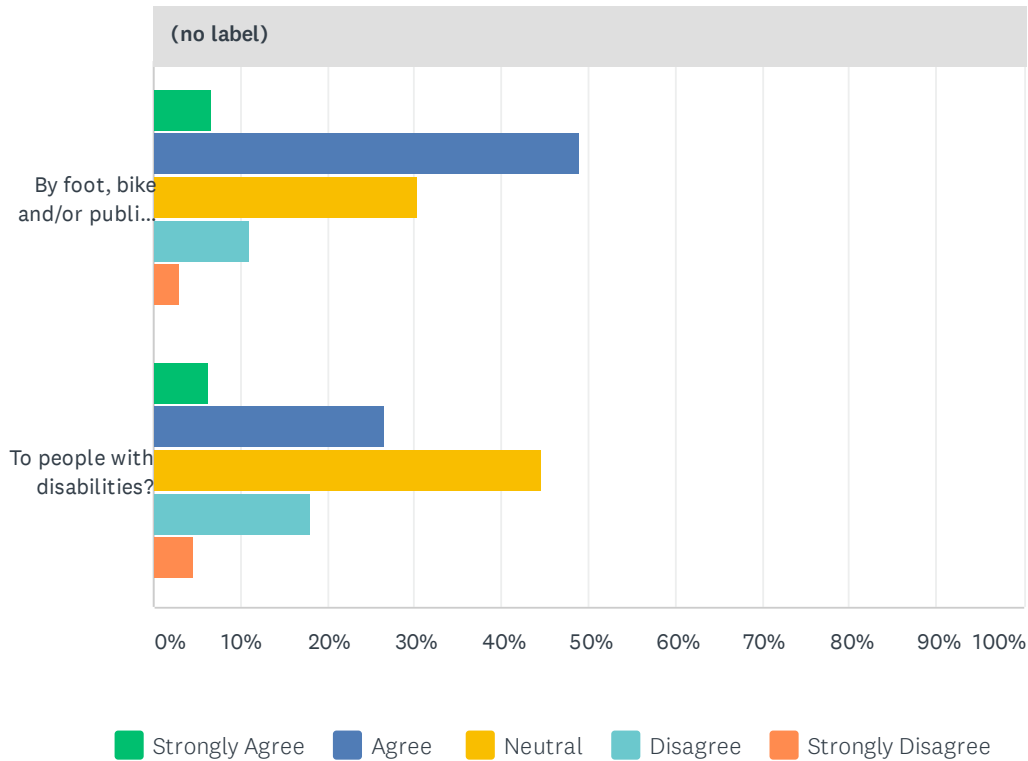
Answered: 130 Skipped: 17



ANSWER CHOICES	RESPONSES	
Strongly Agree	2.31%	3
Agree	36.15%	47
Neutral	35.38%	46
Disagree	22.31%	29
Strongly Disagree	3.85%	5
TOTAL		130

Q23 Do you think the food stores and restaurants in Bristol that offer healthy foods and menu options (e.g., fresh produce and vegetables, whole grain products, moderate portions, shared entrees) are easily accessible:

Answered: 136 Skipped: 11



(no label)						
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
By foot, bike and/or public transportation?	6.67% 9	48.89% 66	30.37% 41	11.11% 15	2.96% 4	135
To people with disabilities?	6.25% 8	26.56% 34	44.53% 57	17.97% 23	4.69% 6	128

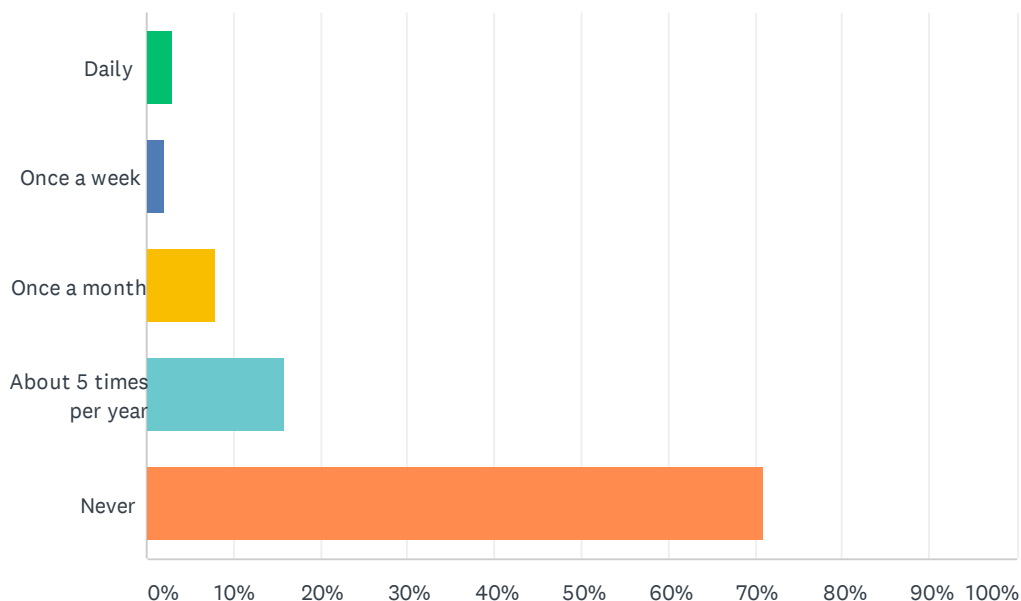
Q24 Are there other issues or opportunities around how new development and redevelopment occurs in Bristol that can support and encourage walking, biking and accessing healthy foods?

Answered: 22 Skipped: 125

#	RESPONSES	DATE
1	bike lanes	4/24/2020 4:46 PM
2	Having increased access to healthy yet cheaper food would be more ideal	4/24/2020 3:25 PM
3	no	4/24/2020 3:09 PM
4	More ramps for friends in wheelchairs	4/24/2020 2:55 PM
5	lower rent for new businesses	4/23/2020 4:55 PM
6	Ripta does not travel on metacom avenue	4/23/2020 4:48 PM
7	Walking is much more accessible than biking. Biking lanes and more bike racks are needed. Reliable working cross walks are needed. More healthy options at restaurants are needed.	4/23/2020 11:54 AM
8	Not all restaurants are accessible	4/23/2020 11:44 AM
9	caution lights	4/23/2020 11:35 AM
10	more/better sidewalks	4/23/2020 11:13 AM
11	level, smooth sidewalks and roads, signs downtown that indicate that bikes and skateboards shouldn't be used on the sidewalks	4/15/2020 11:44 AM
12	No food program at Franklin court	4/8/2020 11:48 AM
13	More open markets during various times of day or weekend	4/2/2020 11:38 AM
14	Ramps needed throught	4/1/2020 5:22 PM
15	Need to improve route 136. Not safe for bike or walking	3/10/2020 6:58 AM
16	Re businesses being easily accessible, access is inconsistent and not easily. Need to park in back, alert someone inside for help, etc. easy accessibility should mean ability to drive up and get to a ramp without special skills or support.	3/9/2020 6:33 PM
17	It's a very short season for most to walk and bike. More opportunities for low income folks all year is needed. I shop out of town for my groceries! I rarely eat in a restaurant. I'm personally not aware of a restaurant in Bristol with healthy options besides salad.	3/5/2020 1:39 PM
18	NEUTRAL	3/4/2020 10:31 AM
19	The City of Montereial,for winter recreation,the City of Seattle year round outdoor recreation many other places to get advise and pointers from.	2/29/2020 3:57 PM
20	I think that alot of the stores that offer healthier options are not as accessible for handicapped patrons.	2/17/2020 1:56 PM
21	unsure	2/14/2020 10:39 AM
22	Providing more well lit pathes toward downtown	2/14/2020 10:31 AM

Q25 How often do you use RIPTA (Rhode Island Public Transit Authority) services?

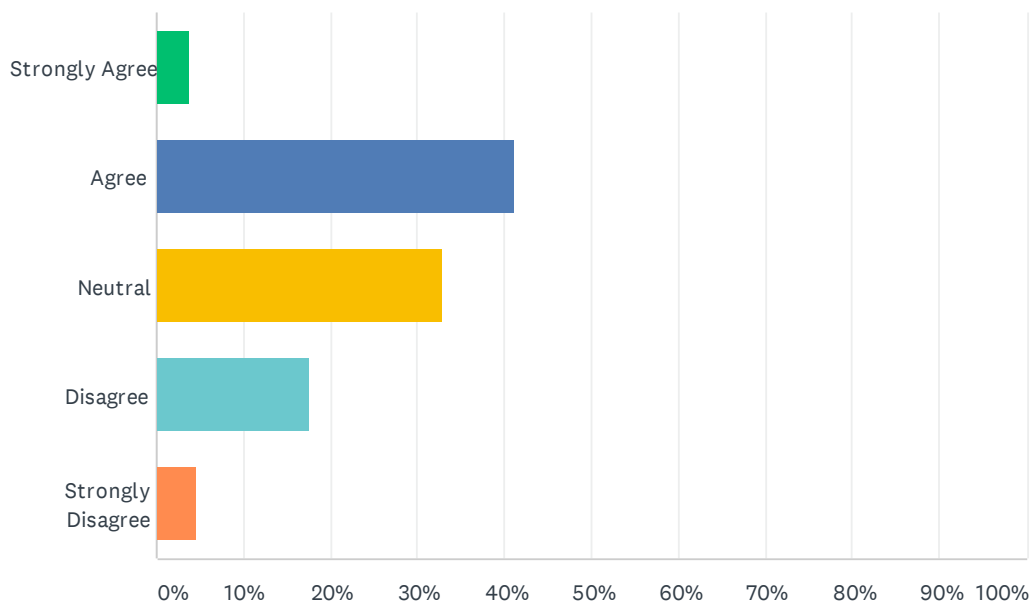
Answered: 138 Skipped: 9



ANSWER CHOICES	RESPONSES
Daily	2.90% 4
Once a week	2.17% 3
Once a month	7.97% 11
About 5 times per year	15.94% 22
Never	71.01% 98
TOTAL	138

Q26 Do you think RIPTA serves the entire community and is easily accessible by walking/biking for regular commuting to work and local destinations?

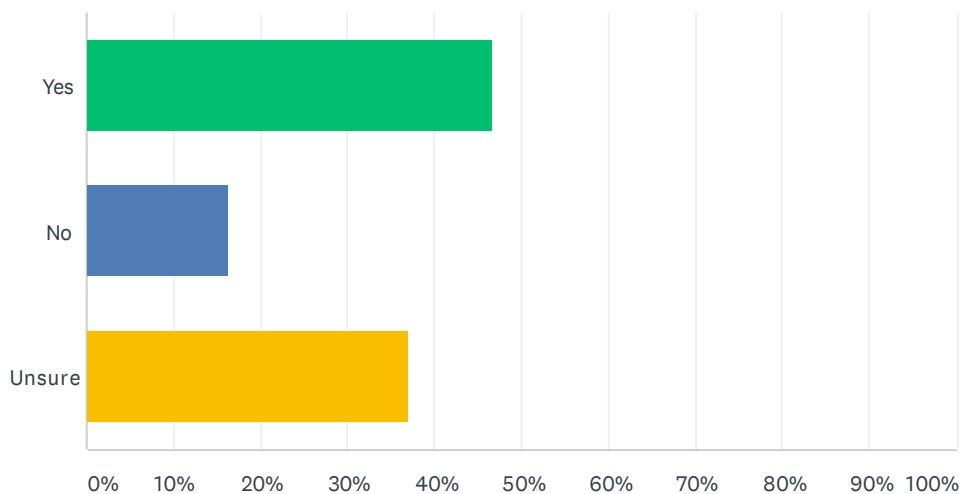
Answered: 131 Skipped: 16



ANSWER CHOICES	RESPONSES	
Strongly Agree	3.82%	5
Agree	41.22%	54
Neutral	32.82%	43
Disagree	17.56%	23
Strongly Disagree	4.58%	6
TOTAL		131

Q27 If there was an alternative, free/low-cost town-sponsored transportation system (e.g., trolley, van-pool services, dial-a-ride) in Bristol, would you use it?

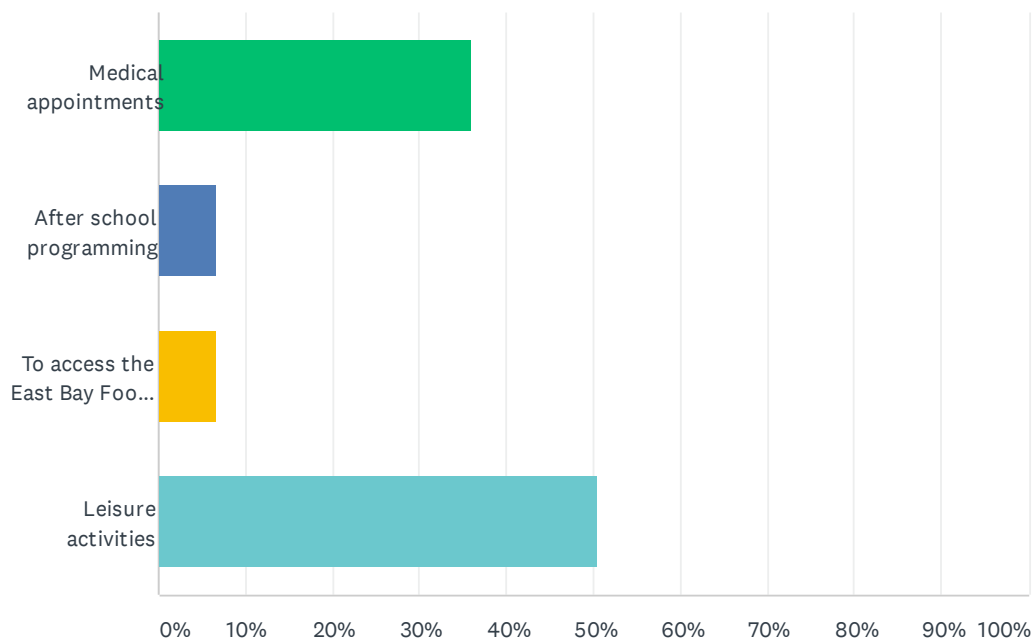
Answered: 135 Skipped: 12



ANSWER CHOICES	RESPONSES	
Yes	46.67%	63
No	16.30%	22
Unsure	37.04%	50
TOTAL		135

Q28 If there was an alternative, free/low-cost town-sponsored transportation system (e.g., trolley, van-pool services, dial-a-ride) in Bristol, how would you use it?

Answered: 103 Skipped: 44



ANSWER CHOICES	RESPONSES	
Medical appointments	35.92%	37
After school programming	6.80%	7
To access the East Bay Food Pantry	6.80%	7
Leisure activities	50.49%	52
TOTAL		103

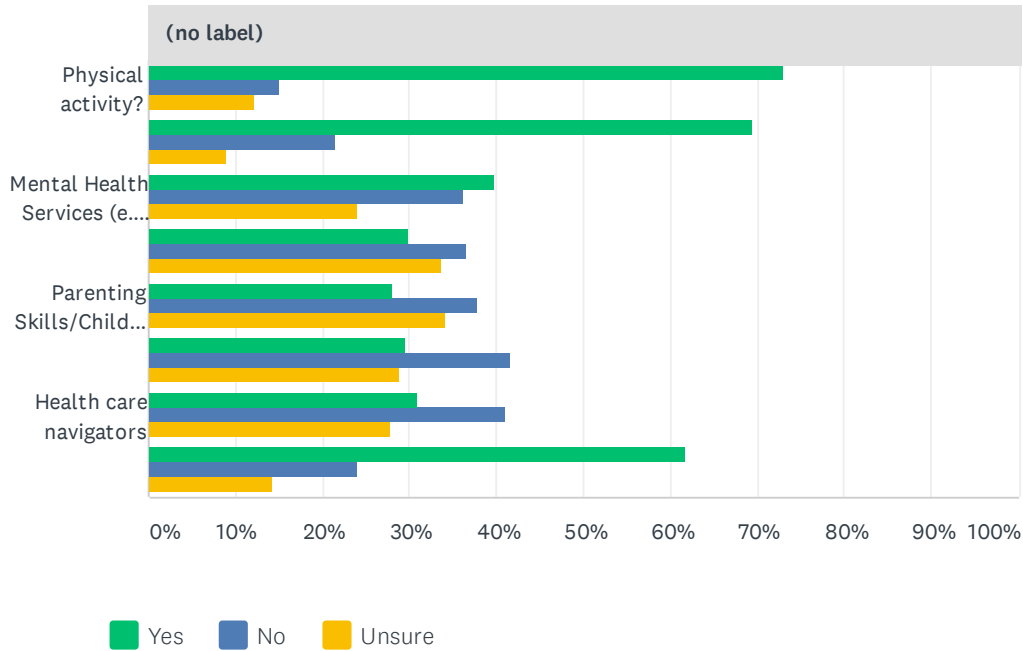
Q29 Are there other RIPTA or public transportation issues or opportunities in Bristol we should know about?

Answered: 18 Skipped: 129

#	RESPONSES	DATE
1	Not that I know of the small us should be easier to use - difficult to schedule	4/24/2020 4:56 PM
2	no routes between 114 and 136	4/24/2020 4:47 PM
3	not sure, shuttle for students	4/24/2020 3:26 PM
4	RIPTA does not access metacom avenue	4/23/2020 4:48 PM
5	more pickups on metacom ave	4/23/2020 4:20 PM
6	I don't trust the bike holders on RIPTA buses and there aren't enough to be reliably available.	4/23/2020 11:55 AM
7	Need more routes running on metacom ave. It is difficult to walk the length for example gooding ave.	4/23/2020 11:44 AM
8	Sure	4/23/2020 11:20 AM
9	Some if not most stops are not handicapped accessible and not enough stops	4/15/2020 11:45 AM
10	they cut out in front of you while you're driving carefully along	4/2/2020 12:20 PM
11	A permanent trolley route would be great!	3/5/2020 5:52 PM
12	Service on Metacom	3/5/2020 5:21 PM
13	The driving is horrible	3/5/2020 1:42 PM
14	Can't get there from here applies when trying to access Brown Physicians on Wampanoag Trail-via RIPTA-There had been a stop near-albeit I had to cross the highway to get there-but it was removed & I had to go to Providence and cancel my scheduled appointment. There still does not appear to be an easy access route to 375 Wampanoag Trail.	3/4/2020 10:41 AM
15	In town shuttle,Taunton,ma. or the RWU shuttle are good examples	2/29/2020 4:01 PM
16	Not that I am aware of.	2/17/2020 1:58 PM
17	I am unaware of RIPTA trends	2/14/2020 10:43 AM
18	often late	2/14/2020 10:20 AM

Q30 Are you aware that the following community-based resources are available in Bristol:

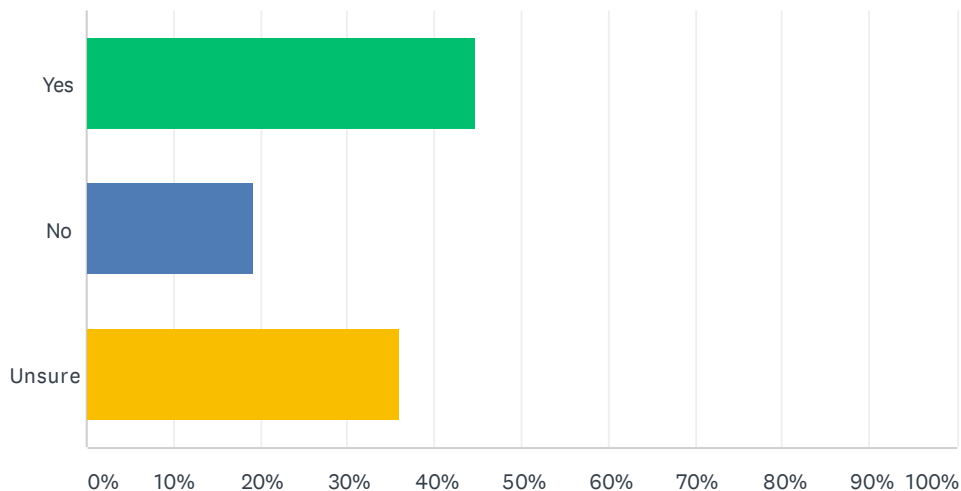
Answered: 135 Skipped: 12



(no label)	YES	NO	UNSURE	TOTAL
Physical activity?	72.93% 97	15.04% 20	12.03% 16	133
Nutrition/Cooking classes?	69.40% 93	21.64% 29	8.96% 12	134
Mental Health Services (e.g., Post Traumatic Stress Disorder, depression, social/emotional development)?	39.85% 53	36.09% 48	24.06% 32	133
Counseling/Support for special populations?	29.85% 40	36.57% 49	33.58% 45	134
Parenting Skills/Child Development information?	28.03% 37	37.88% 50	34.09% 45	132
Life skills (e.g., cooking, laundry, banking)?	29.55% 39	41.67% 55	28.79% 38	132
Health care navigators	31.01% 40	41.09% 53	27.91% 36	129
Basic needs (food, housing, clothing)	61.65% 82	24.06% 32	14.29% 19	133

Q31 If the Town of Bristol offered free/low-cost educational programs on any of the above topics, would you be interested? If yes, please specify what topics listed in the above question might be of particular interest to you?

Answered: 125 Skipped: 22



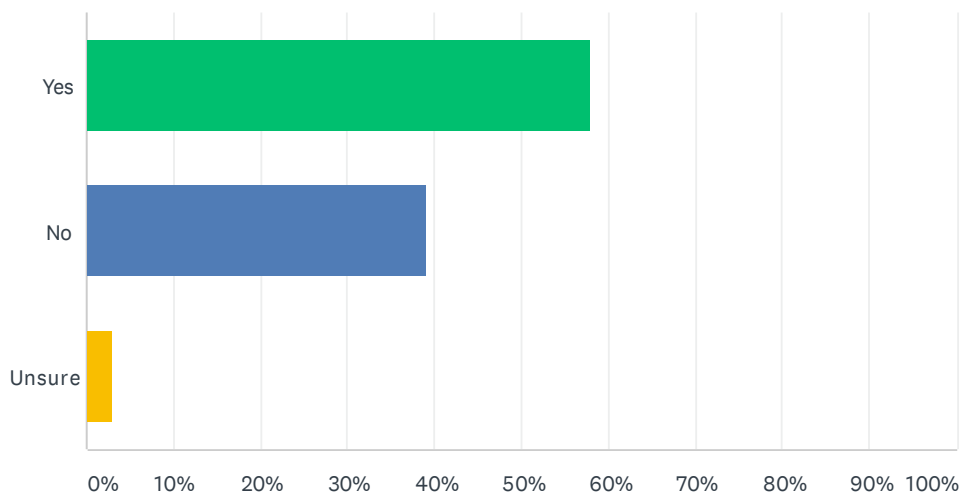
ANSWER CHOICES	RESPONSES	
Yes	44.80%	56
No	19.20%	24
Unsure	36.00%	45
TOTAL		125

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	(PLEASE SPECIFY)	DATE
1	computer and cell phone use	4/24/2020 5:04 PM
2	mental health issues	4/24/2020 4:57 PM
3	any	4/24/2020 4:31 PM
4	life skills for son	4/24/2020 4:07 PM
5	cooking classes for healthy eating	4/24/2020 3:27 PM
6	mental health services	4/23/2020 4:35 PM
7	mental health services	4/23/2020 4:21 PM
8	life skills & I'd help!	4/22/2020 11:38 AM
9	Parenting skills	4/15/2020 1:07 PM
10	PACE- people with arthritis can exercise - make it in an accessible building by transportation and disabled	4/15/2020 11:48 AM
11	mental-physical	4/8/2020 11:50 AM
12	healthcare and nutrition	4/2/2020 12:21 PM
13	Getting credits for education	4/2/2020 12:13 PM
14	art history, creative arts, nutrition for specific diets etc (ex pancreatic survivors)	4/2/2020 11:40 AM
15	Climate Change	4/1/2020 5:35 PM
16	Basic Needs	4/1/2020 5:29 PM
17	Weight loss, smoke cessation, how to's on various physical activities, ie SUP, tennis, etc	3/31/2020 12:05 PM
18	Health Care Navigators	3/31/2020 11:42 AM
19	Nutrition - Health	3/31/2020 11:30 AM
20	Mental Health Services	3/10/2020 12:24 PM
21	Mental health services	3/7/2020 9:44 PM
22	Cooking class	3/5/2020 9:27 PM
23	Cooking classes,health navigation, mental health	3/5/2020 9:00 PM
24	Cooking	3/5/2020 6:39 PM
25	Only if town efforts do not duplicate all the great work being done by the East Bay Food Pantry founded by the First Congregational Church.	3/5/2020 5:54 PM
26	Life skills and cooking	3/5/2020 2:49 PM
27	Physical activity	3/5/2020 1:45 PM
28	Life Sills, Healthcare & Mental Health	3/5/2020 11:59 AM
29	Nutrition, cooking classes. PTSD education.	3/3/2020 8:34 AM
30	Health Navigator and Life Skills	3/2/2020 4:37 PM
31	Healthcare,basic needs	2/29/2020 4:15 PM
32	Diebetic diet	2/29/2020 10:42 AM
33	Health care	2/28/2020 10:37 PM
34	Mental Health Services and Nutrition/Cooking classes	2/19/2020 10:45 AM
35	cooking, finance, budgeting	2/19/2020 10:42 AM

Q32 Have you ever used alternative methods for treatment and/or support (e.g., yoga, reiki, meditation/empowerment, stress management services)?

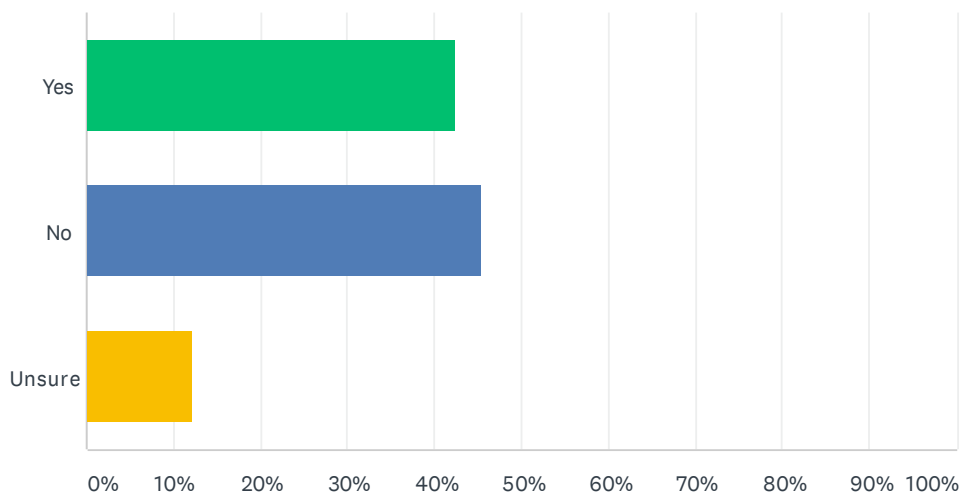
Answered: 133 Skipped: 14



ANSWER CHOICES	RESPONSES
Yes	57.89% 77
No	39.10% 52
Unsure	3.01% 4
TOTAL	133

Q33 Are you aware of existing mental health centers that could provide free/low-cost services?

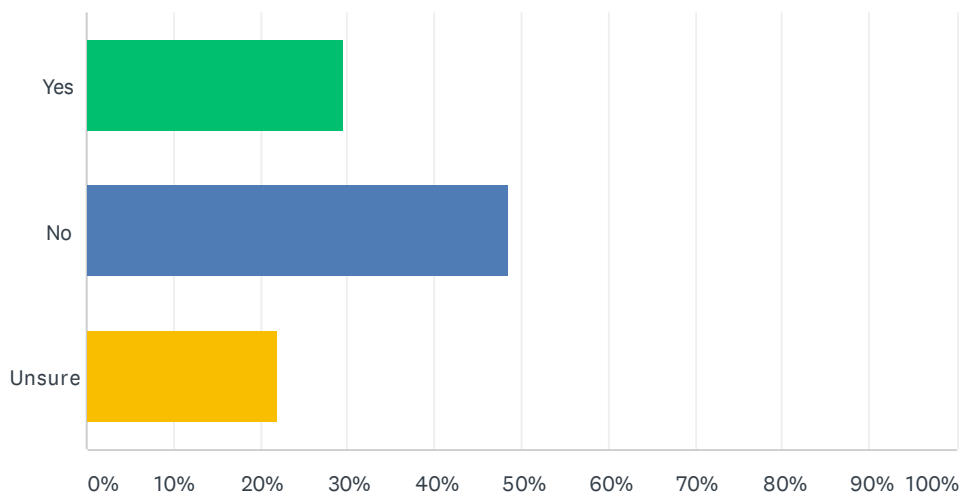
Answered: 132 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes	42.42%	56
No	45.45%	60
Unsure	12.12%	16
TOTAL		132

Q34 Are you aware that health care and/or social service agencies in Bristol provide support and/or translation services to better understand health conditions and access health services?

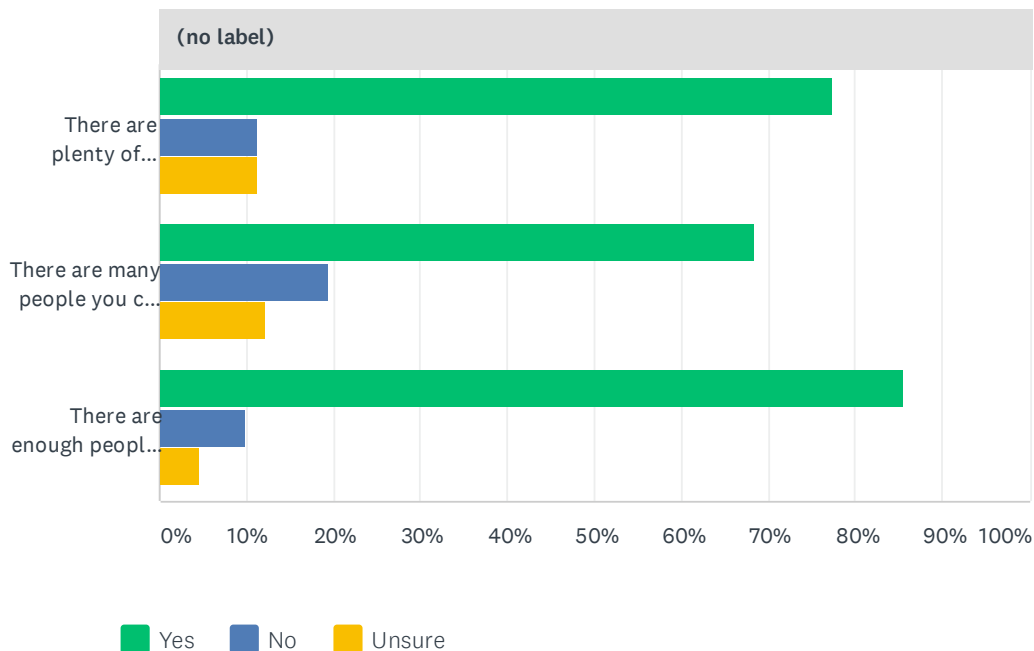
Answered: 132 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes	29.55%	39
No	48.48%	64
Unsure	21.97%	29
TOTAL		132

Q35 Regarding how you generally feel:

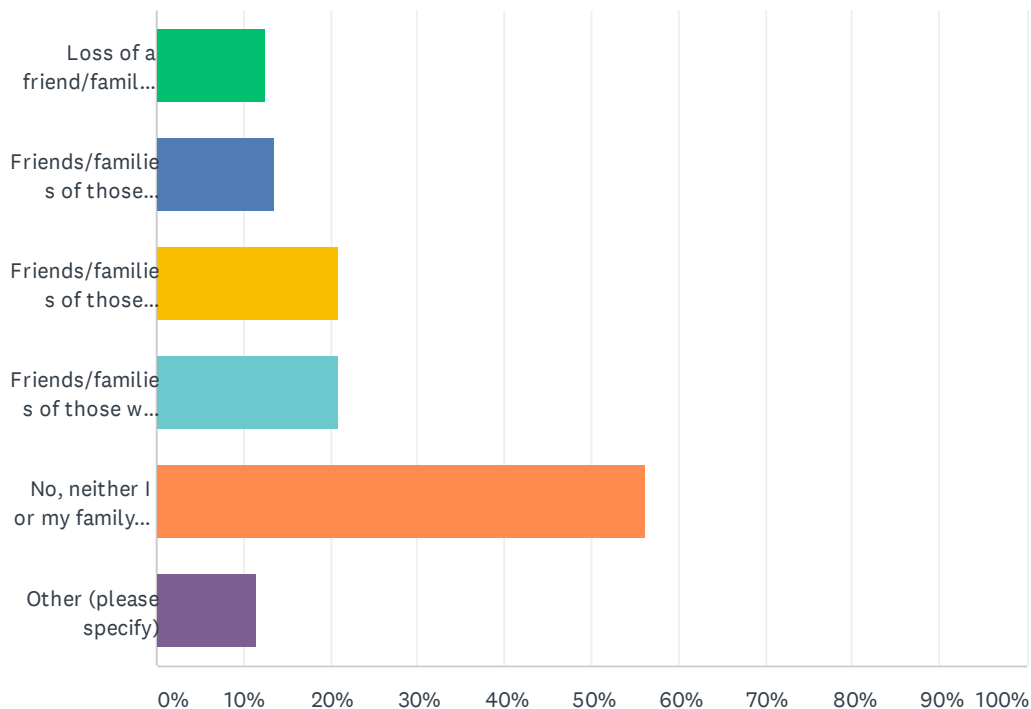
Answered: 134 Skipped: 13



(no label)	YES	NO	UNSURE	TOTAL
There are plenty of people you can rely on when you have problems	77.44% 103	11.28% 15	11.28% 15	133
There are many people you can trust completely	68.42% 91	19.55% 26	12.03% 16	133
There are enough people you feel close to	85.61% 113	9.85% 13	4.55% 6	132

Q36 Would you or a family member be interested in joining a support group for any of the following areas? (Check all that apply)

Answered: 96 Skipped: 51



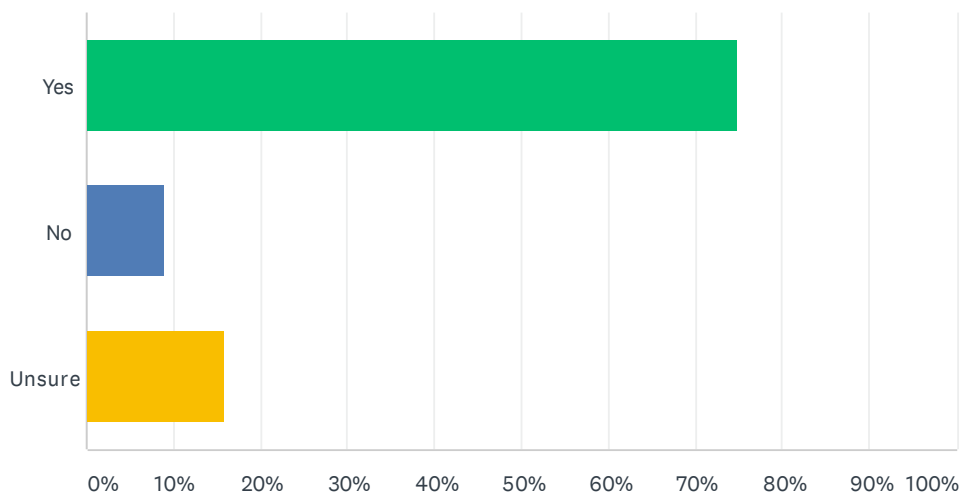
ANSWER CHOICES	RESPONSES	
Loss of a friend/family member to suicide	12.50%	12
Friends/families of those suffering from addiction/substance abuse	13.54%	13
Friends/families of those suffering from mental illness	20.83%	20
Friends/families of those with chronic illness	20.83%	20
No, neither I or my family members would be interested in joining a grief support group	56.25%	54
Other (please specify)	11.46%	11
Total Respondents: 96		

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	OTHER (PLEASE SPECIFY)	DATE
1	unsure	4/24/2020 4:31 PM
2	group supporting the elderly population	4/23/2020 4:49 PM
3	addiction	4/23/2020 4:21 PM
4	grief counseling	4/23/2020 11:28 AM
5	fibromyalgia	4/15/2020 11:48 AM
6	Loss of family/friend to opioid overdose.	3/9/2020 6:37 PM
7	This is important for community	3/6/2020 10:19 PM
8	I receive plenty of support from my church.	3/5/2020 5:54 PM
9	Those suffering from mental illness	3/5/2020 11:59 AM
10	I have all the support I need	2/29/2020 4:15 PM
11	Do not have enough free time now.	2/29/2020 10:42 AM

Q37 Would you be in favor of barriers on bridges to address suicide prevention?

Answered: 132 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes	75.00%	99
No	9.09%	12
Unsure	15.91%	21
TOTAL		132

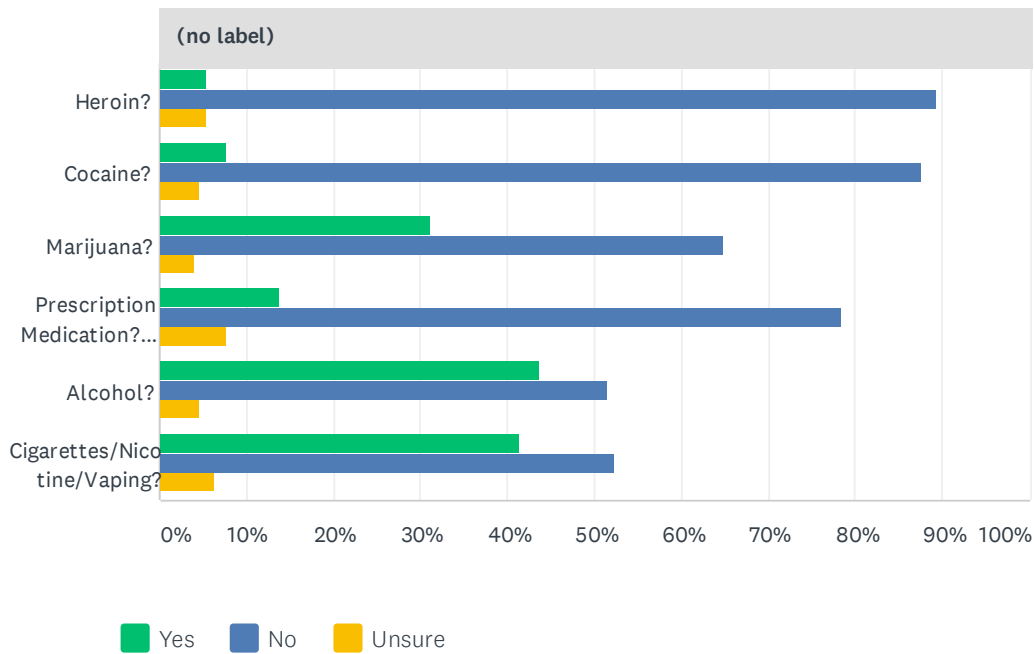
Q38 Are there any other issues or opportunities around local health care services we should know about?

Answered: 6 Skipped: 141

#	RESPONSES	DATE
1	sidewalks please	4/24/2020 2:34 PM
2	transportation	4/15/2020 11:48 AM
3	Neutral	3/4/2020 10:47 AM
4	Barriers on the Mt Hope Bridge made of lite materials,it's an old bridge,look into the canal bridges on Cape Cod,no one has jumped sin they were put up.A community health Center for low income,along with Dental facilities.	2/29/2020 4:15 PM
5	Not that I can think of.	2/17/2020 2:04 PM
6	no	2/14/2020 10:46 AM

Q39 Do you know someone in Bristol who has abused the following in the last 30 days?

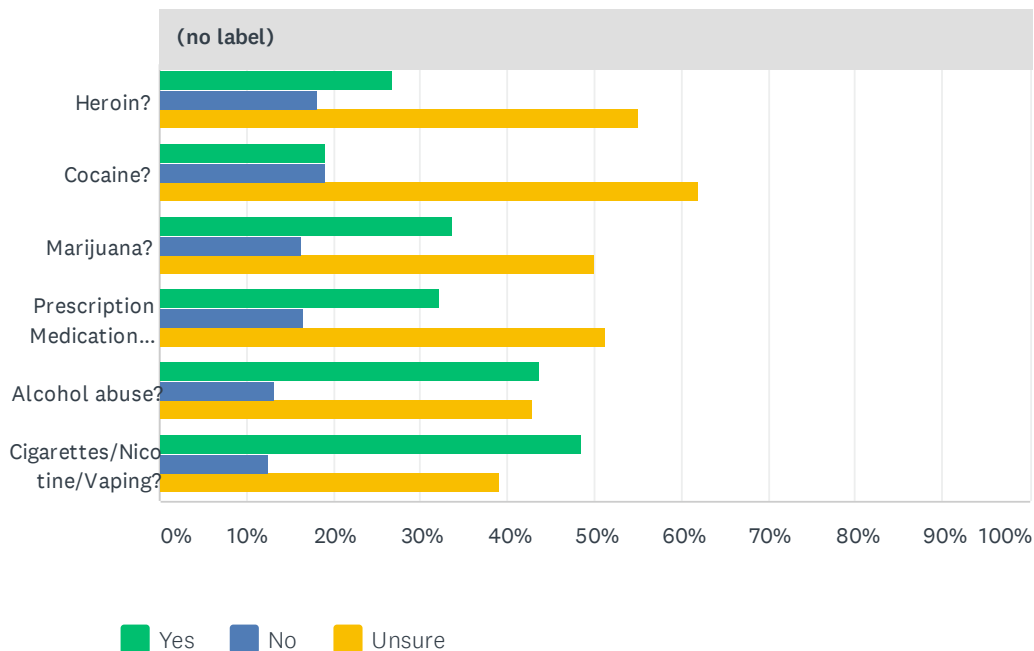
Answered: 130 Skipped: 17



(no label)	YES	NO	UNSURE	TOTAL
Heroin?	5.38% 7	89.23% 116	5.38% 7	130
Cocaine?	7.75% 10	87.60% 113	4.65% 6	129
Marijuana?	31.25% 40	64.84% 83	3.91% 5	128
Prescription Medication? (Not prescribed to them)	13.85% 18	78.46% 102	7.69% 10	130
Alcohol?	43.75% 56	51.56% 66	4.69% 6	128
Cigarettes/Nicotine/Vaping?	41.41% 53	52.34% 67	6.25% 8	128

Q40 Do you think there is a problem in Bristol with the following?

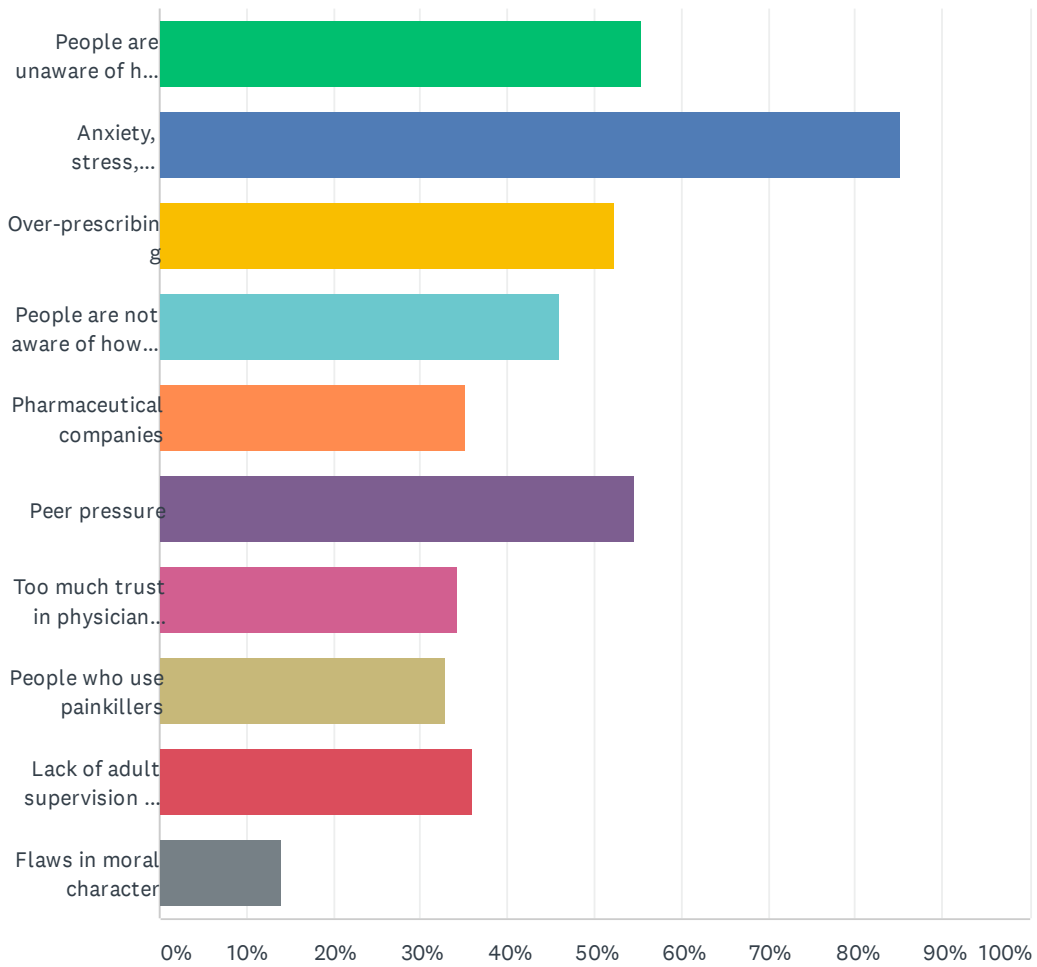
Answered: 128 Skipped: 19



(no label)				
	YES	NO	UNSURE	TOTAL
Heroin?	26.77% 34	18.11% 23	55.12% 70	127
Cocaine?	19.05% 24	19.05% 24	61.90% 78	126
Marijuana?	33.59% 43	16.41% 21	50.00% 64	128
Prescription Medication abuse?	32.28% 41	16.54% 21	51.18% 65	127
Alcohol abuse?	43.75% 56	13.28% 17	42.97% 55	128
Cigarettes/Nicotine/Vaping?	48.44% 62	12.50% 16	39.06% 50	128

Q41 What do you think is the root cause of substance misuse? (Check all that apply)

Answered: 128 Skipped: 19

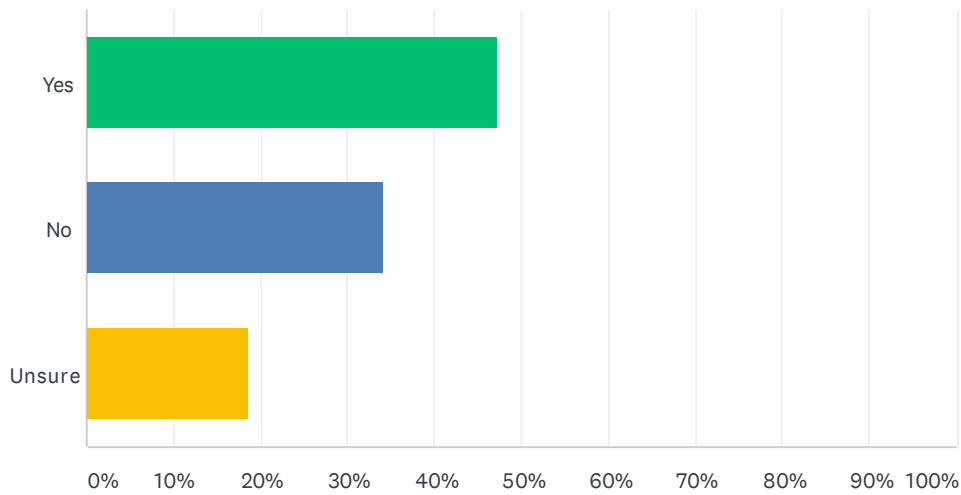


Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

ANSWER CHOICES	RESPONSES	
People are unaware of how addictive painkillers are	55.47%	71
Anxiety, stress, depression	85.16%	109
Over-prescribing	52.34%	67
People are not aware of how addiction occurs	46.09%	59
Pharmaceutical companies	35.16%	45
Peer pressure	54.69%	70
Too much trust in physician recommendations	34.38%	44
People who use painkillers	32.81%	42
Lack of adult supervision and guidance	35.94%	46
Flaws in moral character	14.06%	18
Total Respondents: 128		

Q42 Are you aware of non-opioid treatment options for chronic pain?

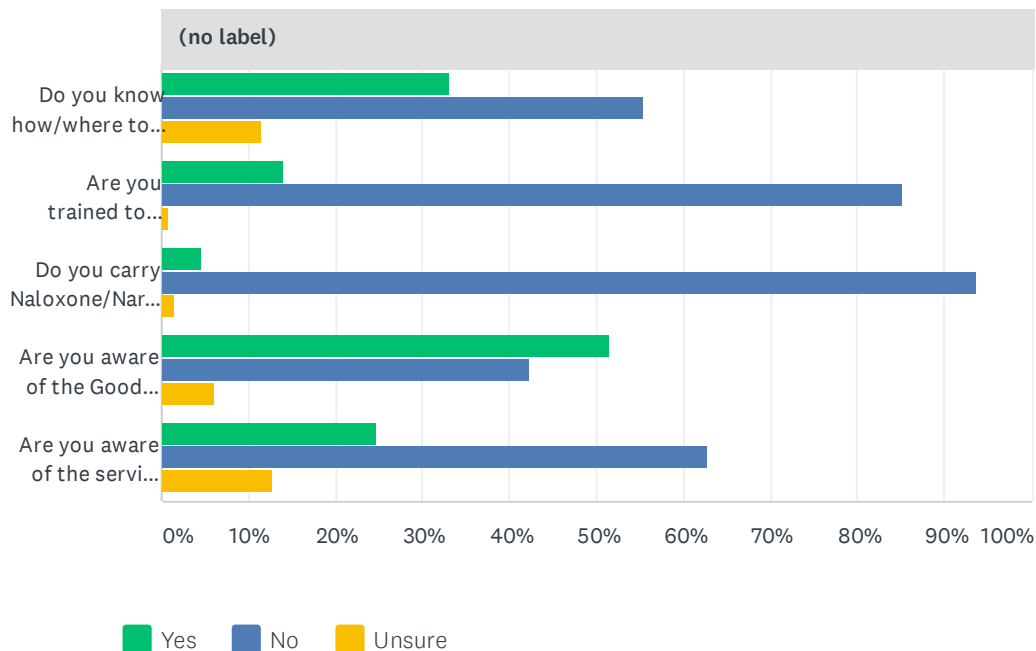
Answered: 129 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	47.29%	61
No	34.11%	44
Unsure	18.60%	24
TOTAL		129

Q43 When confronted with an opioid overdose emergency:

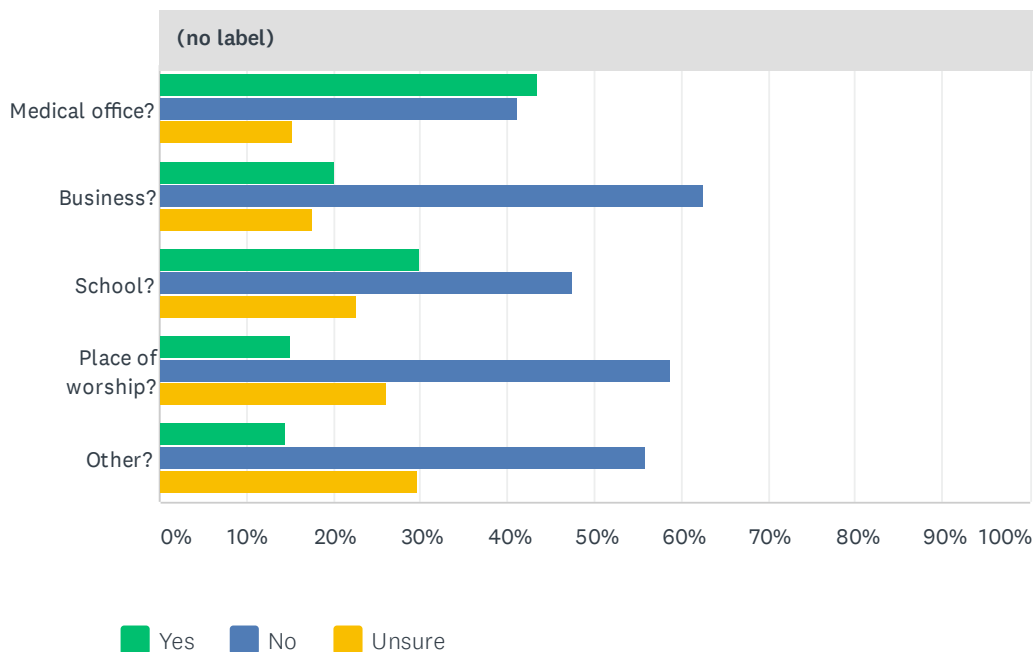
Answered: 130 Skipped: 17



(no label)				
	YES	NO	UNSURE	TOTAL
Do you know how/where to obtain Naloxone/Narcan?	33.08% 43	55.38% 72	11.54% 15	130
Are you trained to administer Naloxone/Narcan?	14.06% 18	85.16% 109	0.78% 1	128
Do you carry Naloxone/Narcan on you?	4.65% 6	93.80% 121	1.55% 2	129
Are you aware of the Good Samaritan Law?	51.54% 67	42.31% 55	6.15% 8	130
Are you aware of the services provided at the East Bay Recovery Center?	24.60% 31	62.70% 79	12.70% 16	126

Q44 Have you seen educational material distributed/displayed in Bristol that addresses substance misuse?

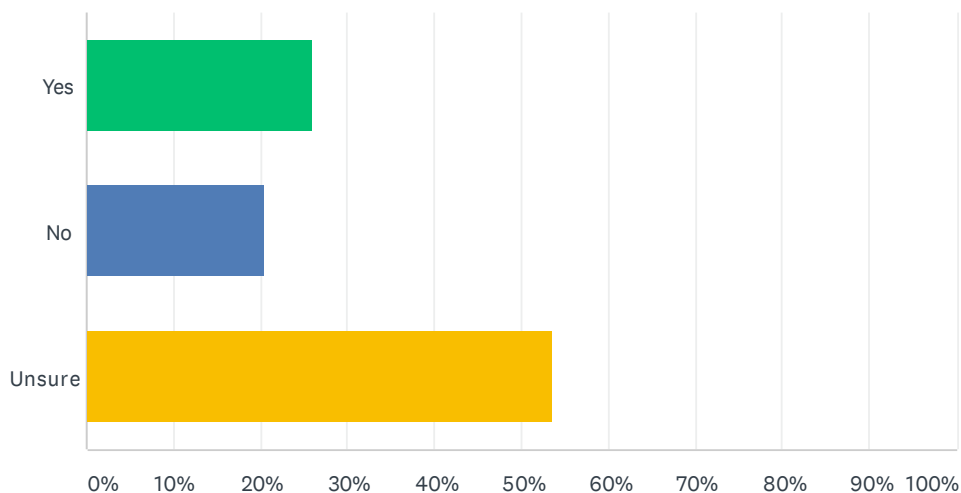
Answered: 126 Skipped: 21



(no label)				
	YES	NO	UNSURE	TOTAL
Medical office?	43.55% 54	41.13% 51	15.32% 19	124
Business?	20.00% 24	62.50% 75	17.50% 21	120
School?	30.00% 36	47.50% 57	22.50% 27	120
Place of worship?	15.13% 18	58.82% 70	26.05% 31	119
Other?	14.42% 15	55.77% 58	29.81% 31	104

Q45 Do you think Bristol is doing enough to address substance misuse in the community?

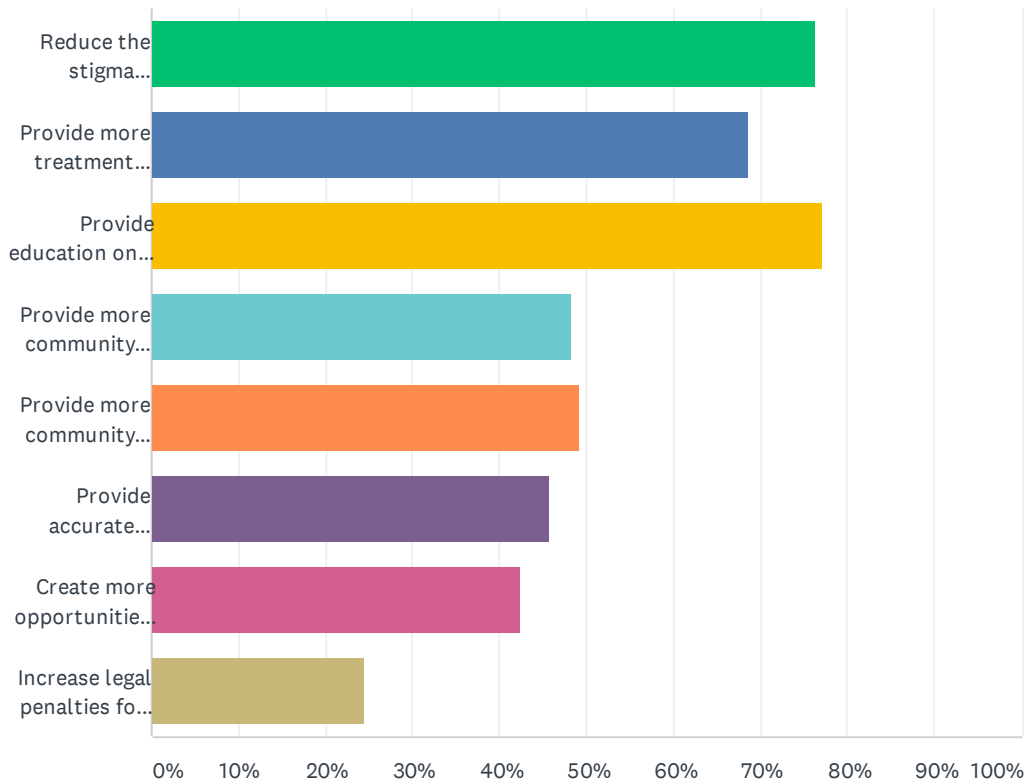
Answered: 127 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	25.98%	33
No	20.47%	26
Unsure	53.54%	68
TOTAL		127

Q46 What do you think can be done to address the substance misuse problem? (Check all that apply)

Answered: 118 Skipped: 29



ANSWER CHOICES	RESPONSES	
Reduce the stigma associated with seeking/receiving addiction treatment	76.27%	90
Provide more treatment options	68.64%	81
Provide education on alternatives to treatment for pain management	77.12%	91
Provide more community education	48.31%	57
Provide more community support	49.15%	58
Provide accurate information about risks	45.76%	54
Create more opportunities for people to connect with each other	42.37%	50
Increase legal penalties for individuals using substances	24.58%	29
Total Respondents: 118		

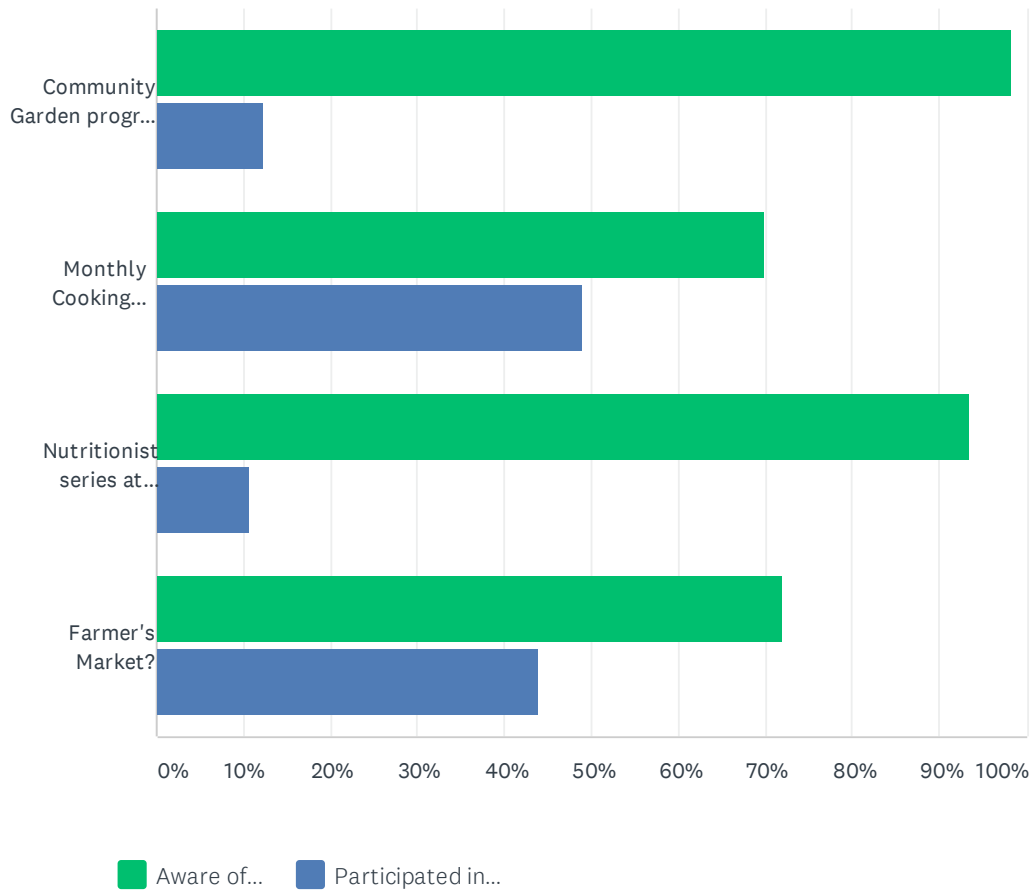
Q47 Are there other issues or opportunities around substance misuse, awareness and prevention in Bristol we should know about?

Answered: 11 Skipped: 136

#	RESPONSES	DATE
1	Schools are attempting to provide informational and educational opportunities - budget is tight though	4/23/2020 4:51 PM
2	a center for methadone help class	4/23/2020 4:23 PM
3	How about supplying benidral for people with peanut allergies	4/23/2020 11:22 AM
4	Teach positive coping strategies in schools as part of the social/emotional curriculum because people overuse substances in order to numb out a negative feeling state	4/15/2020 1:09 PM
5	insurances need to pay for the alternatives just as much as the pain meds	4/15/2020 11:52 AM
6	Had no idea there was a problem	4/2/2020 12:28 PM
7	Bring back the DARE program	3/5/2020 9:03 PM
8	Churches offer great support!	3/5/2020 5:57 PM
9	Neutral	3/4/2020 10:51 AM
10	A pharmacist without a licence is a criminal and should be treated as such,for your children and grandchildrens sake,attend Church often with your entire family, spiritual warfare is exceptable,it's been said by a Christian warriors,save your Children Kill a drug dealer 😊	2/29/2020 4:26 PM
11	No.	2/17/2020 2:07 PM

Q48 Under the general topic of Food and Nutrition, are you aware of or participated in the following:

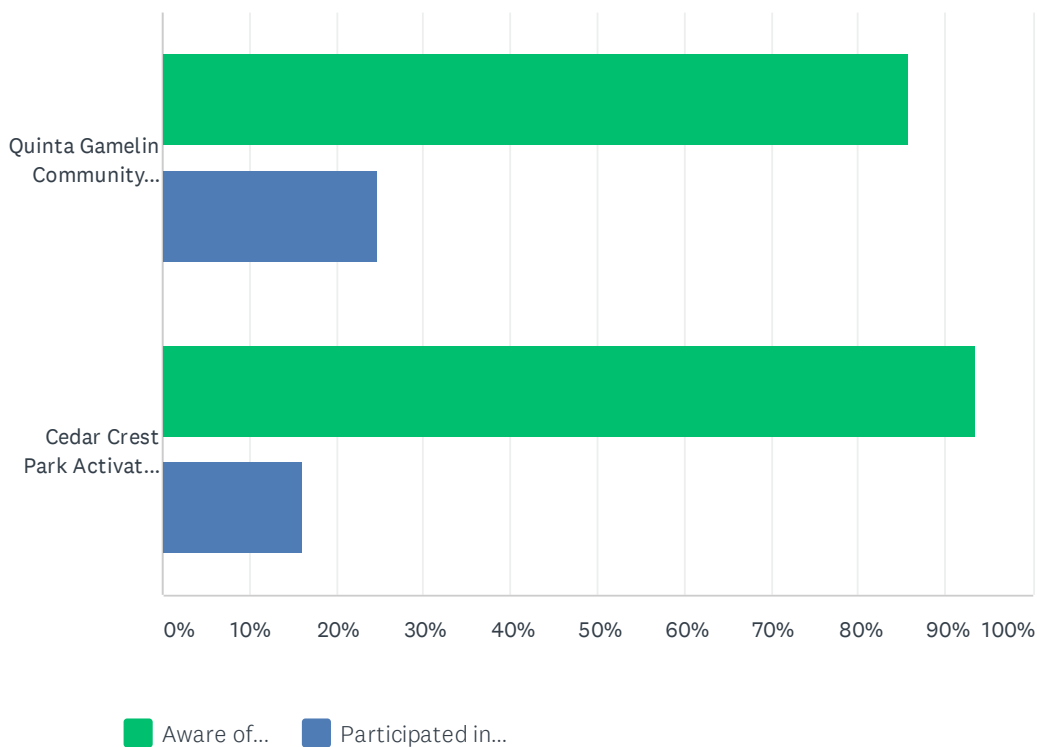
Answered: 119 Skipped: 28



	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
Community Garden program at Quinta Gamelin Community Center?	98.25% 56	12.28% 7	57
Monthly Cooking Demonstrations?	69.79% 67	48.96% 47	96
Nutritionist series at Quinta Gamelin Community Center?	93.62% 44	10.64% 5	47
Farmer's Market?	72.00% 72	44.00% 44	100

Q49 Under the general topic of Physical Activity, are you aware of or participated in the following:

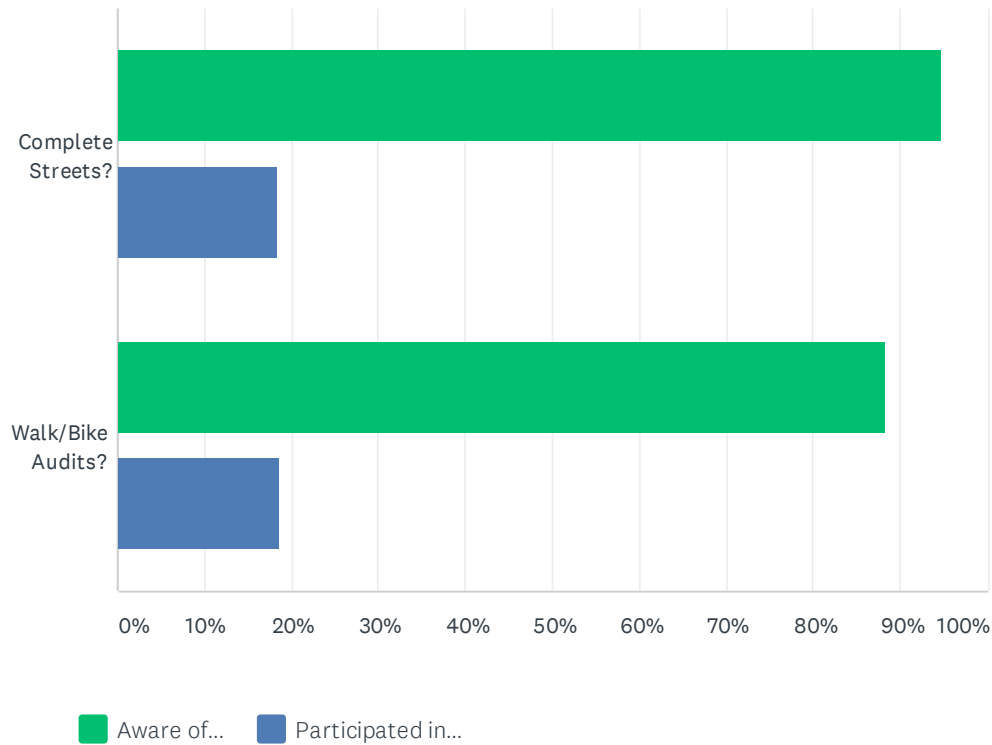
Answered: 82 Skipped: 65



	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
Quinta Gamelin Community Center programs? (Children's Micro programs, East Bay Fitness Challenges, etc.)	85.71% 66	24.68% 19	77
Cedar Crest Park Activation Day?	93.55% 29	16.13% 5	31

Q50 Under the general topic of Community Design in Support of Healthy Living, are you aware of or participated in the following:

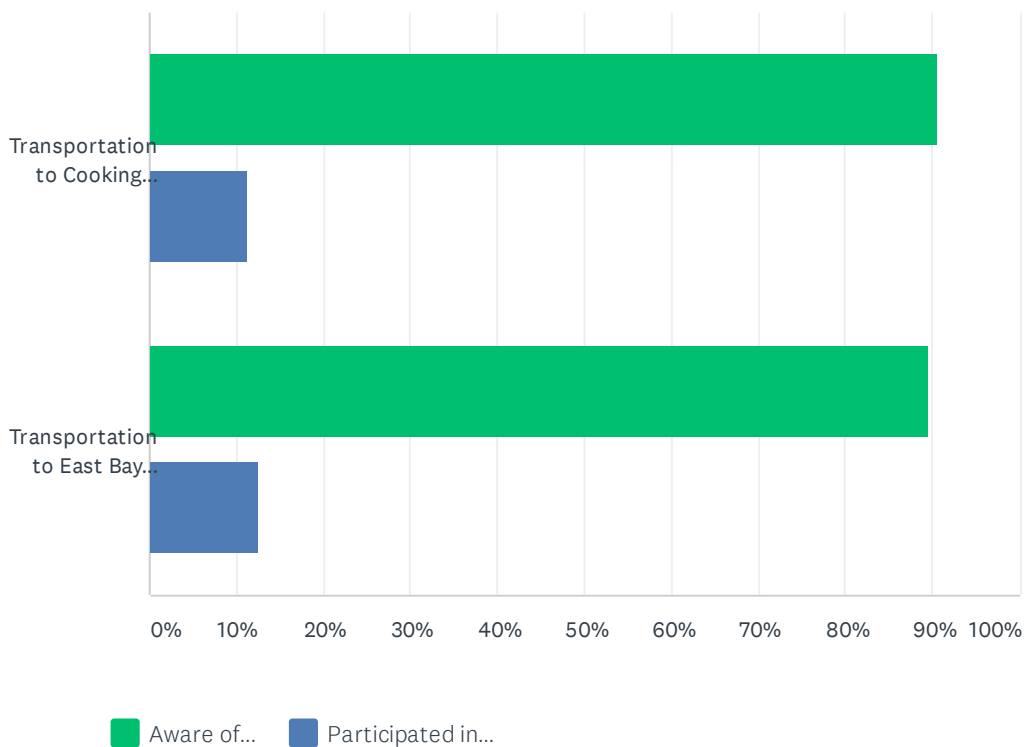
Answered: 49 Skipped: 98



	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
Complete Streets?	94.74% 36	18.42% 7	38
Walk/Bike Audits?	88.37% 38	18.60% 8	43

Q51 Under the general topic of Transportation in Support of Healthy Living, are you aware of or participated in the following:

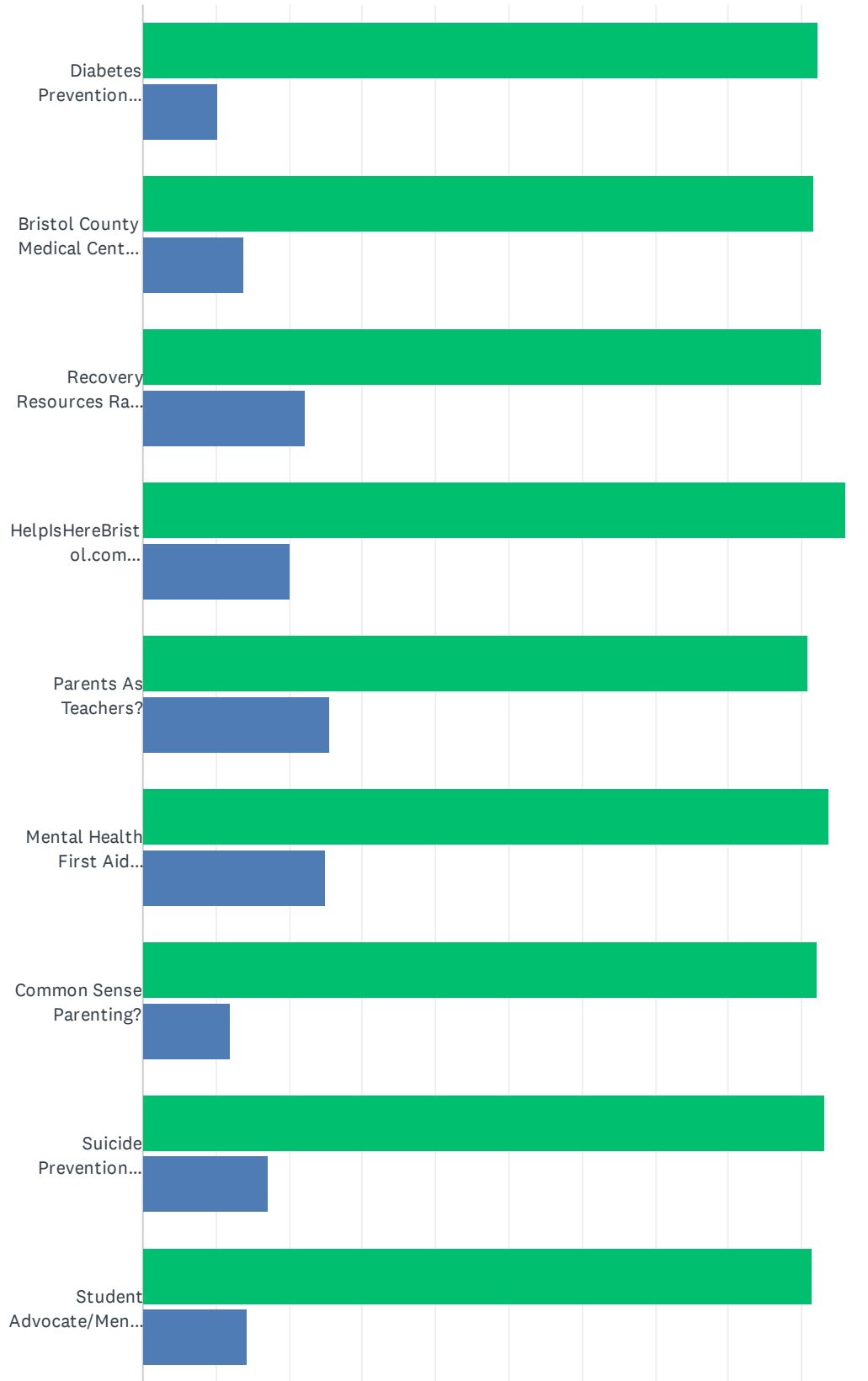
Answered: 60 Skipped: 87



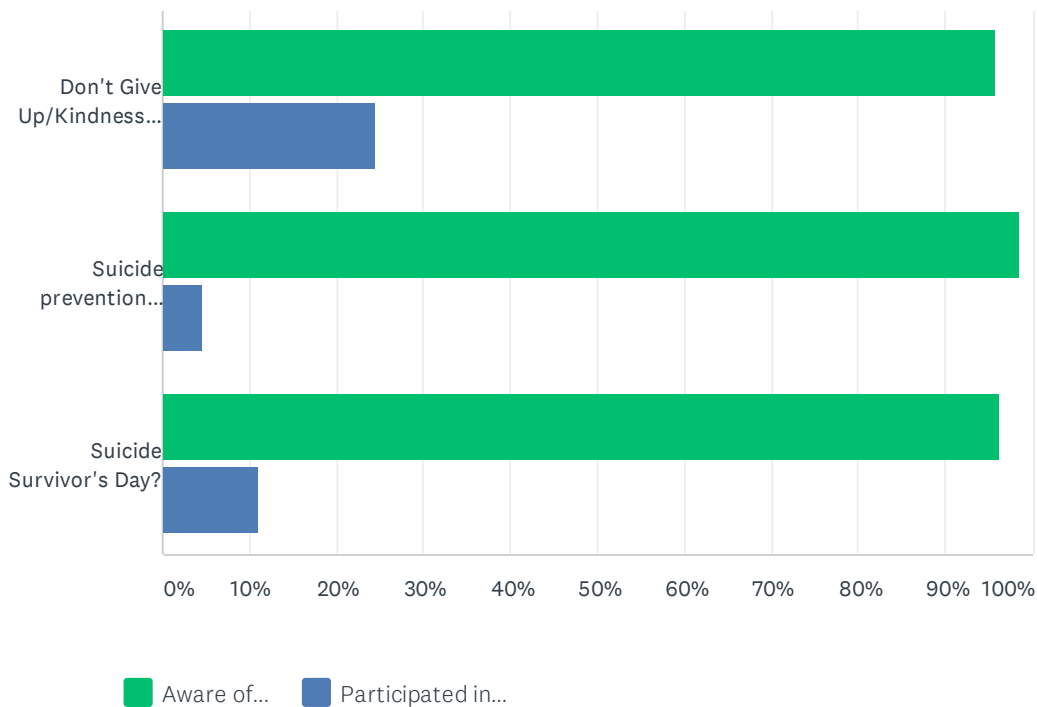
	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
Transportation to Cooking Demonstrations?	90.57% 48	11.32% 6	53
Transportation to East Bay Food Pantry?	89.58% 43	12.50% 6	48

Q52 Under the general topic of Personal Health and Wellness, are you aware of or participated in the following:

Answered: 87 Skipped: 60



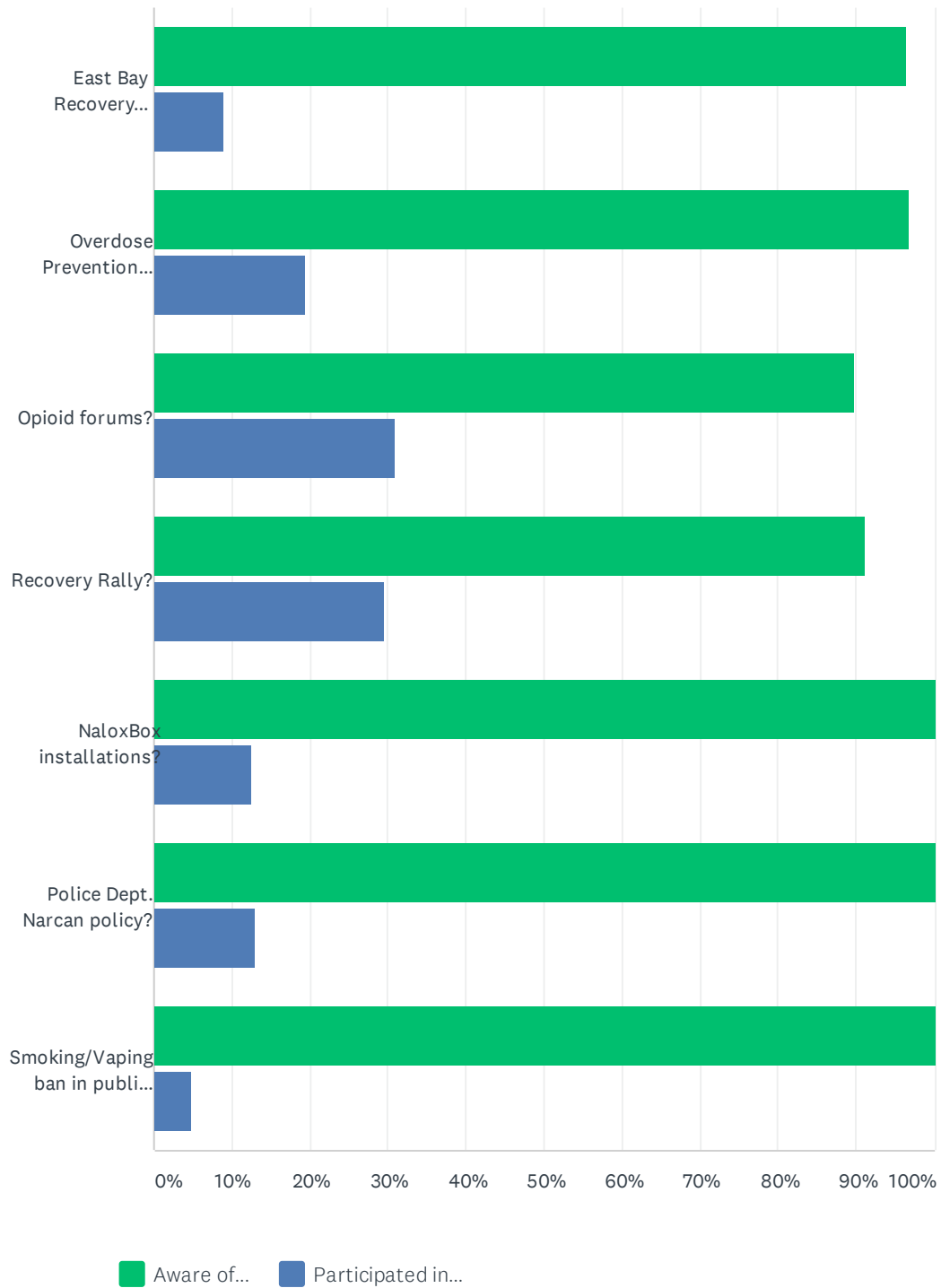
Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community



	AWARE OF..	PARTICIPATED IN...	TOTAL RESPONDENTS
Diabetes Prevention Programming?	92.31% 36	10.26% 4	39
Bristol County Medical Center coordination?	91.67% 33	13.89% 5	36
Recovery Resources Rack Card?	92.59% 25	22.22% 6	27
HelpsHereBristol.com campaign?	96.00% 24	20.00% 5	25
Parents As Teachers?	90.70% 39	25.58% 11	43
Mental Health First Aid Training?	93.75% 30	25.00% 8	32
Common Sense Parenting?	92.00% 23	12.00% 3	25
Suicide Prevention Working Group?	93.10% 27	17.24% 5	29
Student Advocate/Mental Health Services at Mt. Hope High School?	91.43% 32	14.29% 5	35
Don't Give Up/Kindness Rocks?	95.92% 47	24.49% 12	49
Suicide prevention signage at Mt. Hope Bridge?	98.44% 63	4.69% 3	64
Suicide Survivor's Day?	96.30% 26	11.11% 3	27

Q53 Under the general topic of Substance Misuse, Awareness and Prevention, are you aware of or participated in the following:

Answered: 65 Skipped: 82

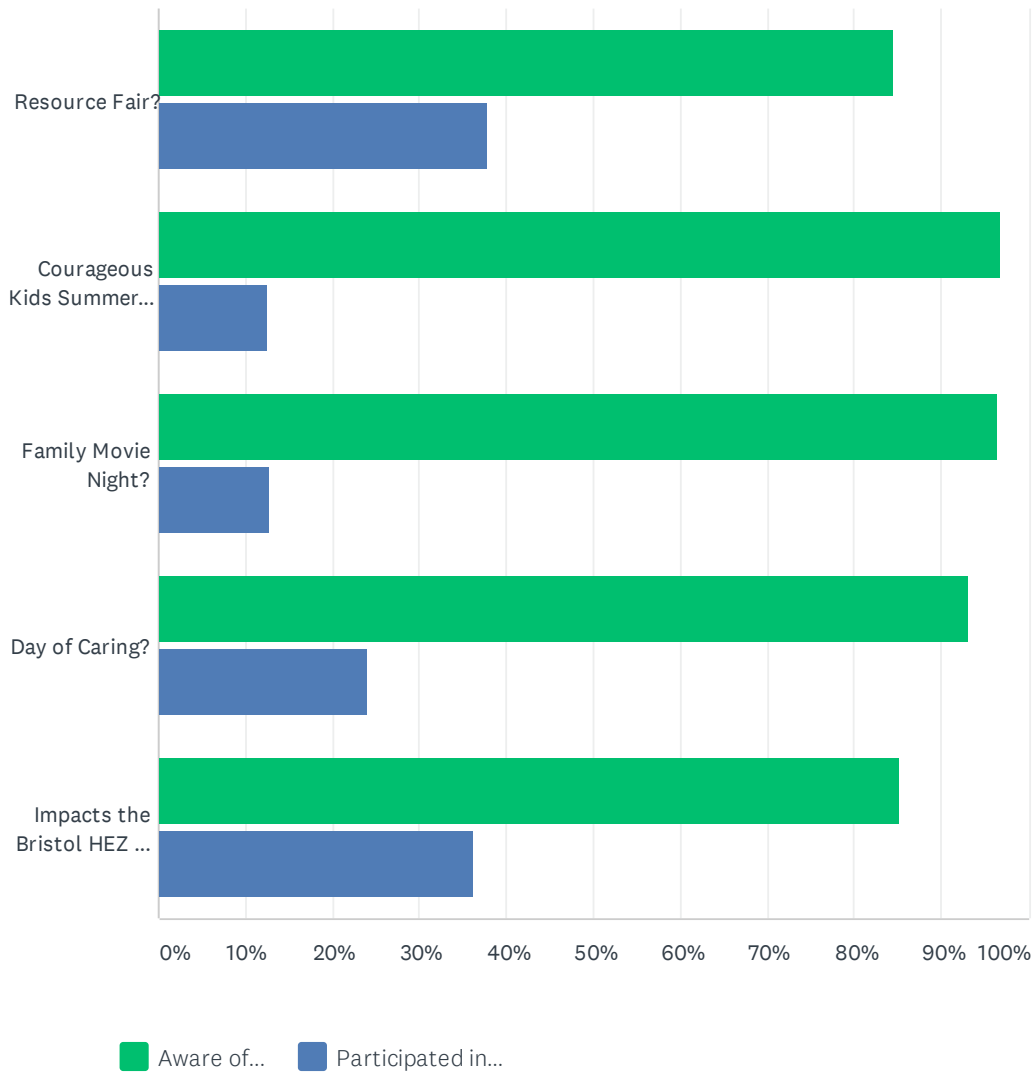


Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
East Bay Recovery Center?	96.36% 53	9.09% 5	55
Overdose Prevention Plan?	96.77% 30	19.35% 6	31
Opioid forums?	89.66% 26	31.03% 9	29
Recovery Rally?	91.18% 31	29.41% 10	34
NaloxBox installations?	100.00% 24	12.50% 3	24
Police Dept. Narcan policy?	100.00% 23	13.04% 3	23
Smoking/Vaping ban in public parks?	100.00% 21	4.76% 1	21

Q54 Under the general topic of Community Engagement in Support of Healthy Living, are you aware of or participated in the following:

Answered: 77 Skipped: 70



	AWARE OF...	PARTICIPATED IN...	TOTAL RESPONDENTS
Resource Fair?	84.44% 38	37.78% 17	45
Courageous Kids Summer Program?	96.88% 31	12.50% 4	32
Family Movie Night?	96.36% 53	12.73% 7	55
Day of Caring?	93.10% 27	24.14% 7	29
Impacts the Bristol HEZ has made in the community?	85.11% 40	36.17% 17	47

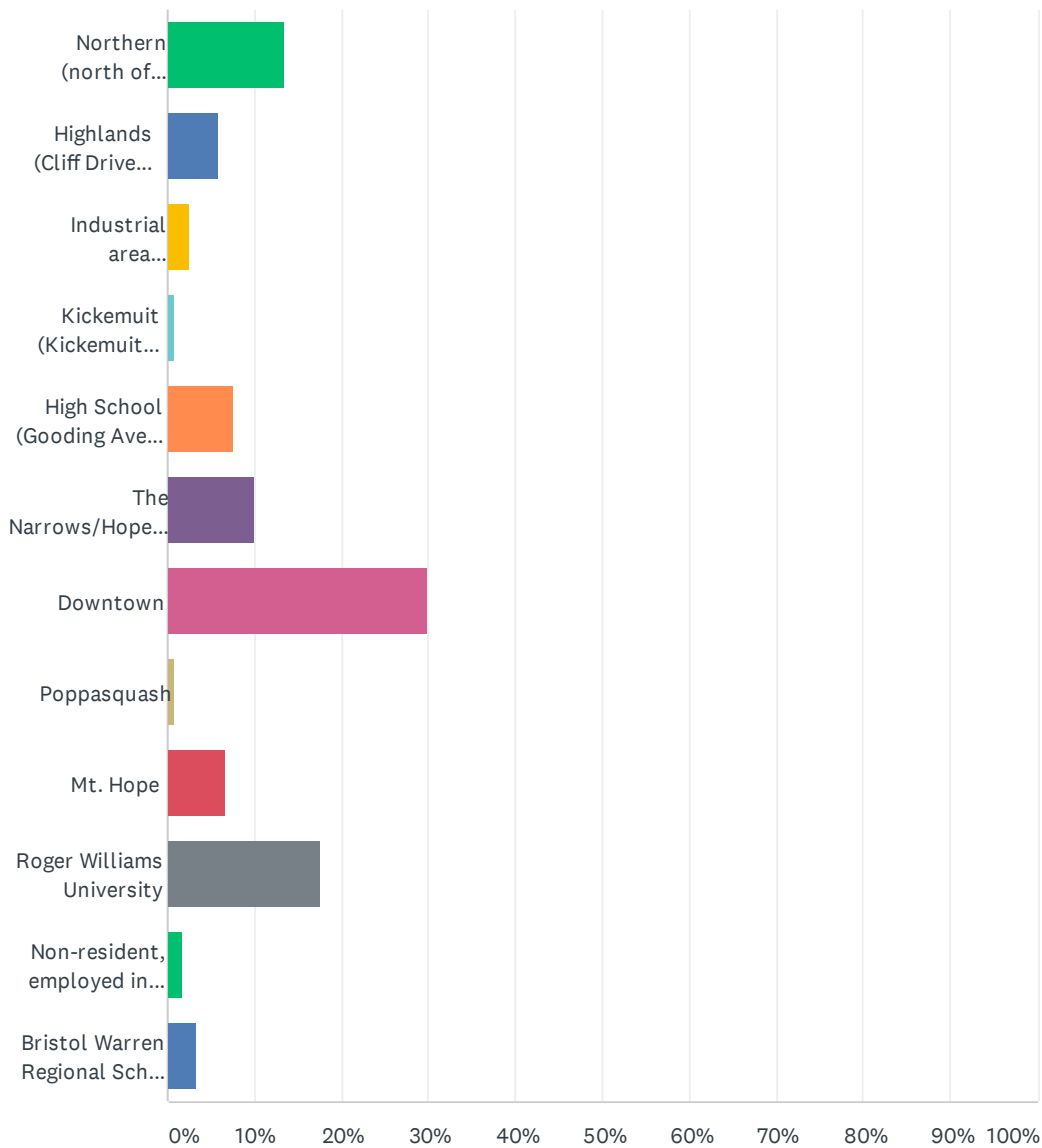
Q55 Are there other Bristol HEZ programs that you are aware of/participated in?

Answered: 7 Skipped: 140

#	RESPONSES	DATE
1	Programs at MHHS on Wednesdays	4/23/2020 4:52 PM
2	East Bay food pantry and thrift store	4/15/2020 11:54 AM
3	Cooking	4/2/2020 12:23 PM
4	Cooking demo hez	4/2/2020 12:02 PM
5	Cooking demos	4/1/2020 5:54 PM
6	No	2/29/2020 4:29 PM
7	no	2/17/2020 2:09 PM

Q56 Which general area of town do you live in?

Answered: 120 Skipped: 27

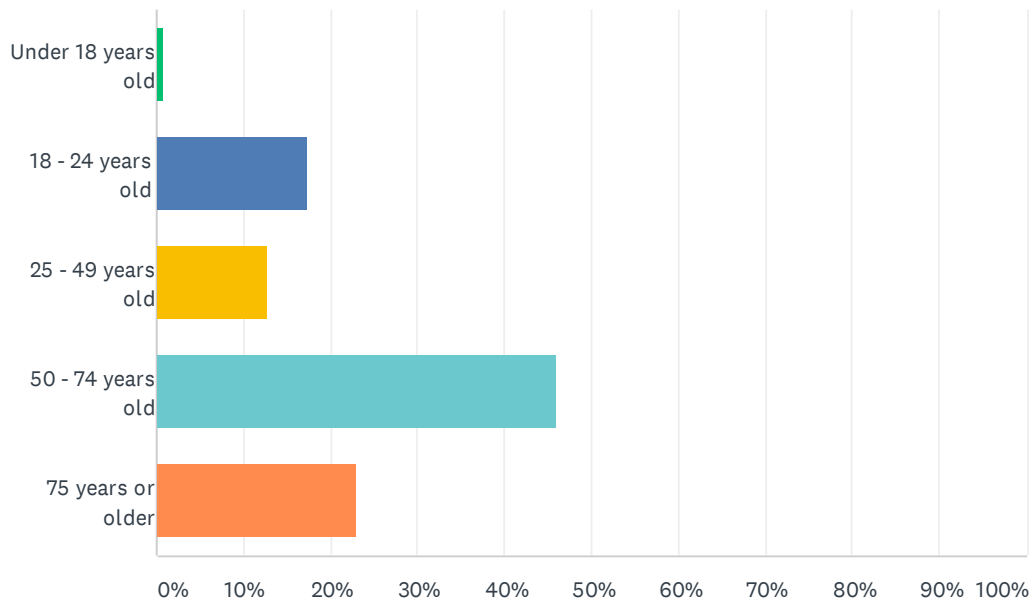


Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

ANSWER CHOICES	RESPONSES	
Northern (north of Tupelo St.)	13.33%	16
Highlands (Cliff Drive south to Mulberry Rd.)	5.83%	7
Industrial area (Broadcommon Rd.)	2.50%	3
Kickemuit (Kickemuit Ave.)	0.83%	1
High School (Gooding Ave. south to Bayview Ave.)	7.50%	9
The Narrows/Hopeworth Avenue	10.00%	12
Downtown	30.00%	36
Poppasquash	0.83%	1
Mt. Hope	6.67%	8
Roger Williams University	17.50%	21
Non-resident, employed in Town	1.67%	2
Bristol Warren Regional School District Family (residing in Warren)	3.33%	4
TOTAL		120

Q57 What is your age?

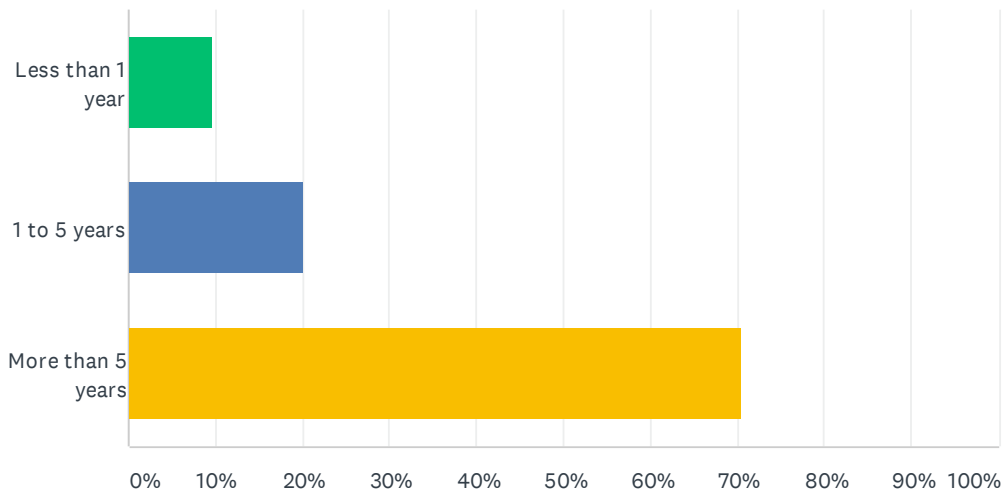
Answered: 126 Skipped: 21



ANSWER CHOICES	RESPONSES
Under 18 years old	0.79% 1
18 - 24 years old	17.46% 22
25 - 49 years old	12.70% 16
50 - 74 years old	46.03% 58
75 years or older	23.02% 29
TOTAL	126

Q58 How long have you been a resident in Bristol, RI?

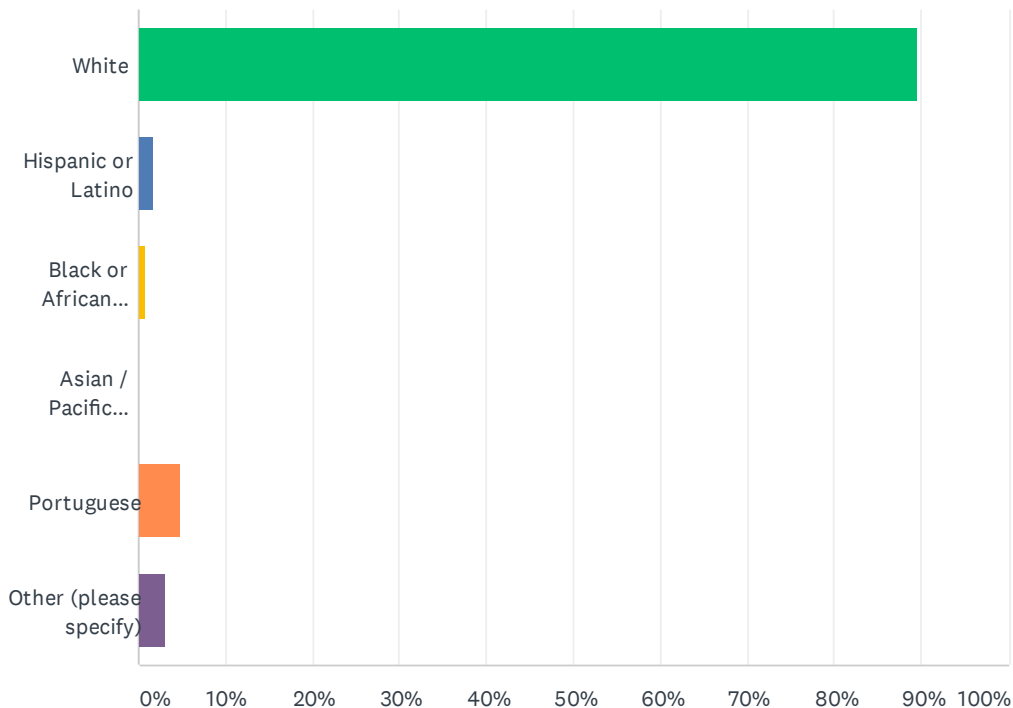
Answered: 125 Skipped: 22



ANSWER CHOICES	RESPONSES	
Less than 1 year	9.60%	12
1 to 5 years	20.00%	25
More than 5 years	70.40%	88
TOTAL		125

Q59 Please identify your ethnicity/race:

Answered: 125 Skipped: 22

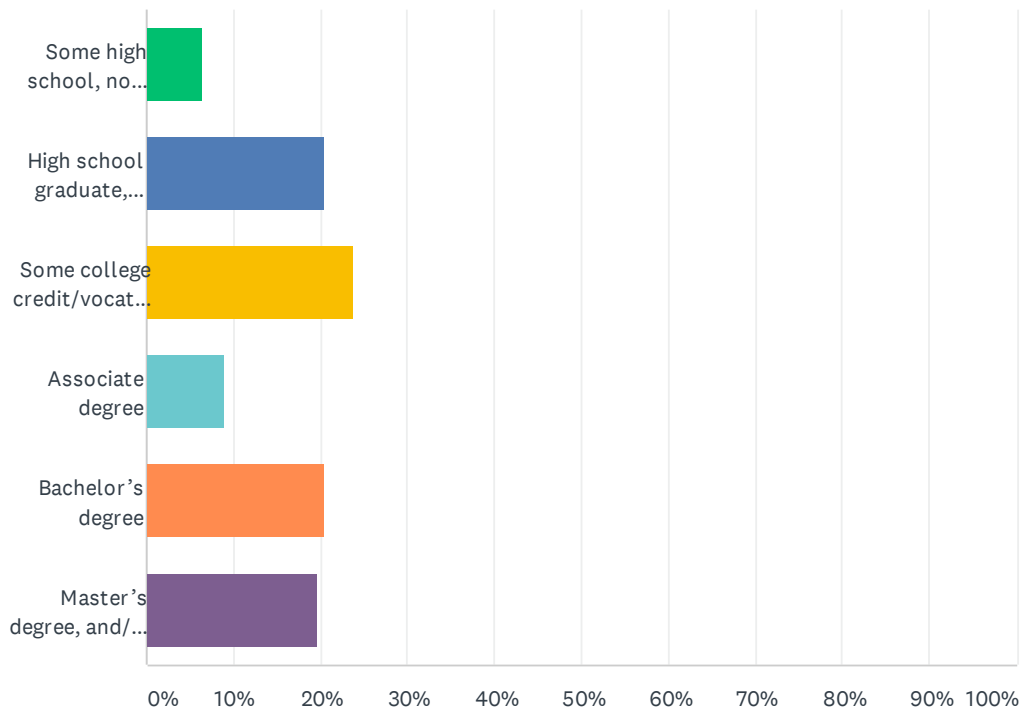


ANSWER CHOICES	RESPONSES	
White	89.60%	112
Hispanic or Latino	1.60%	2
Black or African American	0.80%	1
Asian / Pacific Islander	0.00%	0
Portuguese	4.80%	6
Other (please specify)	3.20%	4
TOTAL		125

#	OTHER (PLEASE SPECIFY)	DATE
1	American Indian	4/15/2020 11:55 AM
2	Brazilian	3/5/2020 10:58 PM
3	Irish English. If you are going to list the others, please list Irish and English. We were some of the first folks here!!	3/5/2020 1:55 PM
4	Jewish from Portugal looking	2/29/2020 4:34 PM

Q60 What is the highest degree or level of school you have completed?

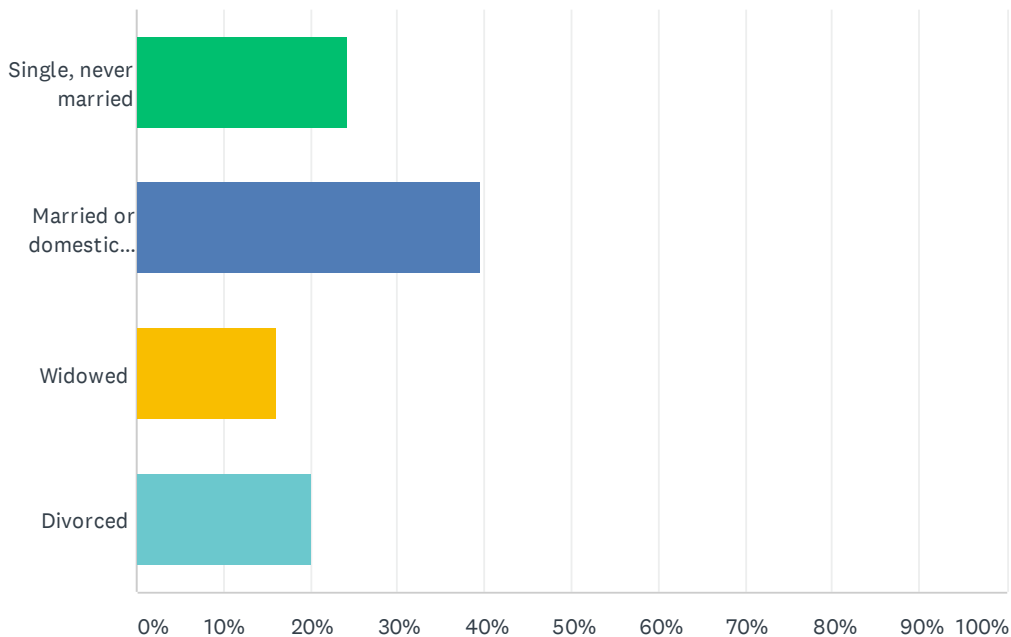
Answered: 122 Skipped: 25



ANSWER CHOICES	RESPONSES	
Some high school, no diploma	6.56%	8
High school graduate, diploma or the equivalent (for example: GED)	20.49%	25
Some college credit/vocational training, no degree/certificate	23.77%	29
Associate degree	9.02%	11
Bachelor's degree	20.49%	25
Master's degree, and/or beyond	19.67%	24
TOTAL		122

Q61 What is your marital status?

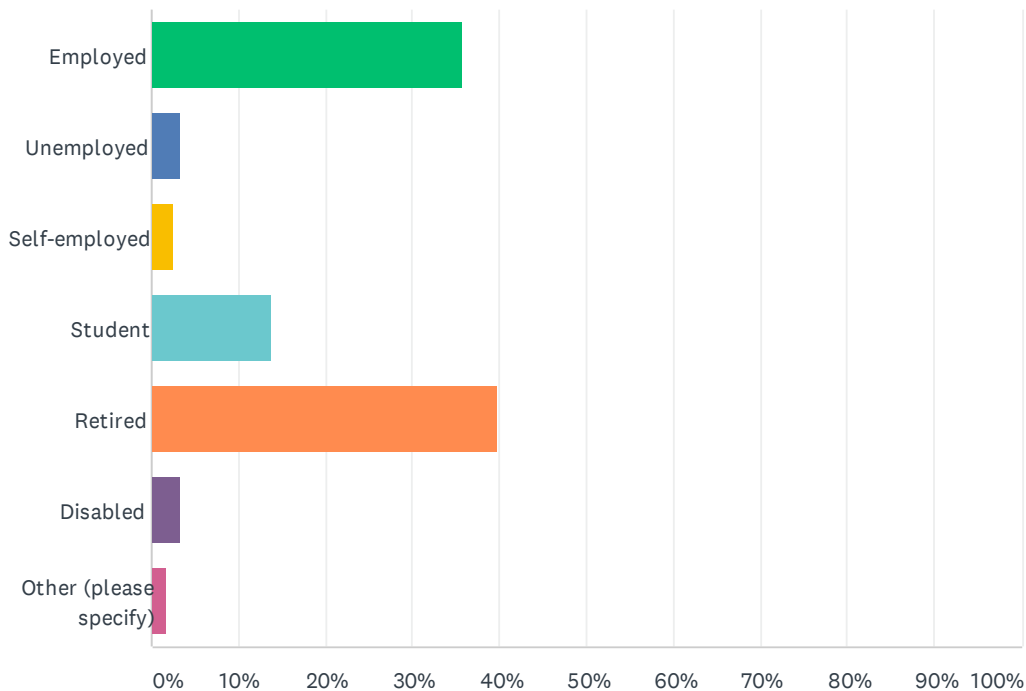
Answered: 124 Skipped: 23



ANSWER CHOICES	RESPONSES	
Single, never married	24.19%	30
Married or domestic partnership	39.52%	49
Widowed	16.13%	20
Divorced	20.16%	25
TOTAL		124

Q62 What is your employment status?

Answered: 123 Skipped: 24

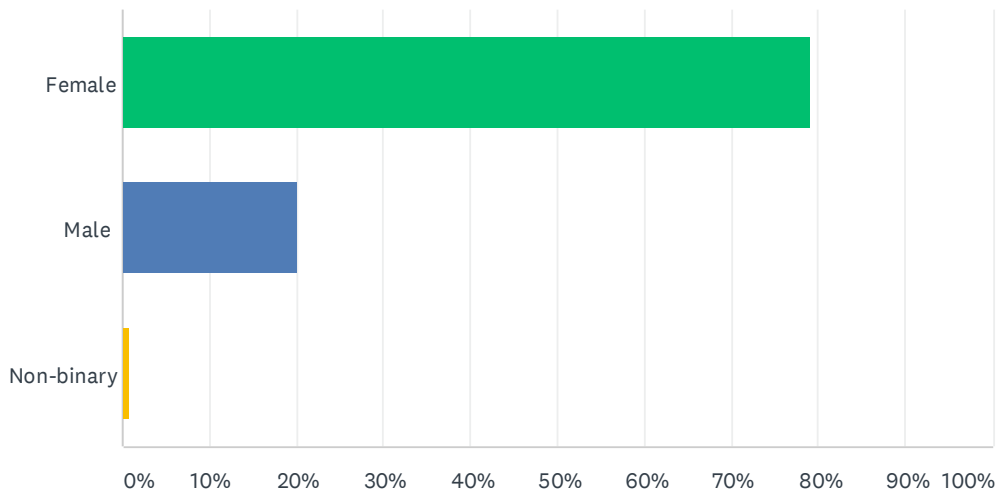


ANSWER CHOICES	RESPONSES
Employed	35.77% 44
Unemployed	3.25% 4
Self-employed	2.44% 3
Student	13.82% 17
Retired	39.84% 49
Disabled	3.25% 4
Other (please specify)	1.63% 2
TOTAL	123

#	OTHER (PLEASE SPECIFY)	DATE
1	Semi-retired	4/1/2020 5:37 PM
2	Stay at home mom	3/5/2020 9:07 PM

Q63 Please identify your gender?

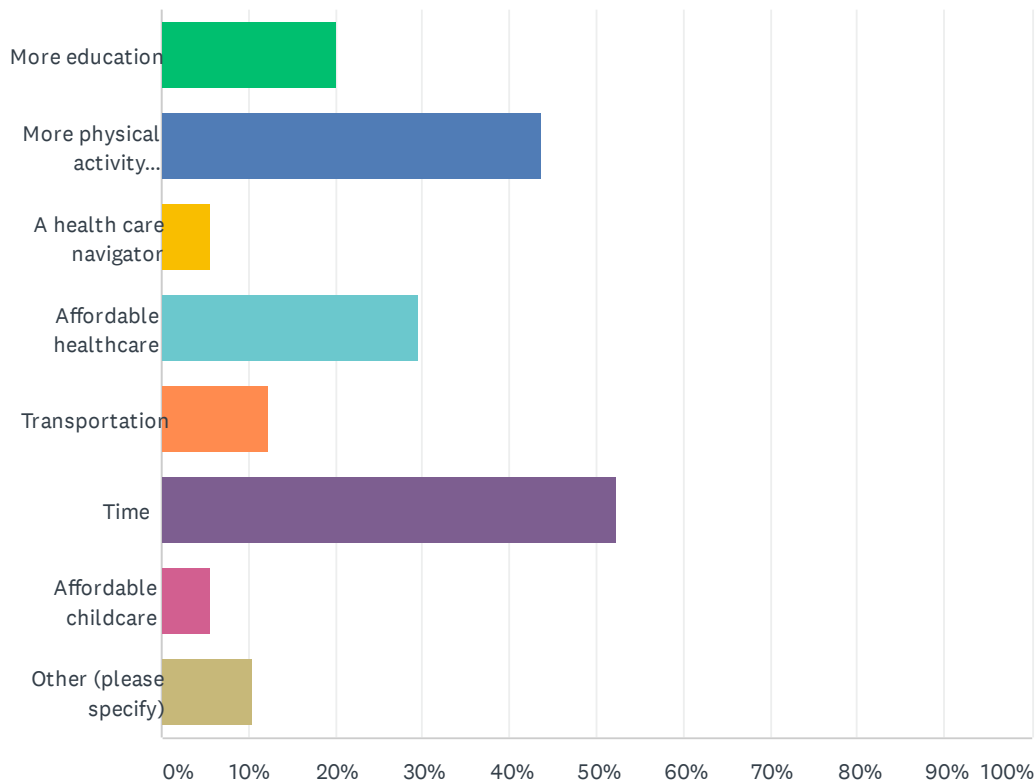
Answered: 124 Skipped: 23



ANSWER CHOICES	RESPONSES	
Female	79.03%	98
Male	20.16%	25
Non-binary	0.81%	1
TOTAL		124

Q64 What do you need to live a healthier lifestyle? (check all that apply)

Answered: 105 Skipped: 42



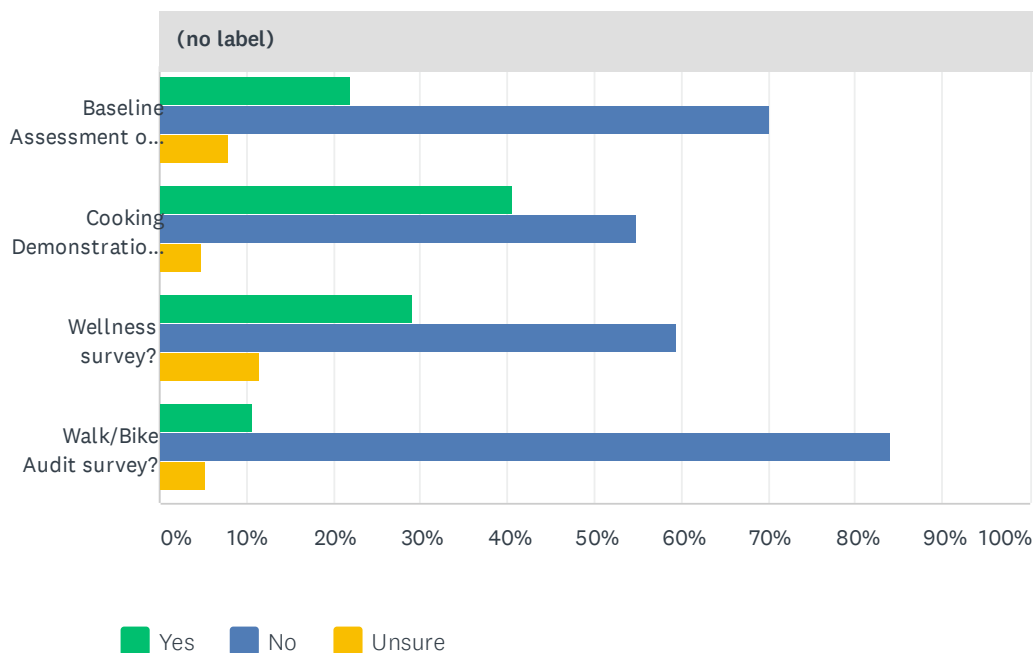
ANSWER CHOICES	RESPONSES	
More education	20.00%	21
More physical activity opportunities	43.81%	46
A health care navigator	5.71%	6
Affordable healthcare	29.52%	31
Transportation	12.38%	13
Time	52.38%	55
Affordable childcare	5.71%	6
Other (please specify)	10.48%	11
Total Respondents: 105		

Bristol's Health Equity Zone (HEZ) Baseline Re-Assessment of Health Needs in the Community

#	OTHER (PLEASE SPECIFY)	DATE
1	Initiative (self)	4/23/2020 4:53 PM
2	less arthritis so I can exercise more	4/23/2020 4:45 PM
3	More self-motivation	4/23/2020 4:02 PM
4	money, utilities, rent help	4/23/2020 11:39 AM
5	more motivation	4/23/2020 11:10 AM
6	money, utilities, rent help	4/15/2020 11:55 AM
7	more exercise and eat better food	4/8/2020 11:05 AM
8	Be less lazy	4/2/2020 12:29 PM
9	Motivation	3/2/2020 4:52 PM
10	motivation	2/28/2020 5:26 PM
11	motivation	2/14/2020 10:48 AM

Q65 In the past, have you participated in any other Bristol HEZ surveys?

Answered: 111 Skipped: 36



(no label)				
	YES	NO	UNSURE	TOTAL
Baseline Assessment of Health Needs in the Community? (original, 2016)	22.00% 22	70.00% 70	8.00% 8	100
Cooking Demonstration surveys?	40.57% 43	54.72% 58	4.72% 5	106
Wellness survey?	29.17% 28	59.38% 57	11.46% 11	96
Walk/Bike Audit survey?	10.64% 10	84.04% 79	5.32% 5	94

#	OTHER (PLEASE SPECIFY)	DATE
1	anything and everything hey related	4/23/2020 4:53 PM
2	Do not remember	3/6/2020 6:31 AM

Healthy Food Access and Nutrition

Ease of preparation continues to be the priority when making decisions about food choices (48% 2016/44% 2020). Overall, respondents indicated they are comfortable with preparing meals by way of a recipe, in addition to adjusting meals to be healthier, by adding vegetables, whole grain ingredients and baking instead. The top priorities from the Re-Assessment around improved food access and nutrition include cost (4), transportation and accessibility (3), followed by more healthier offerings at local restaurants. Only half (51%) of respondents indicated awareness of free produce at East Bay Food Pantry, while the same percentage feel there is adequate food (enough to sustain an individual/family) available to those in need in the community.

1. When purchasing food in Bristol, please rank your priorities when making decisions about your food choices? Use 1 as the most important and 4 as the least important.

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Taste is the most important factor:	34% (115 responses)	37% (30 responses)
Cost is the most important factor:	33% (117 responses)	32% (25 responses)
Ease of preparation is most important:	48% (176 responses)	44% (36 responses)
Meeting nutritional needs is most important:	42% (164 responses)	31% (26 responses)

2. When thinking about your confidence level around eating and cooking, I believe I am:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Confident cooking with basic ingredients:		61% (90 responses)
Confident following a recipe:		72% (104 responses)
Confident about tasting new foods:		51% (73 responses)
Confident preparing/cooking new foods:		46% (66 responses)

3. How often do you adjust meals to be healthier, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Never:		1% (1 response)
Rarely:		6% (8 responses)
Sometimes:		31% (45 responses)
Often:		40% (58 responses)
Always:		23% (33 responses)

4. How often do you use the nutrition facts on food labels when making choices about purchases?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
--	---------------------------------------	--

Never:	5% (7 response)
Rarely:	7% (11 responses)
Sometimes:	31% (45 responses)
Often:	37% (54 responses)
Always:	20% (30 responses)

5. Regarding access to fresh fruits and vegetables throughout the community, are you:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Aware of free produce at East Bay Food Pantry:		51% (75 response)
Aware of Mt. Hope Farm Farmer's Market:		87% (128 responses)
Aware of community gardens at Q. G. Community Center:		73% (106 responses)
Do you patron the Mt. Hope Farm Farmer's Market?		60% (86 responses)
Do you garden at Q.G. Community Center?		97% (141 responses)
If one existed downtown, would you patron a farmer's market?		71% (104 responses)

6. Do you think food stores in Bristol carry a variety of fresh vegetables and fruits of acceptable quality?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	22% (113 responses)	11% (16 responses)
Agree:	54% (276 responses)	65% (95 responses)
Neutral:	16% (81 responses)	15% (22 responses)
Disagree:	7% (35 responses)	7% (106 responses)
Strongly Disagree:	2% (9 responses)	3% (4 responses)

7. Do you think vegetables and fruits are available at comparable prices from other sources in Bristol such as farmer's markets, roadside stands and community gardens?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	10% (51 responses)	5% (7 responses)
Agree:	37% (188 responses)	36% (52 responses)
Neutral:	29% (148 responses)	38% (56 responses)
Disagree:	20% (103 responses)	20% (29 responses)
Strongly Disagree:	3% (15 responses)	1% (2 responses)

8. Do you think restaurants in Bristol promote healthy eating (e.g., by providing nutrition information on the menu, identifying healthy menu options, serving moderate portions, and/or highlighting healthy foods)?

	Baseline Assessment	Baseline Re-Assessment
--	---------------------	------------------------

	(Winter, 2016)	(Spring, 2020)
Strongly Agree:	3% (14 responses)	2% (3 responses)
Agree:	26% (132 responses)	36% (52 responses)
Neutral:	38% (196 responses)	43% (62 responses)
Disagree:	31% (157 responses)	17% (24 responses)
Strongly Disagree:	2% (12 responses)	1% (24 responses)

9. Do you think adequate (enough to sustain an individual/family) food is available to those in need in the community?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:		51% (71 response)
No:		24% (33 responses)
Unsure:		24% (34 responses)

10. Are there other opportunities or barriers in Bristol to accessing healthy food and nutrition that we should know about?

Baseline Re-Assessment
(Spring, 2020)

- New market downtown would be helpful for elderly that don't drive, smaller family markets are more expensive
- CSAs should be encouraged
- Transportation is a barrier (3)
- Cost is a barrier (4)
- Of the two stores in town, one needs more produce variety, the other needs to come down in price
- Diet factors, food allergies
- Nutrition-focused store/market downtown
- Restaurants could do more to offer healthy alternatives (2)
- Accessibility (3)
- Programs that teach people how to grow their own food
- RWU at Food Pantry
- Create more competition between vendors

Physical Activity

Across both assessment tools (Baseline Assessment/Re-Assessment), Bristol residents are active, participating in regular exercise during the week. Respondents are also consistent between both tools regarding a system of well-maintained sidewalks and paths that allow for walking and biking in the Downtown. However, the majority of respondents for the Re-Assessment do not feel the same regarding walking and biking along commercial areas, with fewer respondents in agreement than the Baseline Assessment. Just over half (51%) of respondents from the Re-Assessment feel there are design features that adversely impact walking/biking in Bristol (similar to what we heard during the Walk/Bike Audits in 2016). Fewer respondents (24%) from the Re-Assessment believe recreational facilities are not fully accessible by all income levels/abilities.

11. Do you regularly participate in an exercise program during the week, and if so, what is it?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	62% (304 responses)	60% (84 responses)
No:	38% (189 responses)	39% (54 responses)
- Walking (29)		
- Yoga (7)		
- Chair Yoga (5)		
- Zumba (8)		
- Zumba Gold (4)		
- Gym (18)		
- YMCA		
- Strength Training		
- Running (4)		
- Swimming		
- Matter of Balance		
- Ballroom Dancing		
- Tai Chi		
- Dance		
- Tabata Classes		
- Volleyball		
- Biking		
- Pickle Ball		
- Treadmill/Stationary Bike		
- RWU Athletics (3)		
- Weightlifting		
- Softball		
- Track and Field		
- Silver Sneakers		

12. Do you think Bristol has a system of well-maintained sidewalks and paths that allow for safe walking and biking in the following areas:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
In the downtown area:		
Strongly Agree:	24% (120 responses)	9% (13 responses)
Agree:	54% (269 responses)	52% (72 responses)
Neutral:	9% (46 responses)	21% (29 responses)
Disagree:	10% (50 responses)	12% (17 responses)
Strongly Disagree:	2% (12 responses)	6% (8 responses)

Along commercial areas:

Strongly Agree:	6% (31 responses)	2% (3 responses)
Agree:	35% (169 responses)	30% (41 responses)
Neutral:	20% (97 responses)	31% (43 responses)
Disagree:	30% (147 responses)	27% (37 responses)
Strongly Disagree:	9% (42 responses)	9% (13 responses)

Within neighborhoods:

Strongly Agree:	8% (37 responses)	2% (3 responses)
Agree:	34% (169 responses)	39% (53 responses)
Neutral:	23% (111 responses)	31% (42 responses)
Disagree:	27% (130 responses)	17% (23 responses)
Strongly Disagree:	9% (43 responses)	12% (16 responses)

13. When you walk and/or bike in town, you can safely get to all destinations?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:		6% (8 responses)
Agree:		46% (63 responses)
Neutral:		23% (32 responses)
Disagree:		18% (9 responses)
Strongly Disagree:		7% (9 responses)

14. Do you think there are existing design features that adversely impact walking/biking in Bristol? (e.g., non-functioning signals, lack of crosswalks, intersection/crossing visibility)?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:		17% (23 responses)
Agree:		34% (45 responses)
Neutral:		34% (45 responses)
Disagree:		13% (2 responses)
Strongly Disagree:		2% (2 responses)

15. If the Town were to target challenges to walking and/or biking around Bristol, what should the focus be?

	Baseline Re-Assessment (Spring, 2020)
- Neighborhoods (5)	
- Hope St. to Chestnut St.	
- Tree roots in sidewalks	
- Bike lanes (Hope St., south of Washington to mill bridge) (5)	

- Traffic (6)
- Extend the bike path
- Safety (6)
- Signalization
- Snow removal on sidewalks
- ADA accessibility (3)
- Culture of respect for walkers/bikers
- Indoor spaces during bad weather
- Lighting
- Parking/site lines (2)
- Crosswalks (3)
- RWU connections

16. Do you think Bristol offers a variety of free/low-cost opportunities for the following:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Basketball:		
Strongly Agree:	14% (64 responses)	3% (2 responses)
Agree:	52% (240 responses)	42% (51 responses)
Neutral:	23% (107 responses)	49% (60 responses)
Disagree:	10% (45 responses)	4% (5 responses)
Strongly Disagree:	2% (10 responses)	2% (2 responses)
Baseball/Softball:		
Strongly Agree:	17% (79 responses)	3% (2 responses)
Agree:	55% (254 responses)	42% (51 responses)
Neutral:	21% (98 responses)	49% (60 responses)
Disagree:	6% (29 responses)	4% (5 responses)
Strongly Disagree:	1% (6 responses)	2% (2 responses)
Soccer/Football/Lacrosse:		
Strongly Agree:	16% (74 responses)	4% (5 responses)
Agree:	51% (240 responses)	35% (43 responses)
Neutral:	22% (104 responses)	51% (62 responses)
Disagree:	9% (41 responses)	8% (10 responses)
Strongly Disagree:	2% (8 responses)	2% (2 responses)
Health/Wellness Recreation:		
Strongly Agree:	12% (56 responses)	12% (15 responses)
Agree:	38% (184 responses)	49% (63 responses)
Neutral:	22% (106 responses)	31% (40 responses)
Disagree:	21% (99 responses)	4% (5 responses)
Strongly Disagree:	7% (35 responses)	4% (5 responses)

Walking indoors, after hours/during inclement weather:

Strongly Agree:	3% (15 responses)	4% (5 responses)
Agree:	8% (38 responses)	30% (39 responses)
Neutral:	20% (95 responses)	29% (38 responses)
Disagree:	47% (221 responses)	32% (41 responses)
Strongly Disagree:	22% (106 responses)	5% (7 responses)

Playgrounds/Play Structures:

Strongly Agree:	26% (122 responses)	9% (12 responses)
Agree:	59% (278 responses)	59% (75 responses)
Neutral:	11% (51 responses)	24% (31 responses)
Disagree:	4% (20 responses)	5% (6 responses)
Strongly Disagree:	1% (3 responses)	2% (3 responses)

Passive Recreation:

Strongly Agree:	26% (125 responses)	11% (14 responses)
Agree:	51% (240 responses)	46% (59 responses)
Neutral:	18% (87 responses)	33% (42 responses)
Disagree:	4% (18 responses)	8% (10 responses)
Strongly Disagree:	1% (5 responses)	2% (2 responses)

Water-Based Activities:

Strongly Agree:	16% (74 responses)	4% (5 responses)
Agree:	35% (165 responses)	35% (45 responses)
Neutral:	25% (116 responses)	38% (48 responses)
Disagree:	22% (101 responses)	19% (24 responses)
Strongly Disagree:	3% (12 responses)	4% (5 responses)

17. Do you think the majority of the opportunities listed above are fully used by residents of all income levels and abilities in Bristol?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	7% (33 responses)	3% (4 responses)
Agree:	29% (142 responses)	21% (28 responses)
Neutral:	27% (130 responses)	37% (49 responses)
Disagree:	33% (160 responses)	31% (41 responses)
Strongly Disagree:	5% (25 responses)	8% (10 responses)

18. Are there other opportunities for physical activity in Bristol we should know about?

	Baseline Re-Assessment (Spring, 2020)
- Not enough activities downtown for seniors	
- Pool at RWU (2)	
- Kayaking	
- Tennis courts at high school...summer use	
- Need indoor swimming opportunities (2)	

- Flood tennis courts on Common in winter
- Coggeshall Farm
- Dog parks
- Bike connections from eastern part of town to bike path

Community Design in Support of Healthy Living

In 2016, 36% of respondents believed the Town is developing/redeveloping to improve opportunities for walking and/or biking (compared to 43% in 2020), and that around the same percentage believe that schools and businesses encourage walking/biking through the provision of amenities such as bike racks, safe approaches to buildings, and sheltered/resting areas. Respondents also feel relatively similar between 2016 and 2020 regarding access to walking/biking routes and food stores/restaurants by disabled individuals.

19. Do you think Bristol is developing new and/or redeveloping existing roads to improve opportunities for walking and biking (e.g., sidewalks, crosswalks, crossing signals, bike lanes)?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	4% (20 responses)	3% (4 responses)
Agree:	32% (150 responses)	40% (53 responses)
Neutral:	33% (158 responses)	26% (35 responses)
Disagree:	26% (126 responses)	25% (34 responses)
Strongly Disagree:	5% (22 responses)	6% (8 responses)

20. Do you think schools and businesses in Bristol encourage walking and/or biking by providing certain amenities for walkers/bikers (e.g., bike racks, safe approaches to buildings, resting/sheltered areas)?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	4% (20 responses)	5% (7 responses)
Agree:	32% (150 responses)	35% (47 responses)
Neutral:	28% (133 responses)	33% (45 responses)
Disagree:	30% (141 responses)	22% (30 responses)
Strongly Disagree:	5% (24 responses)	4% (6 responses)

21. Do you think walking and biking routes in Bristol are accessible to people with disabilities?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	5% (23 responses)	3% (4 responses)
Agree:	39% (187 responses)	30% (39 responses)
Neutral:	30% (144 responses)	34% (44 responses)
Disagree:	21% (100 responses)	27% (36 responses)
Strongly Disagree:	5% (22 responses)	6% (11 responses)

22. Do you think the Town of Bristol supports new developments that incorporate sidewalks, bike lanes, and recreational and/or open space components?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	4% (19 responses)	2% (3 responses)
Agree:	36% (167 responses)	36% (47 responses)
Neutral:	36% (167 responses)	35% (46 responses)
Disagree:	20% (91 responses)	22% (29 responses)
Strongly Disagree:	4% (20 responses)	4% (5 responses)

23. Do you think the food stores and restaurants in Bristol that offer healthy food/menu options are easily accessible?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
By foot, bike, and/or public transportation:		
Strongly Agree:	9% (42 responses)	7% (9 responses)
Agree:	48% (232 responses)	49% (66 responses)
Neutral:	21% (99 responses)	30% (41 responses)
Disagree:	19% (92 responses)	11% (15 responses)
Strongly Disagree:	3% (14 responses)	3% (4 responses)
To people with disabilities:		
Strongly Agree:	4% (18 responses)	6% (8 responses)
Agree:	35% (165 responses)	27% (34 responses)
Neutral:	38% (178 responses)	45% (57 responses)
Disagree:	19% (88 responses)	18% (23 responses)
Strongly Disagree:	4% (17 responses)	5% (6 responses)

24. Are there other issues or opportunities around how new development and redevelopment occurring in Bristol that can support and encourage walking, biking and accessing healthy foods?

	Baseline Re-Assessment (Spring, 2020)
- Bike lanes/amenities (2)	
- Lower costs of healthy foods	
- ADA access (5)	
- Lower rent for businesses	
- Public transportation	
- Sidewalks (2)	
- Lighting (2)	
- Safety of Route 136	

Public Transportation in Support of Healthy Living

As with the Baseline Assessment, respondents from the Re-Assessment overwhelmingly do not access RIPTA services (79% 2016/71% 2020). Interestingly, fewer respondents from the Re-Assessment (28%) indicated they do not believe an alternative, free/low-cost town-sponsored transportation system would improve resident mobility throughout the community.

25. How often do you use RIPTA services?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Daily:	2% (12 responses)	3% (4 responses)
Once per week:	1% (7 responses)	2% (3 responses)
Once per month:	3% (16 responses)	8% (11 responses)
About 5 times per year:	14% (68 responses)	16% (22 responses)
Never:	79% (383 responses)	71% (98 responses)

26. Do you think RIPTA serves the entire community and is easily accessible by walking/biking for regular commuting to work and local destinations?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Strongly Agree:	5% (22 responses)	4% (5 responses)
Agree:	36% (168 responses)	41% (54 responses)
Neutral:	34% (158 responses)	33% (43 responses)
Disagree:	19% (908 responses)	18% (23 responses)
Strongly Disagree:	6% (26 responses)	5% (6 responses)

27. If there was an alternative, free/low-cost town-sponsored transportation system in Bristol, do you think it would improve opportunities to better access medical facilities, schools, after-school recreation facilities and retail areas, including stores/resources for healthy food?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	74% (348 responses)	47% (63 response)
No:	6% (27 responses)	16% (22 responses)
Unsure:	20% (95 responses)	37% (50 responses)

28. Do you think the food stores and restaurants in Bristol that offer healthy food/menu options are easily accessible?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
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Medical appointments:	36% (37 responses)
After school programming:	7% (7 responses)
Access the East Bay Food Pantry	7% (7 responses)
Leisure activities:	51% (52 responses)

29. Are there other RIPTA or public transportation issues or opportunities in Bristol we should know about?

Baseline Re-Assessment
(Spring, 2020)

- No routes between Route 114 and 136 (3)
- Shuttle for students (3)
- More stops on Metacom Avenue
- Don't trust bike holders on RIPTA buses
- ADA accessibility
- Sidewalks (2)
- Lighting (2)
- Safety of Route 136

Personal Health and Wellness

Comparing the Baseline Assessment to the Re-Assessment, all but one category (Parenting Skills/Child Development 35% 2016/28% 2020) showed considerable gains in awareness of community-based resources...attributable to our messaging (HEZ newsletters), Working Group efforts and website presence. Similarly to the Baseline Assessment (51%) respondents from the Re-Assessment (45%) stated they would be interested in several free/low-cost programs including life skills (10 respondents), mental health (8 respondents), physical activity and nutrition (both 5 respondents). Unfortunately, less than half of respondents from the Re-Assessment indicated awareness/knowledge of services provided at East Bay Center, or that healthcare and social service agencies provide support and/or translation services to residents. On a more positive note, respondents overwhelmingly feel they have plenty of people they feel close to, can trust and rely on when having a problem.

30. Are you aware that the following community-based resources are available in Bristol?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Physical Activity:		
Yes:	19% (83 responses)	73% (97 responses)
No:	44% (199 responses)	15% (20 responses)
Unsure:	37% (166 responses)	12% (16 responses)
Nutrition/Cooking Classes:		
Yes:	14% (63 responses)	69% (93 responses)
No:	49% (217 responses)	22% (29 responses)
Unsure:	37% (165 responses)	9% (12 responses)
Mental Health Services:		
Yes:	19% (87 responses)	40% (53 responses)
No:	45% (200 responses)	36% (48 responses)
Unsure:	36% (161 responses)	24% (32 responses)

Counseling/Support for Special Populations:

Yes:	18% (81 responses)	30% (40 responses)
No:	44% (199 responses)	37% (49 responses)
Unsure:	38% (69 responses)	34% (45 responses)

Parenting Skills/Child Development Information:

Yes:	35% (157 responses)	28% (37 responses)
No:	34% (153 responses)	38% (50 responses)
Unsure:	31% (136 responses)	34% (45 responses)

Life Skills (e.g., cooking/laundry/banking):

Yes:	1% (50 responses)	30% (39 responses)
No:	48% (215 responses)	42% (55 responses)
Unsure:	41% (180 responses)	29% (38 responses)

Health Care Navigators:

Yes:	13% (58 responses)	31% (40 responses)
No:	48% (213 responses)	41% (53 responses)
Unsure:	39% (175 responses)	29% (36 responses)

Basic Needs:

Yes:		62% (82 responses)
No:		24% (32 responses)
Unsure:		14% (19 responses)

31. If the Town of Bristol offered free/low-cost educational programs on any of the above topics, would you be interested? If yes, please specify what topics listed above might be of particular interest to you?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	51% (231 responses)	45% (56 responses)
No:	21% (96 responses)	19% (24 responses)
Unsure:	29% (130 responses)	36% (45 responses)

- | | Baseline Re-Assessment
(Spring, 2020) |
|---------------------------|--|
| - Computer/cell phone use | |
| - Mental Health (8) | |
| - Life Skills (10) | |
| - Parenting Skills | |
| - Physical Activity (5) | |
| - Nutrition (5) | |
| - Creative Arts | |
| - Basic Needs (2) | |
| - Weight Loss | |
| - Health Care Navigators | |
| - Diabetes | |

32. Have you ever used alternative methods for treatment and/or support (e.g., yoga, reiki, meditation/empowerment, stress management)?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	52% (240 responses)	58% (77 responses)
No:	47% (218 responses)	39% (52 responses)
Unsure:	2% (7 responses)	3% (4 responses)

33. Are you aware of existing mental health centers (East Bay Center) that could provide free/low-cost services?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	32% (146 responses)	42% (56 responses)
No:	47% (211 responses)	46% (60 responses)
Unsure:	21% (97 responses)	12% (16 responses)

34. Are you aware that health care and/or social service agencies in Bristol provide support and/or translation services to better understand health conditions and access health services?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:	17% (76 responses)	30% (39 responses)
No:	50% (228 responses)	49% (64 responses)
Unsure:	33% (150 responses)	22% (29 responses)

35. Regarding how you generally feel:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
There are plenty of people you can rely on when you have a problem:		
Yes:		77% (103 responses)
No:		11% (15 responses)
Unsure:		11% (15 responses)
There are many people you can trust completely:		
Yes:		68% (91 responses)
No:		20% (26 responses)
Unsure:		12% (16 responses)
There are enough people you feel close to:		
Yes:		86% (113 responses)
No:		10% (13 responses)
Unsure:		5% (6 responses)

36. Would you or a family member be interested in joining a support group for any of the following areas?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Loss of a friend/family member to suicide:		77% (103 responses)
Friends/families of those suffering from addiction/substance abuse:		14% (13 responses)
Friends/families of those suffering from mental illness:		21% (20 responses)
Friends/families of those with chronic illness:		21% (20 responses)
No, neither I or my family would be interested:		56% (54 responses)
Other:		11% (11 responses)

37. Would you be in favor of barriers on bridges to address suicide prevention?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:		75% (99 responses)
No:		9% (12 responses)
Unsure:		16% (21 responses)

38. Are there other issues or opportunities around local health care services we should know about?

	Baseline Re-Assessment (Spring, 2020)
- Sidewalks needed	
- Transportation	

Substance Abuse, Awareness and Prevention

Comparing the Baseline Assessment with the Re-Assessment, alcohol and cigarette/vaping use/abuse continue to be the most prevalent substances witnessed in Bristol (alcohol 46% 2016/44% 2020 and cigarettes/vaping 54% 2016/41% 2020). Respondents from the Re-Assessment attribute misuse/ abuse of substances to anxiety/stress/depression (85%) followed by peer pressure and lack of addictive qualities of substances (both 55%) at the root cause. Regarding an emergency opioid crisis (from the Re-Assessment), more communication/awareness needs to be done around knowing how/where to get Naloxone (33%) and what services are provided for at the East Bay Recovery Center (25%). The majority of respondents (44%) have seen educational material distributed/displayed around substance use/abuse resources in their doctor’s office. Finally, respondents indicated more information/education is needed (77%) to address these issues.

39. Do you know someone in Bristol who has abused the following in the last 30 days?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Heroin:		
Yes:	12% (56 responses)	5% (7 responses)
No:	82% (369 responses)	89% (116 responses)
Unsure:	6% (27 responses)	5% (7 responses)

Cocaine:

Yes:	11% (49 responses)	8% (10 responses)
No:	83% (375 responses)	88% (113 responses)
Unsure:	6% (26 responses)	5% (6 responses)

Marijuana:

Yes:	32% (144 responses)	31% (40 responses)
No:	63% (281 responses)	65% (83 responses)
Unsure:	5% (23 responses)	4% (5 responses)

Prescription Medication:

Yes:	17% (78 responses)	14% (18 responses)
No:	75% (337 responses)	78% (101 responses)
Unsure:	8% (34 responses)	8% (10 responses)

Alcohol:

Yes:	46% (206 responses)	44% (56 responses)
No:	48% (215 responses)	52% (66 responses)
Unsure:	7% (31 responses)	5% (6 responses)

Cigarettes/Nicotine/Vaping:

Yes:	54% (243 responses)	41% (53 responses)
No:	40% (181 responses)	52% (67 responses)
Unsure:	5% (23 responses)	6% (8 responses)

40. Do you think there is a problem in Bristol with the following:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Heroin:		
Yes:	51% (232 responses)	27% (34 responses)
No:	12% (52 responses)	18% (23 responses)
Unsure:	37% (168 responses)	55% (70 responses)
Cocaine:		
Yes:	35% (157 responses)	19% (24 responses)
No:	17% (78 responses)	19% (24 responses)
Unsure:	48% (215 responses)	62% (78 responses)
Marijuana:		
Yes:	47% (211 responses)	34% (43 responses)
No:	20% (92 responses)	16% (21 responses)
Unsure:	33% (147 responses)	50% (64 responses)
Prescription Medication:		
Yes:	45% (201 responses)	32% (41 responses)
No:	12% (56 responses)	17% (21 responses)
Unsure:	43% (192 responses)	51% (65 responses)

Alcohol:

Yes:	54% (244 responses)	44% (56 responses)
No:	10% (47responses)	13% (17 responses)
Unsure:	35% (160 responses)	43% (55 responses)

Cigarettes/Nicotine/Vaping:

Yes:	54% (240 responses)	48% (62 responses)
No:	13% (58responses)	13% (16 responses)
Unsure:	33% (149 responses)	39% (50 responses)

41. What do you think is the root cause of substance misuse?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
People are unaware of how addictive painkillers are:		55% (71 responses)
Anxiety/Stress/Depression:		85% (109 responses)
Overprescribing:		52% (67 responses)
People are not aware how addiction occurs:		46% (59 responses)
Pharmaceutical companies:		35% (45 responses)
Peer pressure:		55% (70 responses)
Too much trust in physician recommendations:		34% (44 responses)
People who use painkillers:		33% (42 responses)
Lack of adult supervision and guidance:		36% (46 responses)
Flaws in moral character:		14% (18 responses)

42. Are you aware of non-opioid treatment options for chronic pain?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:		47% (61 responses)
No:		34% (44 responses)
Unsure:		19% (24 responses)

43. When confronted with an opioid overdose emergency:

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Do you know how/where to obtain Naloxone/Narcan:		
Yes:		33% (43 responses)
No:		55% (72 responses)
Unsure:		16% (15 responses)
Are you trained to administer Naloxone/Narcan:		
Yes:		14% (18 responses)

No: 85% (109 responses)
 Unsure: 1% (1 responses)

Do you carry Naloxone/Narcan on you:

Yes: 5% (6 responses)
 No: 94% (121 responses)
 Unsure: 2% (2 responses)

Are you aware of the Good Samaritan Law:

Yes: 52% (67 responses)
 No: 42% (55 responses)
 Unsure: 6% (8 responses)

Are you aware of the services provided at the East Bay Recovery Center:

Yes: 25% (31 responses)
 No: 63% (79 responses)
 Unsure: 13% (16 responses)

44. Have you seen educational material distributed/displayed in Bristol that addresses substance misuse?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
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Medical office:

Yes:		44% (54 responses)
No:		41% (51 responses)
Unsure:		15% (19 responses)

Business

Yes:		20% (24 responses)
No:		63% (75 responses)
Unsure:		18% (21 responses)

School

Yes:		30% (36 responses)
No:		48% (57 responses)
Unsure:		23% (27 responses)

Place of worship:

Yes:		15% (18 responses)
No:		59% (70 responses)
Unsure:		26% (31 responses)

Other:

Yes:		14% (15 responses)
No:		56% (58 responses)
Unsure:		39% (31 responses)

45. Do you think Bristol is doing enough to address substance misuse in the community?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Yes:		26% (33 responses)
No:		20% (26 responses)
Unsure:		54% (68 responses)

46. What do you think can be done to address the substance misuse problem?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Reduce the stigma associated with seeking/receiving addiction treatment:		76% (90 responses)
Provide more treatment options:		68% (81 responses)
Provide education on alternatives to treatment for pain management:		77% (91 responses)
Provide more community education:		48% (57 responses)
Provide more community support:		49% (58 responses)
Provide accurate information about risks:		46% (54 responses)
Create more opportunities for people to connect with each other:		42% (50 responses)
Increase legal penalties for individuals using substances:		25% (29 responses)

47. Are there other issues or opportunities around substance misuse, awareness and prevention in Bristol we should know about?

	Baseline Re-Assessment (Spring, 2020)
- Schools are working to provide informational/educational opportunities	
- A center for methadone help class	
- What about supplying Benadryl for people with peanut allergies	
- Teach positive coping strategies in schools as part of social/emotional curriculum because people overuse substances in order to numb out a negative feeling	
- Insurances need to pay for the alternatives just as much as the pain meds	
- Had no idea there was a problem	
- Bring back the DARE program	
- Churches offer great support	

Efficacy of HEZ Programming (2016 – present)

This category was included in order to capture the efficacy of HEZ programming since its inception following the development of the Workplan in 2016. Although the majority of respondents (85th percentile or higher across all categories and topics) acknowledged awareness of various program offerings, the majority of respondents (49%) have only participated in monthly cooking demonstrations, likely due to the timing and location of the Re-Assessment kickoff (Franklin Court Independent Living facility...where the monthly demonstrations are held) and the limited public engagement afterwards due to the COVID 19 pandemic.

48. Under the general topic of Food and Nutrition, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

Community garden program at Q.G. Community Center:

Aware of: 98% (67 responses)
Participated: 12% (47 responses)

Monthly cooking demonstrations:

Aware of: 70% (54 responses)
Participated: 49% (51 responses)

Nutritional series at Q.G. Community Center:

Aware of: 94% (44 responses)
Participated: 11% (5 responses)

Farmer's Market:

Aware of: 72% (72 responses)
Participated: 44% (44 responses)

49. Under the general topic of Physical Activity, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

Q.G. Community Center programs:

Aware of: 86% (66 responses)
Participated: 25% (19 responses)

Cedar Crest park activation day:

Aware of: 94% (29 responses)
Participated: 16% (5 responses)

50. Under the general topic of Community Design in Support of Healthy Living, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

Complete Streets:

Aware of: 95% (36 responses)
Participated: 18% (7 responses)

Walk/Bike Audits:

Aware of: 88% (38 responses)
Participated: 19% (8 responses)

51. Under the general topic of Transportation in Support of Healthy Living, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

Transportation to cooking demonstrations:

Aware of: 91% (48 responses)
Participated: 11% (6 responses)

Transportation to East Bay Food Pantry:

Aware of: 90% (43 responses)
Participated: 13% (6 responses)

52. Under the general topic of Personal Health and Wellness, are you aware of or participated in the following:
Baseline Re-Assessment
(Spring, 2020)

Diabetes Prevention Programming:

Aware of: 92% (36 responses)
Participated: 11% (6 responses)

Bristol County Medical Center coordination:

Aware of: 92% (33 responses)
Participated: 14% (5 responses)

Recovery Resources Rack Card:

Aware of: 93% (25 responses)
Participated: 22% (6 responses)

HelpsHereBristol.com campaign:

Aware of: 96% (24 responses)
Participated: 20% (5 responses)

Parents As Teachers:

Aware of: 91% (39 responses)
Participated: 26% (11 responses)

Mental Health First Aid Training:

Aware of: 94% (30 responses)
Participated: 25% (8 responses)

Common Sense Parenting:

Aware of: 92% (23 responses)
Participated: 12% (3 responses)

Suicide Prevention Working Group:

Aware of: 93% (273 responses)
Participated: 17% (5 responses)

Student Advocate/Mental Health Services at Mt. Hope HS:

Aware of: 91% (32 responses)
Participated: 14% (5 responses)

Don't Give Up/Kindness Rocks campaign:

Aware of: 96% (47 responses)
Participated: 24% (12 responses)

Suicide prevention signage at Mt. Hope Bridge:

Aware of: 98% (63 responses)
Participated: 5% (3 responses)

Suicide Survivor's Day:

Aware of: 96% (26 responses)
Participated: 11% (3 responses)

53. Under the general topic of Substance Misuse, Awareness and Prevention, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

East Bay Recovery Center:

Aware of: 96% (53 responses)
Participated: 9% (5 responses)

Overdose Prevention Plan:

Aware of: 97% (30 responses)
Participated: 19% (6 responses)

Opioid forums:

Aware of: 90% (26 responses)
Participated: 31% (9 responses)

Recovery Rallies

Aware of: 91% (31 responses)
Participated: 29% (10 responses)

NaloxBox installations/locations:

Aware of: 100% (24 responses)
Participated: 13% (3 responses)

Police Dept. Narcan policy:

Aware of: 100% (23 responses)
Participated: 13% (3 responses)

Smoking/Vaping ban in public parks:

Aware of: 100% (21 responses)
Participated: 5% (1 response)

54. Under the general topic of Community Engagement in Support of Healthy Living, are you aware of or participated in the following:

Baseline Re-Assessment
(Spring, 2020)

Resource Fair:

Aware of: 84% (38 responses)
Participated: 38% (17 responses)

Courageous Kids Summer program:

Aware of: 97% (31 responses)
Participated: 13% (4 responses)

Family Movie Night:

Aware of: 96% (53 responses)
Participated: 13% (7 responses)

Day of Caring:

Aware of: 93% (27 responses)
Participated: 24% (7 responses)

Impacts the Bristol HEZ has made to the community:

Aware of: 85% (40 responses)
Participated: 36% (17 responses)

55. Are there other Bristol HEZ programs that you are aware of /participated in?

Baseline Re-Assessment
(Spring, 2020)

- Programs at Mt. Hope HS on Wednesdays
- East Bay Food Pantry and thrift store

Demographics

The Baseline Assessment showed the majority of respondents identifying with the 25 – 74 yr. old cohort, followed by the 50 – 74 yr. old cohort...due to a comprehensive outreach campaign. The majority (46%) of 2020 respondents (Re-Assessment) identified themselves within the 50 – 74 yrs. old cohort, followed next by 75+ cohort (23%)...likely attributed to the Re-Assessment being kicked off March 3, 2020 at the Franklin Court Independent Living facility (free Community dinner), followed by the state’s ‘stay at home order’ one week later which hampered outreach/in-person efforts that were planned. As with the Baseline Assessment (84%) the majority of 2020 Re-Assessment respondents stated they have lived in Bristol more than 5 years. When asked what respondents (2020 Re-Assessment) need to live a healthier lifestyle, time (52%) and physical activity opportunities (44%) , as compared to Baseline Assessment respondents who stated more physical activity opportunities (64% followed by affordable healthcare (25%). In regards to respondents participating in other Bristol HEZ surveys...the majority (41%) stated they have participated in previous Cooking Demonstration surveys...again, likely due to the timing and location of the Re-Assessment kickoff (Franklin Court Independent Living facility).

56. Which general area of town do you live in?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Northern (north of Tupelo St.):	11% (51 responses)	13% (16 responses)
Highlands (Cliff Drive south to Mulberry Road):	8% (36 responses)	6% (7 responses)
Industrial area (Broadcommon Road:	2% (2 responses)	3% (3 responses)
Kickemuit (Kickemuit Avenue):	5% (21 responses)	1% (1 response)
High School (Gooding Ave. south to Bayview Ave.):	21% (93 responses)	8% (9 responses)
The Narrows/Hopeworth Ave.:	10% (44 responses)	10% (12 responses)
Downtown:	20% (90 responses)	30% (36 responses)
Poppasquash:	2% (8 responses)	1% (1 response)
Mt. Hope:	5% (24 responses)	7% (8 responses)
Roger Williams University:	4% (19 responses)	18% (21 responses)
Non-resident, employed in Town:	9% (38 responses)	2% (2 responses)
Bristol-Warren R.S.D. family (residing in Warren)	3% (12 responses)	3% (4 responses)

57. What is your age?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Under 18 yrs. old:	2% (7 responses)	1% (1 response)
18 – 24 yrs. old:	2% (11 responses)	17% (22 responses)
25 – 49 yrs. old:	47% (213 responses)	13% (16 responses)
50 – 74 yrs. old:	41% (186 responses)	46% (58 responses)
75 years or older:	8% (38 responses)	23% (29 responses)

58. How long have you been a resident of Bristol?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Less than 1 year:	4% (15 responses)	10% (12 response)
1 to 5 years:	12% (53 responses)	20% (25 responses)
More than 5 years:	84% (358 responses)	70% (88 responses)

59. Please identify your ethnicity/race?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
White:	90% (403 responses)	90% (112 response)
Hispanic/Latino:	1% (5 responses)	2% (2 responses)
Black/African American:	0% (0 responses)	1% (1 response)
Asian/Pacific Islander:	0% (0 responses)	10% (12 response)
Portuguese:	7% (30 responses)	5% (6 responses)
Other:	2% (11 responses)	3% (4 responses)
- American Indian		

- Brazilian
- Irish/English

60. What is the highest degree or level of school you have completed?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Some high school, no diploma:	4% (173 responses)	7% (8 response)
High school graduate, diploma/equivalent:	11% (49 responses)	20% (25 responses)
Some college/vocational training, no degree/cert:	16% (72 responses)	24% (29 responses)
Associate's degree:	8% (35 responses)	9% (112 response)
Bachelor's degree:	28% (121 responses)	20% (25 responses)
Master's degree and/or beyond:	33% (146 responses)	20% (24 responses)

61. What is your marital status?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Single, never married:	15% (64 responses)	24% (30 response)
Married or domestic partnership:	69% (303 responses)	40% (49 responses)
Widowed	7% (29 responses)	16% (20 responses)
Divorced:	10% (45 responses)	20% (25 response)

62. What is your employment status?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Employed:	61% (272 responses)	36% (44 response)
Unemployed:	4% (17 responses)	3% (45 responses)
Self-employed:	9% (39 responses)	2% (3 responses)
Student:	2% (11 responses)	14% (17 response)
Retired:	18% (79 responses)	40% (49 responses)
Disabled:	3% (12 responses)	3% (4 responses)
Other:	4% (16 responses)	2% (2 responses)

63. Please identify your gender?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Female:	73% (323 responses)	79% (984 response)
Male:	27% (121 responses)	20% (25 responses)
Non-Binary:		1% (1 response)

64. What do you need to live a healthier lifestyle?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
More education:	20% (82 responses)	20% (21 response)
More physical activity opportunities:	63% (260 responses)	44% (46 responses)
A health care navigator:	17% (68 responses)	6% (6 responses)
Affordable healthcare:	25% (104 responses)	30% (31 response)
Transportation:	8% (33 responses)	12% (13 responses)
Time:		52% (55 responses)
Affordable childcare:		6% (6 responses)
Other:	24% (100 responses)	3% (4 responses)

65. In the past, have you participated in any other Bristol HEZ surveys?

	Baseline Assessment (Winter, 2016)	Baseline Re-Assessment (Spring, 2020)
Baseline Assessment of Health Needs in the Community		
Yes:		22% (22 responses)
No:		70% (70 responses)
Unsure:		8% (8 responses)
Cooking Demonstration Surveys		
Yes:		41% (43 responses)
No:		55% (58 responses)
Unsure:		5% (5 responses)
Wellness Survey		
Yes:		29% (28 responses)
No:		59% (57 responses)
Unsure:		11% (11 responses)
Walk/Bike Audit Survey		
Yes:		11% (10 responses)
No:		84% (79 responses)
Unsure:		5% (5 responses)

Appendix C

- *COVID – 19 Survey Tool*
- *COVID – 19 Survey Findings*



Bristol Health Equity Zone COVID-19 Survey of Community Needs



Greetings! Hope this finds you well and staying healthy!

The State of Rhode Island is positioned to receive federal funding under the CARES Act to address community needs realized during the COVID-19 pandemic. This brief 5-minute survey is intended to better understand immediate needs during the COVID-19 pandemic, as well as future needs related to COVID-19, and other, future pandemics.

Rhode Island's Health Equity Zone initiative is an innovative, place-based approach that brings people together to build healthy, resilient communities across our state for all Rhode Islanders. It encourages and equips neighbors and community partners to collaborate to create healthy places for people to live, learn, work, and play. HEZs are collaboratives of residents, educators, business people, health professionals, transportation experts, and people in many other fields who are coming together in their communities and address the most pressing health concerns in their neighborhoods.

The Bristol Health Equity Zone has purchased several local gift cards to raffle off as incentives for residents completing this survey. If you would like to be considered for this raffle, please contact the Bristol Health Equity Zone team at: HEZteam@bristolhealthequityzone.org. This survey will be open June 1, 2020 and run for two weeks (June 12, 2020).

Medical Care

1. Are you aware of and able to access medical care/testing related to the pandemic?
 - a. Yes, I am aware of and able to access medical care/testing.
 - b. No, I am not aware of/able to access medical care/testing.
 - c. If no, what are the barriers: (please check all that apply)
 - i. Awareness of where to go/call ____
 - ii. Fear of risking infection ____
 - iii. Lack of transportation ____
 - iv. Limited access/mobility ____
 - v. Limited/no medical coverage/insurance ____
 - vi. Other (please explain) ____

Food/Nutrition

2. Are you able to continue to feed yourself and/or your family at the same level as before the pandemic?
 - a. Yes, I am able to feed myself and my family at the same level.
 - b. No, I am not able to feed myself and/or family at the same level.
 - c. If no, what are the barriers: (please check all that apply)
 - i. Loss of employment/limited funds ____
 - ii. Fear of risking infection ____
 - iii. Lack of transportation ____
 - iv. Limited access/mobility ____
 - v. Other (please explain) ____

Housing

3. Are you able to continue paying your rent/mortgage during the pandemic?
 - a. Yes, I am able to continue paying rent/mortgage.

- b. No, I am not able to continue paying rent/mortgage.
- c. If no, what are the barriers: (please check all that apply)
 - i. Loss of job/employment ___
 - ii. Decreased income/employment ___
 - iii. Other (please explain) ___

Basic Needs

- 4. Are you able to provide basic needs for yourself and your family during the pandemic?
 - a. Yes, I am able to provide basic needs for myself and family.
 - b. No, I am not able to provide basic needs for myself or family.
 - c. If no, what basic needs are a challenge and why: (please check all that apply)
 - i. Utilities (heat/electricity/telephone/water/internet) ___
Why? _____
 - ii. Transportation ___
Why? _____
 - iii. Medications ___
Why? _____
 - iv. Childcare ___
Why? _____
 - v. Distance Learning/Homeschooling ___
Why? _____
 - vi. Other (please explain) ___

Employment

- 5. Have you been able to maintain employment during the pandemic?
 - a. Yes, I am able to continue working at the same level prior to the pandemic.
 - b. No, I am not able to continue working at the same level since the pandemic.
 - i. I am still working, just fewer hours ___
 - ii. I am temporarily laid off ___
 - iii. I am permanently laid off ___
 - iv. Other (please explain) ___

General

- 6. As the state/community begins to re-open, what are your/your families most immediate concerns? (check all that apply)
 - a. Awareness of/access to medical care ___
 - b. Food insecurity ___
 - c. Housing security ___
 - d. Provision of basic needs ___
 - e. Childcare/Summer camp ___
 - f. Employment security/stability ___
 - g. Other ___

7. Do you currently or have you felt overwhelmed during this period to the extent that your ability to carry out daily activities has been impacted?

- a. Yes, I have felt overwhelmed and unable to carry out some daily activities.
- b. No, I have not felt overwhelmed or unable to carry out some daily activities.
- c. If Yes, do you know where to obtain help?
 - i. Yes ___
 - ii. No
 - iii. Other ___

8. Do you feel safe in your current living arrangement/home?

- a. Yes ___
- b. No ___

9. If there were a community health worker (s) available to residents as a resource, do you think you would utilize this resource, and if so, please identify the resource you are interested in? (examples include: translation services, healthcare navigators, Medicare/Medicaid navigators, elder care services, connections to services to help with basic needs, services to support families/children, recovery or mental health services etc.)

- a. Yes, I'm interested ___
If Yes, please identify the resource (s) you are interested in

- b. No, I'm not interested ___

10. What is your age?

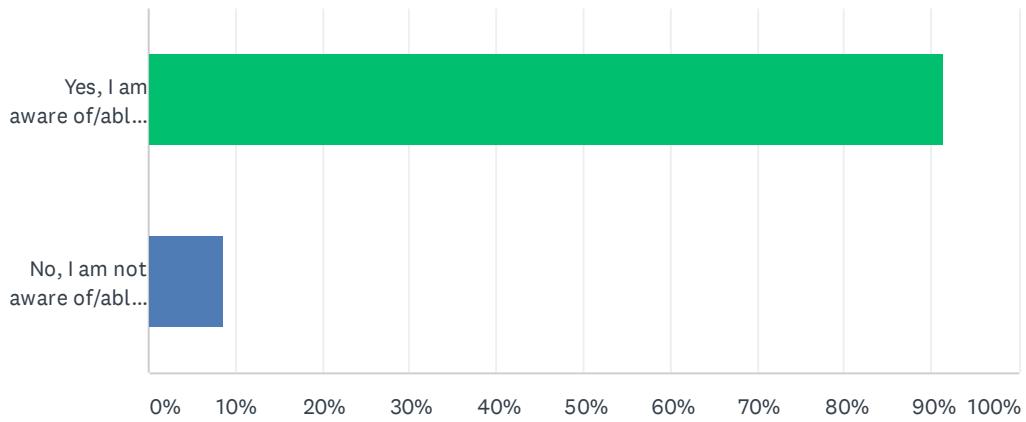
- a. Under 18 yrs. old: ___
- b. 18 – 24 yrs. old: ___
- c. 25 – 49 yrs. old: ___
- d. 50 – 74 yrs. old: ___
- e. 75 years or older: ___

11. Are you interested in participating/contributing to the Bristol Health Equity Zone initiative?

- a. Yes ___
If yes, please contact: HEZteam@bristolhealthequityzone.org
- b. No ___

Q1 Are you aware of and able to access medical care/testing related to the pandemic?

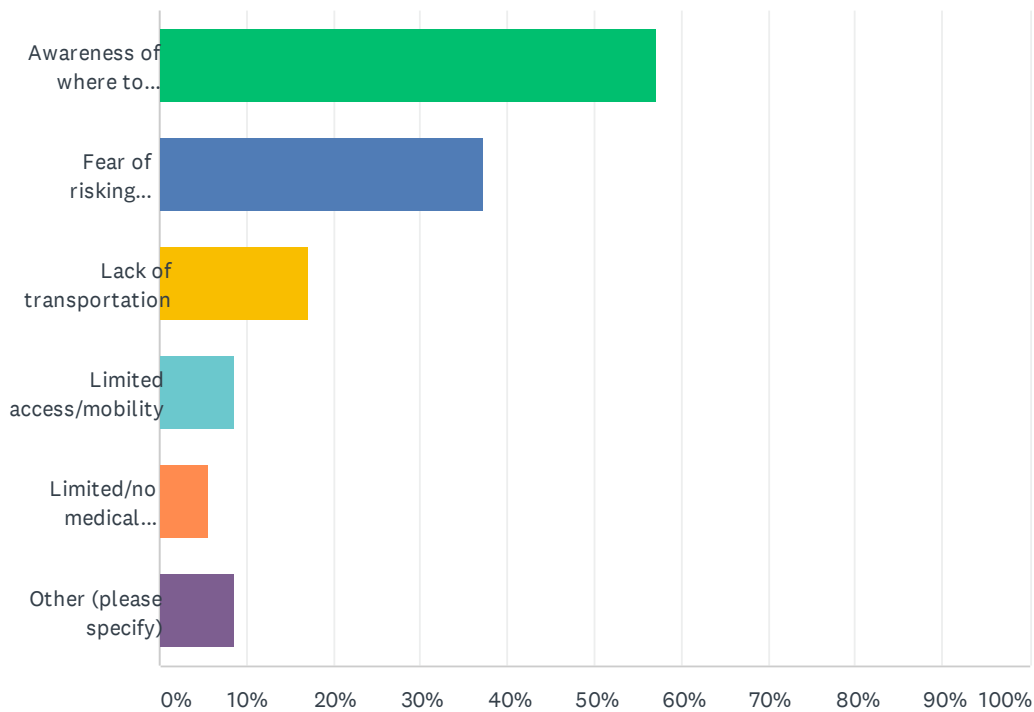
Answered: 258 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes, I am aware of/able to access medical care.	91.47%	236
No, I am not aware of/able to access medical care.	8.53%	22
TOTAL		258

Q2 If you answered 'No' to the above question, what are the barriers to being aware or/accessing medical care? (please check all that apply)

Answered: 35 Skipped: 223

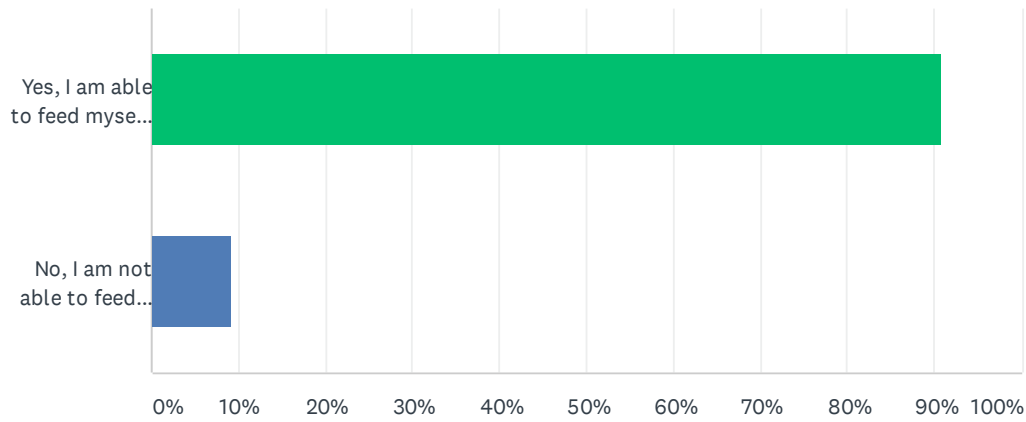


ANSWER CHOICES	RESPONSES	
Awareness of where to go/call	57.14%	20
Fear of risking infection	37.14%	13
Lack of transportation	17.14%	6
Limited access/mobility	8.57%	3
Limited/no medical coverage/insurance	5.71%	2
Other (please specify)	8.57%	3
Total Respondents: 35		

#	OTHER (PLEASE SPECIFY)	DATE
1	I have access	6/5/2020 8:14 AM
2	Children at home and no one to watch them so I can go get tested	6/3/2020 5:16 PM
3	I have access	6/3/2020 5:01 PM

Q3 Are you able to continue to feed yourself and/or your family at the same level as before the pandemic?

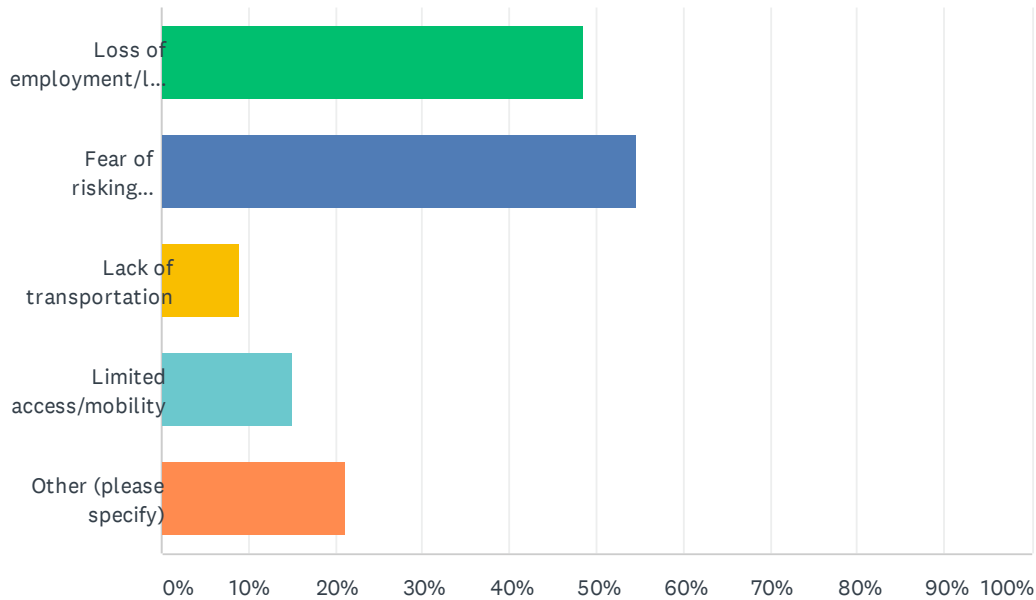
Answered: 248 Skipped: 10



ANSWER CHOICES	RESPONSES	
Yes, I am able to feed myself and my family at the same level	90.73%	225
No, I am not able to feed myself or my family at the same level	9.27%	23
TOTAL		248

Q4 If you answered 'No' to the above question, what are the barriers to being able to feed yourself and your family at the same level? (please check all that apply)

Answered: 33 Skipped: 225



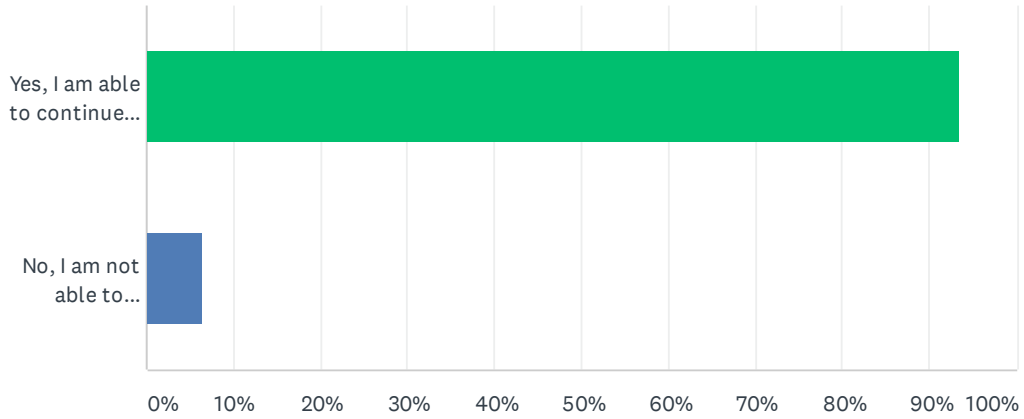
ANSWER CHOICES	RESPONSES	
Loss of employment/limited funds	48.48%	16
Fear of risking infection	54.55%	18
Lack of transportation	9.09%	3
Limited access/mobility	15.15%	5
Other (please specify)	21.21%	7
Total Respondents: 33		

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#	OTHER (PLEASE SPECIFY)	DATE
1	I receive 15.00 for snap. worked all my life. had to go on disability of 2012....going to be 62 july 4. by myself. i am going to get home care again case manager found some help.. but will pay so lp so so much 200 of food stamps shopped wisely. days my walking can be tough....i am suspose to eat healthy with past heart attack and surgery and lots of issues with bones muscles an nerve endings... when i got that extra felt great to condiments to make salads, make recipes healthy and also freeze, etc... live in apt get help section 8.. all is electic , bill can be high..... and thats with not putting it up where i should be...due to even with heating program.... help which i am so grateful for never knew about it.. so got it last 5 years but tough when you are cold so have to put that lower so it dont get shut off ... after winter is over..... i need to put airconditioner due to heart and lungs..got 2 years ago two new wons from ecap program... alking due to spine	6/9/2020 6:53 PM
2	Food supply	6/5/2020 7:43 AM
3	Soon I wont be due to no summer scmoney Will be tight this summer because Teacher assistanta cant collect. I usually work every summer for ESL. I havent hears a word about it for this year.	6/4/2020 8:36 PM
4	Cost of food has increased, unable to access free lunches for kids due to no car	6/3/2020 6:04 PM
5	I can feed myself	6/3/2020 5:02 PM
6	Low financial funds and bills	6/1/2020 2:58 PM
7	And food has gone up in price	6/1/2020 12:53 PM

Q5 Are you able to continue paying your rent/mortgage during the pandemic?

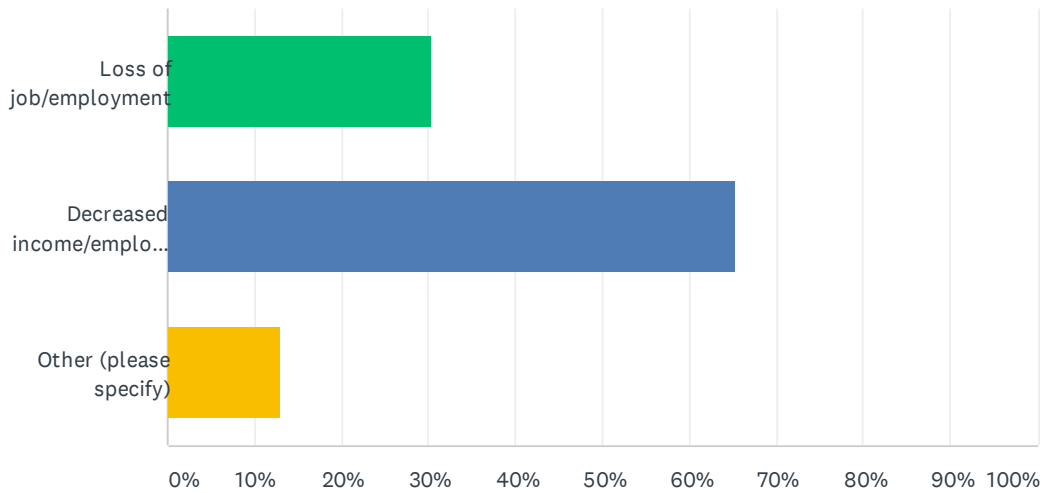
Answered: 243 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes, I am able to continue paying rent/mortgage	93.42%	227
No, I am not able to continue paying rent/mortgage	6.58%	16
TOTAL		243

Q6 If you answered 'No' to the above question, what are the barriers to being able to continue paying rent/mortgage? (please check all that apply)

Answered: 23 Skipped: 235

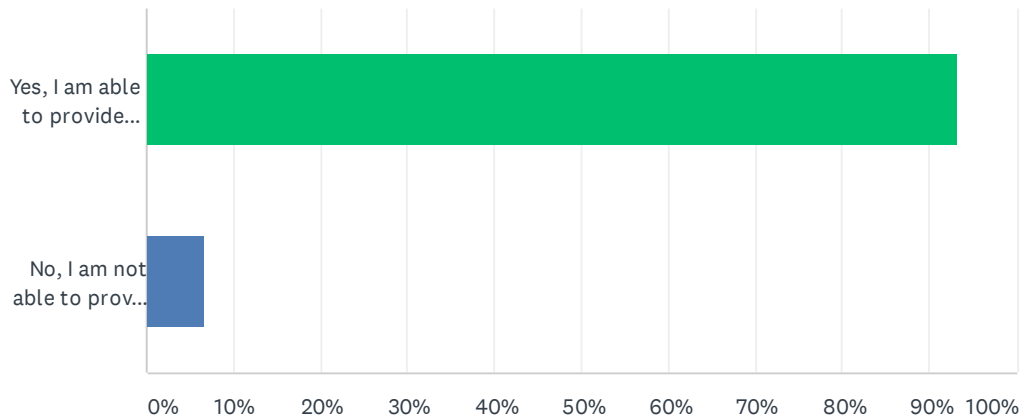


ANSWER CHOICES	RESPONSES
Loss of job/employment	30.43% 7
Decreased income/employment	65.22% 15
Other (please specify)	13.04% 3
Total Respondents: 23	

#	OTHER (PLEASE SPECIFY)	DATE
1	Can pay som bills on time but also trying to help ourlocal restaurants afloat so we can still go back to them	6/4/2020 6:12 PM
2	I can pay	6/3/2020 5:02 PM
3	Many Bill's and obligations	6/1/2020 2:59 PM

Q7 Are you able to provide basic needs for yourself and your family during the pandemic?

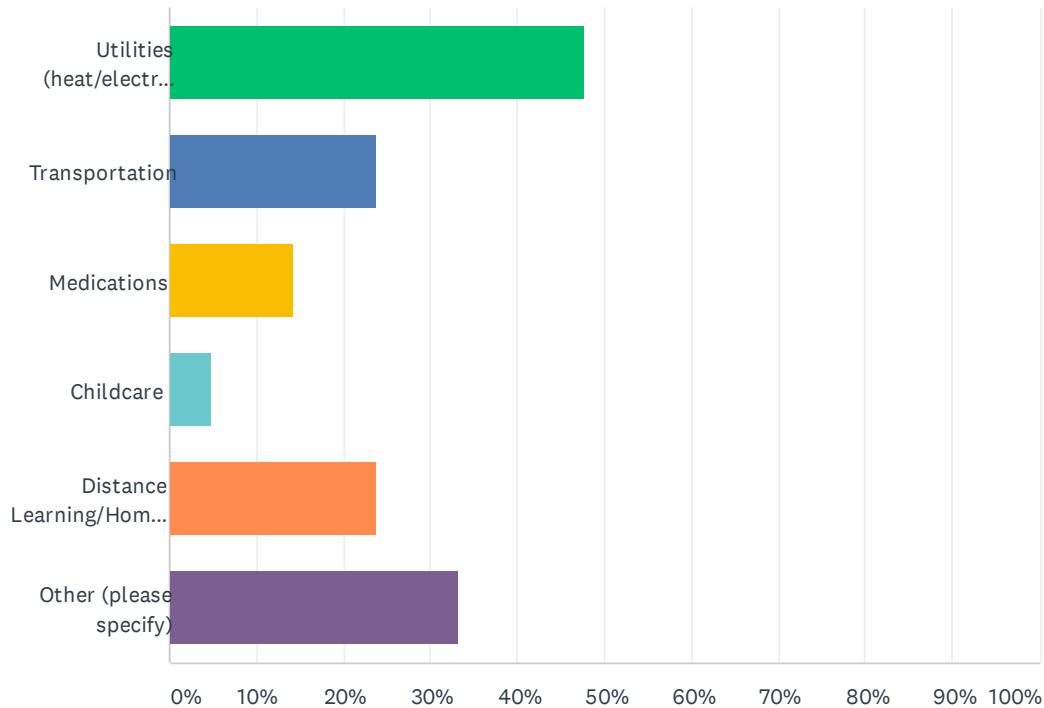
Answered: 236 Skipped: 22



ANSWER CHOICES	RESPONSES	
Yes, I am able to provide basic needs for myself and family	93.22%	220
No, I am not able to provide basic needs for myself and family	6.78%	16
TOTAL		236

Q8 If you answered 'No' to the above question, what are the barriers to being able to provide basic needs for yourself and family? (please all that apply)

Answered: 21 Skipped: 237



ANSWER CHOICES	RESPONSES	
Utilities (heat/electricity/telephone/water/internet)	47.62%	10
Transportation	23.81%	5
Medications	14.29%	3
Childcare	4.76%	1
Distance Learning/Home Schooling	23.81%	5
Other (please specify)	33.33%	7
Total Respondents: 21		

COVID 19 Community Needs Survey - Bristol, RI

#	OTHER (PLEASE SPECIFY)	DATE
1	Eldercare...specifically just having someone checking in on an elderly parent	6/11/2020 10:33 PM
2	<p>i usually use ride program, i had a cousin help out but she is transportation i cannot afford uber or nothing like that... we dont have taxis in area.. so the answer i tried to put yes and no... the 1200 stimulus helped alot... especially and not to run and shop and hoard paper goods, . hygiene stuff... my best friend my companion.. my 3 year old cat. being isolated alot... dont know what i do without her, catch up on electric, went to new company with no contract... for internet phone...with tv cheaper... they were cheaper than last company . my case manager said.. when they stop working at home someone she works with.. is good at getting great deals. she will have him.. come down with her... airconditioning is a must.... but i get cold fast.. so i economize as much as i can.. even tho i told you about heat here our landlord. is specatular.. he purchased this 4 years ago... mine is smaller brand new 3 room..... lots of land front back side.. he has landscapers do all... heater in bedroom they are built in wall... it would make aloud noise ... and bang.. and he got electrician right here had all replaced... my bedroom is small but pretty i am gratefull and that room is warm....but my docs say no good to be isolated then in one room when real cold... east bay food pantry and their thrift store is terrific many many years ago i volunteered after work.... they have done so many upgrades and i have got great bargains there... lthings i needed.... and so reasonable and goes to the food bank... 3.00 for three pice baking corning ware and i needed bake ware... i used to have washer.. could not bring it here so have to pay for it... down at the end of building..... 2 washers and dryers....which is fine.. i am a night owl... does not close... set up like a little lounge so sit there summer table out there ..and i will do it later.... an expense i do have to pay... i cannot do curtains no more.. due to falls... so i have to always look for someone to help with that... during spring or winter.....or fall... wash windows and hang them.....or pictures.... i have 3 sons live out of state.... always too busy.... kills me....breaks my heart.. we were close.... i have a cousin.. he dose some of the man stuff.. put my airconditioners in and out... or his wife if anything wrong with computer its old she gets it going....i do alot of aarp trivia games, and microsoft bing..all for free.. i know like a book but... i have to say... after working all my life... an hard and even when i was told no more i kept going..... . it took me only 4 months and my attorney said due to from childhood.. all tests and specialist to adulthood and then over in 2012... ..in 2011 had to take so much time out of work..... alot... all excused docs. specialists trying with injections in feet, then bad wound ankle then falls.. and then ssdi takes the last 5 years of money of what you made... ..and that year before... my paychecks.. were like nothing they take those 5 years and put all together thats how they come out with amount.. so punished for being ill,... but it came so close to being homeless... i had no case manager then have the rhode ilsan pin the best .. you dont have to have children anymore.. they reached out to me.. i did have a social worker came once never showed back up.... for my long term medicaid.....got my medical straighten out.... went to senior center with case manager two of them from rhode island pin and the rep called in elderly affairs... . and she was shocked what i was paying... when i moved.. called every where no help for movers.. ..almost 500.00 and did not even take all... .. 3 rooms.. so cousins did the rest in snow storm.... cornivirus..... .sometimes get very down.... and have not felt like that for years.... .. i tried to save money not have internet or tv just netflix and my cousin that he comes helps put antenaa in bedroom to find out needed internet for. netflix.....did without tv..... thought i do fine.....bedroom gets about 8 channels scrambles..... .and then somedays more... then found out with tv not much more... did help.....alot..... not a tv hog.... but they call it a luxury.... but bound here alot... most of the time... friends have thier lives or working.. or families... so if i did not get the 1200 i say noway... i would of been stuck... my moms health she lives with her sister going to be 79... worried about her... emphasema... ..that woman would do anything for me anything. not fair to her.... she should be here to visit.. and relax... ..case managers told her and she said she knows she cannot do what she could .. and her to arthristis all over... - but i will take a shower example then catching her stripping bed and all out of breath... so they had her sign a paper... she cannot do it.... anymore and return to home health care but different way... and not so expensive... we are going the way... rhode pin is helping and the diocese would of been done but the corivirus.. my clothes and personal stuff like undergarments.... i have had kolhs since 16... so i wait clearance and kolhs cash for paying little.....any time when i get someone here and have to clean closets or drawers... i always bring to east bay pantry..... last time... i have a friend.... works for homeless placing people.....so boxes went with him..... due to some had nothing for apartments... and i had some crafts .. have alot... ..gave him some and few seniors had seen him after placed told him thank you.and loved these mats you weave in.....make all kind of things... he called the boss if they could contact them... i had so much more was not interested in doing that.....at all... gave him the rest he delivered with the woman an he said one lady made tissue holder it was beautiful wanted to give to him he said no.... give to family or friend.... gave so much of that... and it</p>	6/9/2020 8:00 PM

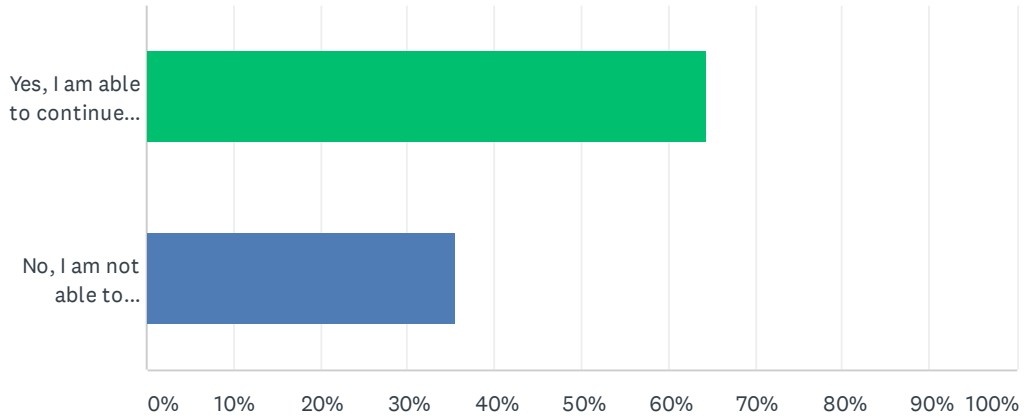
COVID 19 Community Needs Survey - Bristol, RI

made me feel good.. someone distant family sent clothes here for me... .. dont fit at all.. so going to easy bay and bed spreads..... mom gave me threw the years in great condition.....peoople say i could sell.. but in my heart.... gets me thru depression of being in .. now its getting nice out.. can sit outside. ..ty for reading... .. i want to implement which we are case manager working with me get some home care again thru a program i wont have to pay high cost as i was.. heat electricity i explained... we wanted to see if ecap heating could help they said no due to 14 apts....for insulation... or better heating system.... so we can be warm in our apts... emergency move i had to make 2 years ago.. almost homeless.. due to the new landlord would not comply with regulations.. slum lord.. put me way behind... mom in 70s helped by cosigning personal loan for me and every month comes out of my check... way back she had to pay my meds... when no obama care.. 2 moves... ebcap clinic then helped meds..some they could not get. water he pays but we pay hot water electric all is electric.. heat air conditioner, telephone internet..

3	Rhode Island has not allowed my business to conduct business	6/6/2020 1:26 PM
4	I am home doing distance learning, and cannot get unemployment for being a substitute teacher in our school district because I made too little, which is crazy. And I can't look for work due to having a child home.	6/4/2020 4:06 PM
5	Technology needed to stay connected. Need to upgrade existing devices.	6/4/2020 10:07 AM
6	Loss of job	6/3/2020 9:16 PM
7	I can pay	6/3/2020 5:02 PM

Q9 Have you been able to maintain employment during the pandemic?

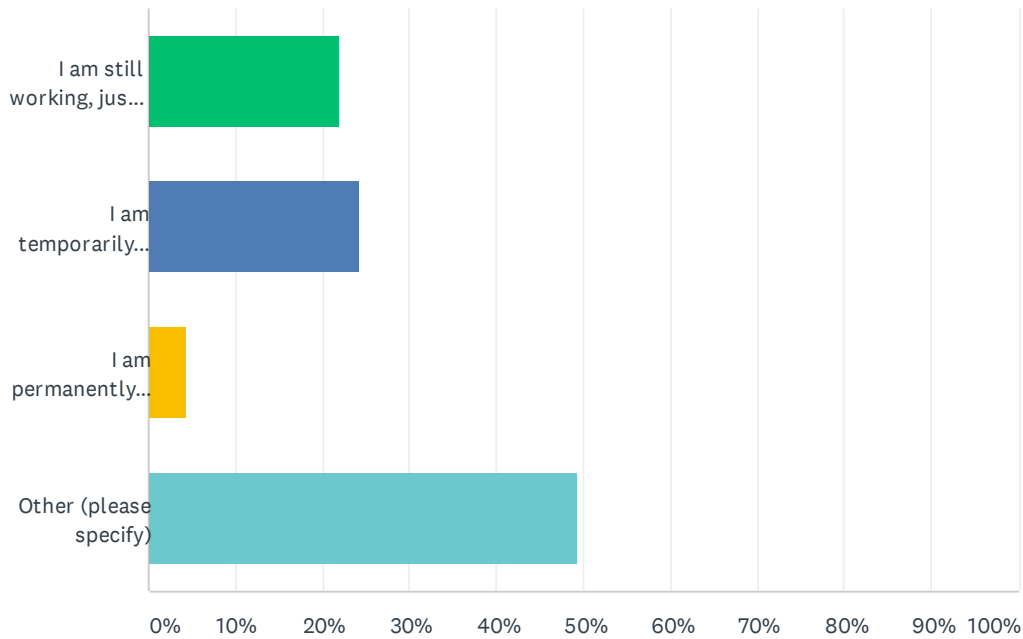
Answered: 214 Skipped: 44



ANSWER CHOICES	RESPONSES	
Yes, I am able to continue working at the same level prior to the pandemic.	64.49%	138
No, I am not able to continue working at the same level since the pandemic	35.51%	76
TOTAL		214

Q10 If you answered 'No' to the above question, what are the barriers to being able to continue working at the same level? (please all that apply)

Answered: 91 Skipped: 167



ANSWER CHOICES	RESPONSES	
I am still working, just fewer hours	21.98%	20
I am temporarily laid off	24.18%	22
I am permanently laid off	4.40%	4
Other (please specify)	49.45%	45
TOTAL		91

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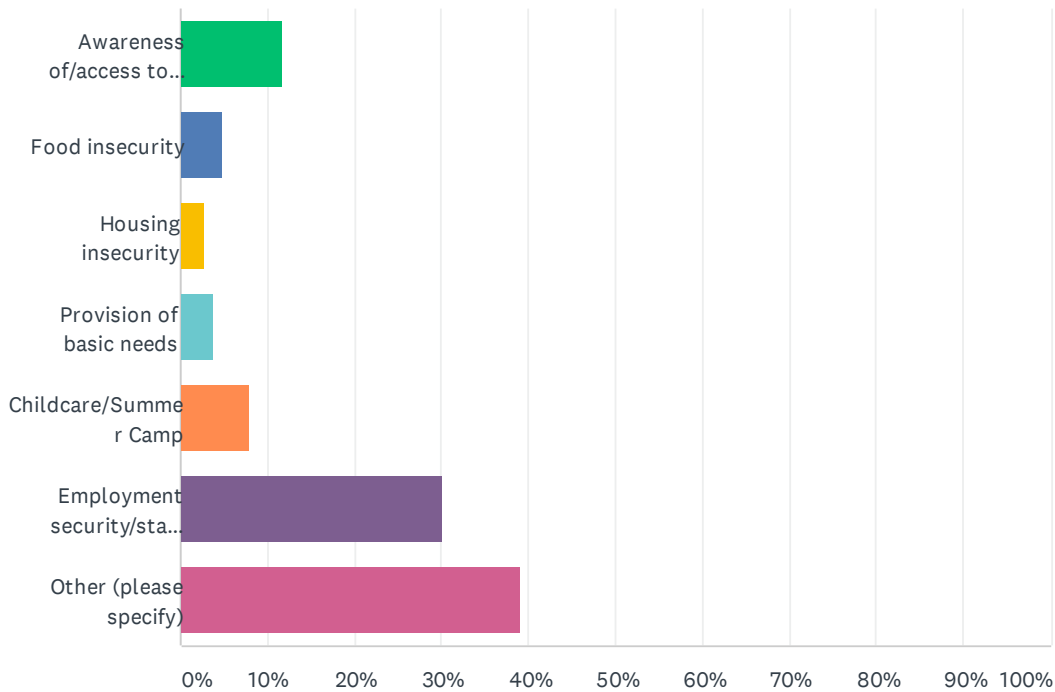
#	OTHER (PLEASE SPECIFY)	DATE
1	reduced pay, same work	6/11/2020 5:13 PM
2	I was unemployed until the PPP loan	6/11/2020 3:49 AM
3	I am retired	6/10/2020 7:29 PM
4	Our son lives in our STL in the off season. His internship was canceled. He has no other place to live. So no STL income. The STL income is my only income for the year as I am a full time student.	6/10/2020 12:42 PM
5	I WAS WORKING 2 JOBS, ONE COMPANY HAD MASSIVE LAY-OFFS	6/10/2020 7:20 AM
6	no i am on ssdi.. and with the extra help they gave helped me so so much... ty to all	6/9/2020 8:01 PM
7	Disabled fixed income	6/7/2020 8:52 AM
8	Fear of being close to people who are not taking precautions	6/7/2020 8:21 AM
9	retired	6/7/2020 12:34 AM
10	I'm retired	6/6/2020 6:34 PM
11	Question non-applicable; am retired	6/6/2020 5:49 PM
12	Retired	6/6/2020 4:44 PM
13	retired	6/6/2020 4:04 PM
14	caregiver	6/6/2020 3:39 PM
15	I am disabled, no longer work	6/6/2020 2:40 PM
16	Retired	6/6/2020 2:37 PM
17	Retired	6/6/2020 2:09 PM
18	Sole owner, democratic state will not allow us to open	6/6/2020 1:27 PM
19	Compromised immune system	6/6/2020 1:17 PM
20	Self employed. Store closed	6/6/2020 12:32 PM
21	Retired	6/6/2020 12:20 PM
22	Retired	6/5/2020 5:37 PM
23	still working less hours and had to file for TCI benefits	6/5/2020 10:55 AM
24	Retired	6/5/2020 7:20 AM
25	Retired	6/4/2020 9:36 PM
26	No summer school that I know of yet and the loss of that income will hurt	6/4/2020 8:37 PM
27	working from home, limited schedule	6/4/2020 7:42 PM
28	Retired	6/4/2020 7:16 PM
29	Customers were not allowed access.	6/4/2020 5:56 PM
30	Small business owner in the Wedding industry. Postponing all events until 2021	6/4/2020 5:28 PM
31	retired	6/4/2020 5:00 PM
32	Retired	6/4/2020 4:56 PM
33	Retired	6/4/2020 4:50 PM
34	I was a substitute teacher. I am not sure how this will go with school in the fall so do not know how long I am out of work for.	6/4/2020 4:11 PM
35	I returned to work 2 wks ago	6/4/2020 3:59 PM

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36	Took a pay cut and forced vacation days	6/4/2020 3:57 PM
37	I am retired	6/4/2020 10:08 AM
38	Fear of spreading virus	6/4/2020 7:43 AM
39	Loss of job	6/3/2020 9:17 PM
40	Retired	6/3/2020 9:08 PM
41	I have a job	6/3/2020 5:02 PM
42	Retired	6/1/2020 3:55 PM
43	Retired and permanently laid off from pt/time due to illness	6/1/2020 3:00 PM
44	Retired	6/1/2020 2:57 PM
45	Census neumerator job cancelled	6/1/2020 1:51 PM

Q11 As the state/community continues to re-open, what are your/your families most immediate concerns? (check all that apply)

Answered: 189 Skipped: 69



ANSWER CHOICES	RESPONSES	
Awareness of/access to medical care	11.64%	22
Food insecurity	4.76%	9
Housing insecurity	2.65%	5
Provision of basic needs	3.70%	7
Childcare/Summer Camp	7.94%	15
Employment security/stability	30.16%	57
Other (please specify)	39.15%	74
TOTAL		189

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#	OTHER (PLEASE SPECIFY)	DATE
1	A spike in Covid 19	6/14/2020 8:08 AM
2	Safety in public settings	6/13/2020 7:04 AM
3	Thankfully, we don't have any of these concerns	6/12/2020 8:42 AM
4	Potential infection	6/12/2020 6:48 AM
5	Getting out	6/11/2020 3:02 PM
6	Able to keep our store open in Tiverton	6/11/2020 9:23 AM
7	None	6/11/2020 8:51 AM
8	people staying safe and following the rules	6/11/2020 7:31 AM
9	none	6/11/2020 3:50 AM
10	More cases of illness due to opening too soon.	6/10/2020 7:34 PM
11	i have to catch up with tests i needed to get but afraid to with virus.....and being in facility.. but have to get right on it..	6/9/2020 8:49 PM
12	Covid regulations are not enforced	6/7/2020 8:23 AM
13	Unsafe environment w/o PPE	6/7/2020 12:37 AM
14	Continued Healthy Practices by RI Residents	6/6/2020 11:16 PM
15	State of the u.s. in general	6/6/2020 6:35 PM
16	That people will continue to wear face masks and do social distancing	6/6/2020 5:52 PM
17	N/A	6/6/2020 4:06 PM
18	Precautions	6/6/2020 3:49 PM
19	people should still wear masks and stay 6ft apart	6/6/2020 3:41 PM
20	Exposure to Covid-19	6/6/2020 3:31 PM
21	Social distancing not observed	6/6/2020 3:29 PM
22	Staying healthy and having others do the same.	6/6/2020 3:08 PM
23	I	6/6/2020 2:43 PM
24	Ability to go where we want	6/6/2020 2:42 PM
25	For my spouse	6/6/2020 2:39 PM
26	Potential second wave of infections	6/6/2020 1:32 PM
27	Business, Very irritated at the Governor	6/6/2020 1:29 PM
28	Compliance with mask rules and social distancing	6/6/2020 1:09 PM
29	People not adhering to the rules and no repercussions for those not following the rules	6/6/2020 1:05 PM
30	Information of how to be safe	6/6/2020 12:28 PM
31	Concern about spread	6/5/2020 6:51 PM
32	continued lack of adult day/community based service for people with Development Disabilities.	6/5/2020 11:01 AM
33	All citizens continue to be Covid prevent diligent	6/5/2020 7:23 AM
34	Staying healthy and keeping elderly loved ones safe while helping them with some personal care	6/5/2020 2:16 AM
35	Intentional Damage to Economy	6/4/2020 7:50 PM
36	exposure to virus	6/4/2020 7:44 PM

COVID 19 Community Needs Survey - Bristol, RI

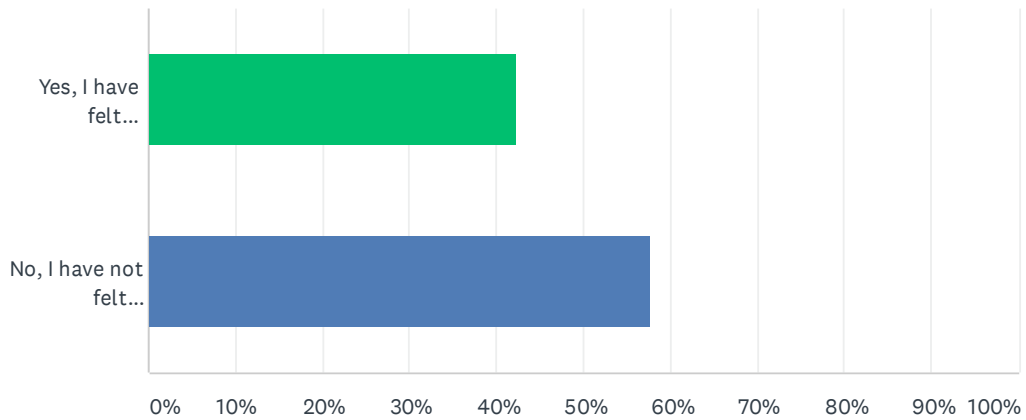
37	infection (please note:this question doesn't allow more than one response)	6/4/2020 7:15 PM
38	We are retired.	6/4/2020 7:11 PM
39	We are confirmed that alot have had the gear of God put in them and that some will not go out and help support local business.	6/4/2020 6:17 PM
40	Getting the economy back up and running	6/4/2020 6:07 PM
41	Getting back to normal	6/4/2020 5:58 PM
42	A shot	6/4/2020 5:55 PM
43	Infecting my elderly relatives	6/4/2020 5:04 PM
44	Health care and transmission of virus	6/4/2020 4:58 PM
45	Opening too soon and too quickly. Many are not following guidelines in public.	6/4/2020 4:54 PM
46	Making our mortgage payment/making enough money to survive. We own a restaurant	6/4/2020 4:14 PM
47	Having to backtrack because of a surge and the possibility of a vaccine mandate.	6/4/2020 4:09 PM
48	I feel we are relaxing the rules too quickly	6/4/2020 4:01 PM
49	Others' denial of facts; putting out false information	6/4/2020 3:58 PM
50	Quality of Life	6/4/2020 1:29 PM
51	Survey won't let you select more than one option as indicated.	6/4/2020 1:12 PM
52	None	6/4/2020 12:49 PM
53	the general public's ability/commitment to make good choices for the health of everyone in the community.	6/4/2020 12:17 PM
54	Inability to force social distancing in groups may lead to another spread	6/4/2020 10:44 AM
55	Being able to go out safely for basic needs such as groceries and pharmacy needs. Socializing safely	6/4/2020 10:11 AM
56	Crowds in Bristol	6/3/2020 11:59 PM
57	No major concerns	6/3/2020 6:32 PM
58	None	6/3/2020 6:07 PM
59	Getting the virus	6/3/2020 6:07 PM
60	Will school be in session?	6/3/2020 6:02 PM
61	Safety in public places	6/3/2020 4:07 PM
62	Making sure the virus does not spread	6/3/2020 3:13 PM
63	concern about continued spread of CoVid-19 in the community	6/2/2020 10:52 AM
64	Being in public/groups	6/1/2020 11:03 PM
65	Access to library and parks	6/1/2020 7:17 PM
66	Second wave of infection	6/1/2020 6:47 PM
67	Fear of infection	6/1/2020 6:31 PM
68	People doing what they're supposed to	6/1/2020 5:02 PM
69	Overall needs	6/1/2020 3:02 PM
70	Safety to continue daily living without wearing a mask! That everyone will continue basic hygiene.	6/1/2020 2:08 PM
71	Nothing	6/1/2020 12:55 PM
72	Infection rate going up again	6/1/2020 12:49 PM

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73	Access to personal care items such as toilet paper, hand sanitizer and Lysol wipes	6/1/2020 12:29 PM
74	Safety healthwise	6/1/2020 12:18 PM

Q12 Do you currently or have you felt overwhelmed during this period to the extent that your ability to carry out daily activities has been impacted?

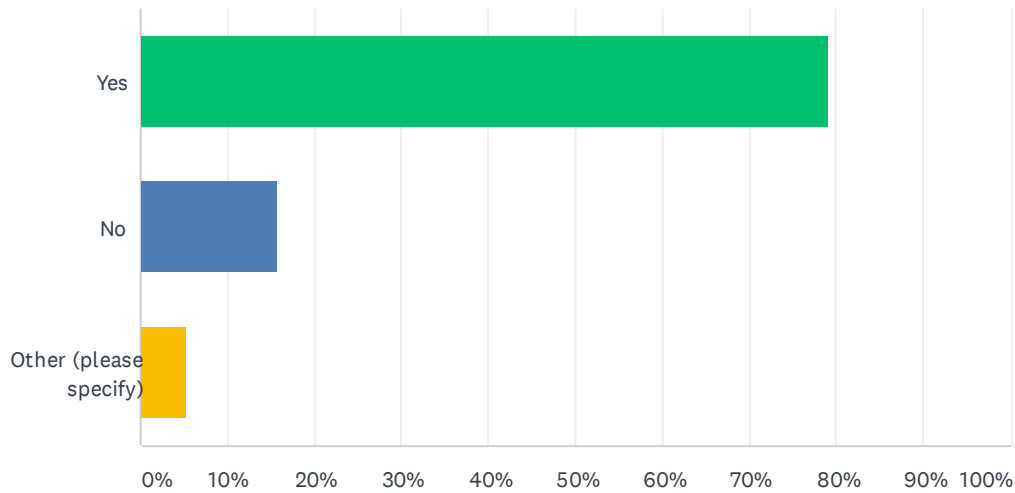
Answered: 215 Skipped: 43



ANSWER CHOICES	RESPONSES	
Yes, I have felt overwhelmed and unable to carry out some daily activities.	42.33%	91
No, I have not felt overwhelmed or unable to carry out some daily activities	57.67%	124
TOTAL		215

Q13 If you answered 'Yes' to the above question, do you know where to obtain help?

Answered: 96 Skipped: 162

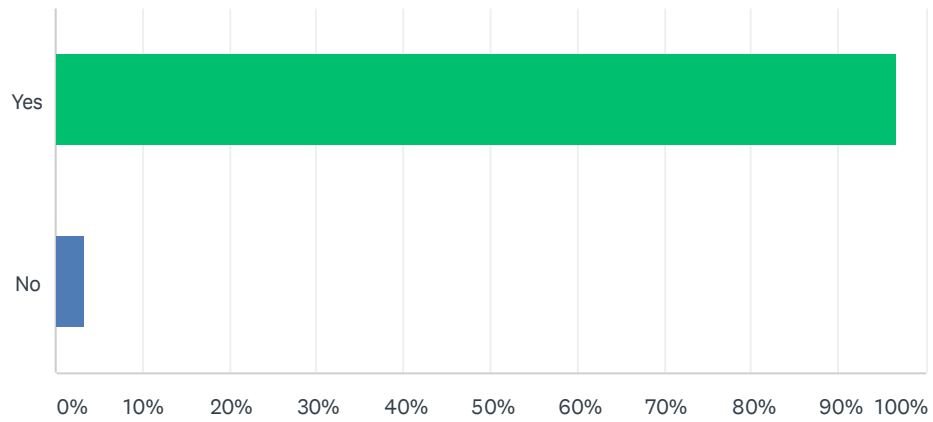


ANSWER CHOICES	RESPONSES	
Yes	79.17%	76
No	15.63%	15
Other (please specify)	5.21%	5
TOTAL		96

#	OTHER (PLEASE SPECIFY)	DATE
1	I have talked or texted friends to help ground me	6/11/2020 10:35 PM
2	I have a name of a therapist in the area.	6/10/2020 12:45 PM
3	Have to pay out of pocket and dont hff ave funds	6/7/2020 8:56 AM
4	Only because of people instilling the fear of death into us. I personally just didn't care and trued my best to it to let this effect me. But it has set a toll on my family	6/4/2020 6:17 PM
5	Yes, and I have a great support system. But I don't know anyone who hasn't experienced some level of overwhelm.	6/4/2020 12:17 PM

Q14 Do you feel safe in your current living arrangement/home? If you answered 'Yes' to the above question, do you know where to obtain help?

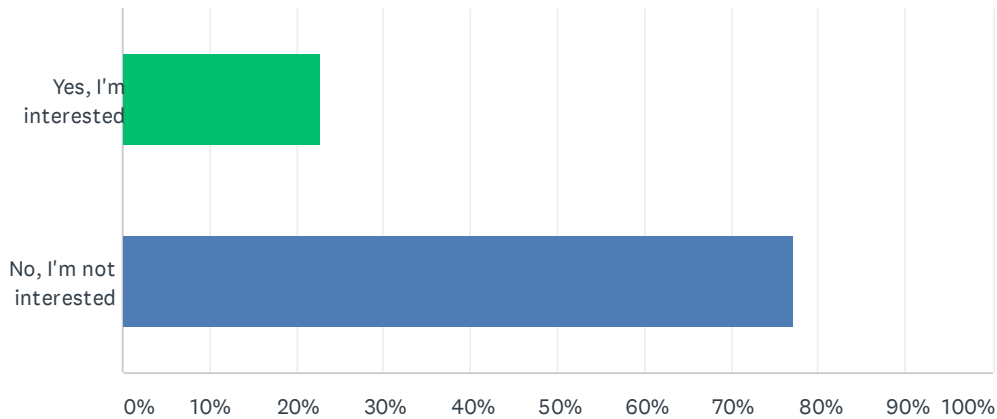
Answered: 204 Skipped: 54



ANSWER CHOICES	RESPONSES	
Yes	96.57%	197
No	3.43%	7
TOTAL		204

Q15 If there were a community health worker (s) available to residents as a resource, do you think you would utilize this resource, and if so, please identify the resource you are interested in? (examples include: translation services, healthcare navigators, Medicare/Medicaid navigators, elder care services, connections to services to help with basic needs, services to support families/children, recovery or mental health services etc.)

Answered: 214 Skipped: 44



ANSWER CHOICES	RESPONSES	
Yes, I'm interested	22.90%	49
No, I'm not interested	77.10%	165
TOTAL		214

Q16 If you answered 'Yes' to the above question, please identify the resources you are interested in?

Answered: 39 Skipped: 219

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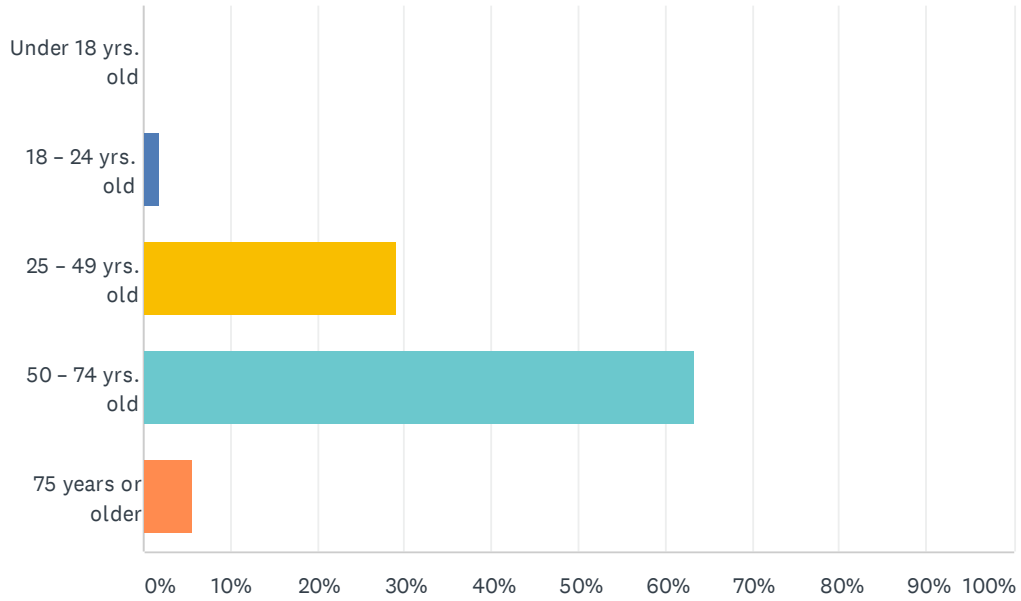
#	RESPONSES	DATE
1	Medicare help	6/13/2020 7:04 AM
2	Services to help with basic needs and to support families/children	6/12/2020 8:42 AM
3	Churches are doing a good job connecting people to these services.	6/12/2020 6:48 AM
4	elder care	6/11/2020 10:35 PM
5	Elder care services	6/11/2020 4:33 PM
6	Transportation services for the disabled.	6/11/2020 9:23 AM
7	HEALTHCARE NAVIGATORS	6/10/2020 7:21 AM
8	I would be.. but i have Rhode island pin doing all this... i have my own personal counselor.. (more than excellent) ty. the services i heard about with basic needs... with long term medicaid.. (they wanted me to pay 185.00) a month... cannot afford that rhode island pin got info from elder care when they helped with with all blue chip medicare advantage..... and long term medicaid....	6/9/2020 8:49 PM
9	Mental health, funds for insulin, food, elder care services	6/7/2020 8:56 AM
10	Clarification of health care rules/policies	6/6/2020 3:47 PM
11	Some	6/6/2020 2:43 PM
12	Someone to help me in my apartment because I can't stand up long enough because I have COPD have trouble breathing at least maybe twice a mo	6/6/2020 2:16 PM
13	Cornerstone Elderly Day care center re-opening	6/6/2020 12:38 PM
14	Help with receiving unemployment benefits. I have received one check in the last 2 months and can't get answers or help	6/6/2020 12:35 PM
15	Safety information	6/6/2020 12:28 PM
16	Elder services and resources for necessities.	6/6/2020 12:23 PM
17	adult day/community based service for my adult child with Development Disabilities.	6/5/2020 11:01 AM
18	Healthcare navigator for people newly on Medicaid; mental health care	6/5/2020 8:21 AM
19	Medicare navigator	6/5/2020 7:23 AM
20	Mental health services	6/4/2020 9:40 PM
21	Job training resources, mental health resources	6/4/2020 9:02 PM
22	snap application help	6/4/2020 7:15 PM
23	Support for my mother (90 years old).	6/4/2020 4:54 PM
24	Food delivery services from grocery stores for seniors. Very expensive to use Instacart.	6/4/2020 4:35 PM
25	lunch program for children through our district has helped with putting food on the table.	6/4/2020 4:14 PM
26	If I needed one I would utilize but not needed at this time.	6/4/2020 4:09 PM
27	I do know that recovery services and mental & emotional well-being services are available and know where/how to access them. But educating the community on these and expanding services where needed is important.	6/4/2020 12:17 PM
28	mental health services for children, youth and families	6/4/2020 10:29 AM
29	Transportation services, help with unemployment,	6/3/2020 9:21 PM
30	Medical insurance	6/3/2020 5:39 PM
31	Meals for my dad after I go back to work.	6/3/2020 5:34 PM
32	Mental health services	6/3/2020 5:13 PM

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33	Mental health	6/2/2020 5:52 PM
34	Senior Center assistance to help with delivery of lunches, assist Senior Center in reaching out to assist with re-entry to life.	6/1/2020 11:03 PM
35	Medicare	6/1/2020 7:41 PM
36	Navigators, mental health, child and family services	6/1/2020 6:47 PM
37	Services to support families	6/1/2020 1:53 PM
38	Just resources I don't know that is available being disabled	6/1/2020 12:55 PM
39	Healthcare & Medicare navigators	6/1/2020 12:20 PM

Q17 Please identify your age group?

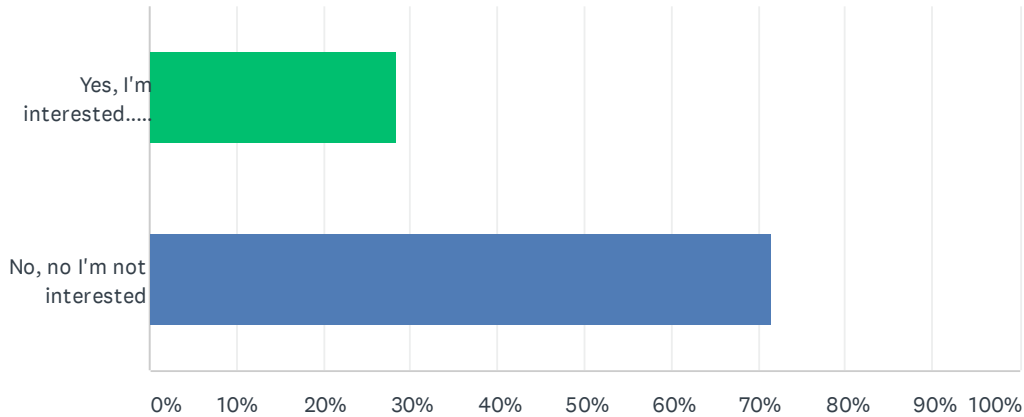
Answered: 216 Skipped: 42



ANSWER CHOICES	RESPONSES	
Under 18 yrs. old	0.00%	0
18 - 24 yrs. old	1.85%	4
25 - 49 yrs. old	29.17%	63
50 - 74 yrs. old	63.43%	137
75 years or older	5.56%	12
TOTAL		216

Q18 Are you interested in participating/contributing to the Bristol Health Equity Zone initiative? The Bristol Health Equity Zone is always looking for residents to join the initiative to work together to make Bristol a healthier place for ALL residents. There are a variety of ways to get involved – some are volunteer opportunities, while others are paid positions.

Answered: 208 Skipped: 50



ANSWER CHOICES	RESPONSES	
Yes, I'm interested...please contact: HEZteam@bristolhealthequityzone.org	28.37%	59
No, no I'm not interested	71.63%	149
TOTAL		208