



Rhode Island Hospital

Lifespan. Delivering health with care.®

Community Health Needs Assessment

RHODE ISLAND HOSPITAL | HASBRO CHILDREN'S HOSPITAL

SEPTEMBER 2016



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Lifespan. Delivering health with care.®

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Introduction

Description of CHNA Purpose & Goals

Lifespan, Rhode Island's first health system, was founded in 1994 by Rhode Island Hospital (RIH) and The Miriam Hospital. A comprehensive, integrated, academic health system affiliated with The Warren Alpert Medical School of Brown University, Lifespan's present partners also include RIH's pediatric division, Hasbro Children's Hospital; Emma Pendleton Bradley Hospital; Newport Hospital; and Gateway Health-care, Inc., a community behavioral health provider.

In 2010, the Patient Protection and Affordable Care Act (PPACA) specified requirements for hospitals to maintain recognition as Internal Revenue Code Section (IRC) 501(c)(3) non-profit hospital organizations.¹ Among many financial requirements, these regulations include a requirement to conduct a Community Health Needs Assessment (CHNA) at least every three years and to adopt an implementation strategy to meet the community needs identified in the CHNA.² CHNAs must utilize qualitative and quantitative data and feedback from key stakeholders and community members to determine the most pressing health needs of the community the hospital serves. This includes, among others, members of medically underserved, low-income, and minority populations in the community served by the hospital facility. CHNA regulations specify that a CHNA should address not only financial barriers to care but also "the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community."³

RIH conducted its first CHNA, dated September 30, 2013, which covered the period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of RIH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the forms of interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by RIH.⁴ The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners, and the

general public. Data collected produced a resulting implementation strategy to address significant needs specific to the community served by RIH. Progress on these strategies is reported in the 2016 CHNA.

Lifespan, on behalf of RIH, conducted its second CHNA, covering the three-year fiscal period from October 1, 2013 through September 30, 2016. The goals of this CHNA are to: (1) provide a review of what RIH has accomplished in addressing the significant needs identified in its implementation strategy included in the Hospital's initial CHNA, dated September 30, 2013; (2) to define the community that RIH is currently serving; (3) to assess the health needs of that community through various forms of research, community solicitation, and feedback; (4) to identify which of those needs assessed are of most significance to the community; (5) and to provide an implementation strategy that RIH intends to execute which details how RIH will to address those significant needs. The implementation strategy presented in this CHNA will be used organizationally to guide future hospital strategic planning over the next three years (October 1, 2016 through September 30, 2019).

History & Mission of Rhode Island Hospital

As a founding member of the Lifespan health system, Rhode Island Hospital is committed to its mission: *Delivering health with care*. Located in Providence, Rhode Island, RIH was founded in 1863 to address the medical needs of returning Civil War veterans and the growing community of urban poor in an increasingly industrialized Rhode Island. It has since grown to encompass a comprehensive range of diagnostic and therapeutic services, delivered in a 719-bed, nonprofit acute care teaching hospital.

RIH is the largest private, not-for-profit hospital in the state. As the major trauma center for southeastern New England, the hospital is dedicated to being on the cutting edge of medicine and research. It is also home to Hasbro Children's Hospital (HCH), a division of RIH and the state's only facility dedicated to pediatric care. HCH opened in 1994, replacing RIH's overfull pediatric wing with a larger, significantly more sophisticated facility. Since its inception, HCH has become a regional hub for pediatric medicine in southeastern New England. Pediatric services are located on the RIH campus in a separate wing from the adult hospital. It offers a wide range of programs for children and adolescents – from a full-service, 24-hour pediatric emergency department, to a dedicated pediatric imaging center, to an array of specialty services, including pediatric neurodevelopment services, cancer care, and pediatric surgery.

TABLE 1
Rhode Island Hospital Statistics, FY 2015⁵

Year Founded	1863
Employees	7,274
Affiliated Physicians	1,897
Licensed beds	719
Patient Care	
Inpatient discharges	34,967
Emergency department visits	145,555
Outpatient visits	322,440
Outpatient surgeries	11,755
Inpatient surgeries	9,542
Financials	
	\$ in thousands
Net patient service revenue	\$1,078,490
Research funding revenue	\$50,396
Total assets	\$1,304,706

A founding teaching affiliate of Alpert Medical School of Brown University, RIH was named the medical school's Principal Teaching Hospital in 2010. RIH serves as a clinical training site for residents in a wide range of disciplines, including internal medicine, oncology, orthopedics, neurosciences, general surgery and surgical subspecialties, pediatrics, dermatology, radiology, psychiatry, obstetrics/gynecology, podiatry, and more. RIH is a regional and national leader in medical education, research, and clinical care. In addition to serving as the designated Level I Trauma Center for the state of Rhode Island and southeastern Massachusetts, RIH provides an array of medical/surgical services and behavioral health services for adults, adolescents, and children.

Commitment to the Community

RIH has a longstanding commitment to the members of its community. RIH is committed to promoting health equity and reducing health disparities for its patients.

During the fiscal year ended September 30, 2015 (FY 2015), RIH provided more than \$111.4 million in charity care and other community benefits for its patients, which accounted for approximately 9.4% of total operating expenses. RIH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. Uninsured patients at more than three times the poverty level are billed at no more than what Medicare would pay for those same services. Notably, in addition to financial assistance, medical education, research, and subsidized health services, the hospital and its

affiliates provided nearly one million dollars in community health improvement services and community benefit operations.⁶

RIH also provides many other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, support groups for people coping with the effects of stroke, burn injuries, and other illnesses and injuries, community health training programs, patient advocacy, and foreign language translation.

Lifespan Community Health Services was rebranded to the Lifespan Community Health Institute (LCHI) in 2016, with a mission to ensure that all people have the opportunity to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. A department within Lifespan, the LCHI works with all of the Lifespan affiliates to achieve population health goals.

TABLE 2
Charity Care and Other Community Benefits, FY 2015⁷

	\$ in thousands
Charity care	\$21,490
Medical education, net	\$50,521
Research	\$12,478
Subsidized health services	\$13,108
Community health improvement services and community benefit operations	\$855
Unreimbursed Medicaid costs	\$12,963
Total cost of charity care and other community benefits	\$111,415

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations. In partnership with community-based agencies, LCHI led the design and development of the 2016 CHNA.⁸

Community and patient engagement is a critical piece of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, <lifespan.org/OurCommunity> in the spring of 2016 to describe and publicize the CHNA process. This site,

accessible from the Lifespan homepage, will be maintained and house each hospital's CHNA report and implementation strategy.⁹ This site will also serve as a conduit to link community residents and organizations to health-promoting initiatives of each hospital.

Rhode Island Hospital – What it Does

RIH is recognized for improving access to quality, evidence-based clinical care for patients through community partnerships, funding innovative research, and investing in new technologies and programs. RIH has the unique position of offering the most inpatient and outpatient services in the state, meaning it touches more Rhode Islanders than any other hospital. The hospital leadership and staff are constantly striving to better serve their patients and community.

RIH has brought many clinical innovations to southeastern New England, from Rhode Island's only kidney transplantation service to one of the nation's first gamma knife surgical centers, offering intracranial stereotactic radiosurgery for non-invasive treatment of brain lesions.

RIH has continued to make strides in efforts to fully integrate mental health and substance abuse treatment with primary medical services, making mental health care services even more accessible. Lifespan Outpatient Psychiatry and Urgent Care opened a new clinic in Lifespan's Ambulatory Care Center in East Greenwich, bringing together Gateway Healthcare, Inc.'s (Gateway) trained behavioral health professionals with other Lifespan clinicians to provide prompt urgent care services for behavioral health needs, in addition to offering outpatient appointments.¹⁰ The hospital opened a new Transcranial Magnetic Stimulation Center at an offsite location in Providence. This procedure is an innovative and noninvasive treatment option for major depression while avoiding the possible side effects associated with antidepressant medication.¹¹

RIH is committed to addressing the impact of opioid use and overdose death in Southeastern New England and is part of a coordinated response spearheaded by Rhode Island's Overdose Prevention and Intervention Task Force. This past year RIH partnered with Boston Medical Center (BMC) and CVS Health and other local community pharmacies for a demonstration project of pharmacy-based naloxone rescue kits to help reduce opioid addiction and overdose death in Massachusetts and Rhode Island. The program includes the distribution of intra-nasal naloxone rescue kits to overdose patients and their families and overdose prevention and response education.¹² RIH has partnered with The Providence Center's Anchor Recovery Community Center to create An-

chorED to provide peer-to-peer recovery supports to people with substance use disorders who present to the emergency department surviving an opioid overdose.¹³

The Stroke Center at RIH received an award for quality achievement from the American Heart Association and American Stroke Association, and the Pulmonary Hypertension Center became one of the nation's first centers to be accredited by the Pulmonary Hypertension Association.¹⁴ RIH opened its second endovascular hybrid operating suite to offer advanced surgical techniques. The suite enables vascular surgeons to perform both traditional open and catheter-based surgeries simultaneously, translating to safer, less invasive procedures, shorter hospital stays, and faster recovery times for patients.¹⁵

RIH, in partnership with the Women's Medicine Collaborative, offers a full range of women's health specialties, including comprehensive gynecologic oncology and gynecologic surgery services. Patients for all of these services are cared for in the 14-bed Women's Medicine Inpatient Unit designed specifically for women and staffed by clinicians and support staff specially trained in meeting women's needs.¹⁶

RIH's Comprehensive Cancer Center (CCC) became one of only 23 centers of its kind to receive an Outstanding Achievement Award from the American College of Surgeons' Commission on Cancer.¹⁷ RIH and The Miriam Hospital are designated Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island ("Blue Cross") and are the only two hospitals in the State to be so recognized. The Anne C. Pappas Center for Breast Imaging at RIH earned designation as a Breast Imaging Center of Excellence from the American College of Radiologists. The CCC's radiation oncology department added two new, sophisticated treatment modalities: Align RT and BrainLab. The CCC opened the Lung Cancer Screening Clinic at RIH and The Miriam Hospital and will soon open the clinic at Newport Hospital. Early and accurate diagnosis is essential for positive outcomes in the treatment of lung cancer. To help begin treatment as soon as possible, the clinic uses the most advanced diagnostic imaging technology to accurately interpret low-dose CT scans for people at a higher than normal risk for developing lung cancer.

Delta Dental of Rhode Island awarded a \$350,000 grant to the Samuels Sinclair Dental Center at RIH for new equipment and renovations that will help the center accommodate up to 4,000 more patient visits annually. The grant is intended to improve access to affordable dental care for those with limited resources for dental care, especially children who otherwise may not receive needed care.¹⁸

LCHI recognizes that good health begins in homes, schools, workplaces, and communities, and that a health care system must focus on safeguarding health and preventing disease as well as providing medical care. LCHI has refined its mission and strategies to complement and extend Lifespan's services by promoting primary prevention and offering programs that foster healthy communities.¹⁹

Lifespan affiliates have a long history of service to the community, extending the scope of the care and resources they provide through programs, conferences, presentations, and support groups. For many years, RIH has offered free clinics to the uninsured and underinsured, and HCH's free programs include car-seat safety checks and Dream Night at the Zoo. Notably, RIH received Healthcare Equality Index Leadership status from the Human Rights Campaign for its commitment to providing the best practices in lesbian, gay, bisexual, and transgender care.²⁰

Rhode Island Hospital – Defining the Community it Serves

RIH serves patients throughout Rhode Island and South-eastern Massachusetts. About half of the hospital's patients come from Providence County. In FY 2015, 22.2% of patients

were from the city of Providence, 13% were from neighboring Cranston, and 6.7% and 6.5% were from East Providence and Warwick, respectively. See *Appendix A*.²¹ Because the hospital is home to the state's only Level I Trauma Center in the state and offers many specialty services, it attracts patients from all over the region.

RIH is located in Providence County, home of over 631,000 residents covering 436 square miles, and the most densely populated county in Rhode Island.²² Providence County, which includes the state's capitol, Providence, is located in the center of the state and contains a large urban core. The population of Providence County is racially and ethnically diverse and is slightly younger, on average, than the rest of the state.²³

The median household income in Providence County is \$49,139 and 18.3% of residents are living in poverty. Almost 18% of residents are foreign born, and 29.6% of families speak a language other than English at home. Over 81% of Providence County residents are high school graduates, and 64% of people are active in the workforce. According to the U.S. Census, 10.4% of residents are uninsured.²⁵

The city of Providence, where over 22% of RIH patients live,²⁶ is far more densely populated and urban than Providence County as a whole. The demographics of the city of Providence are different from the County as a whole, with over 29% of residents living in poverty and a much higher percentage of African American, Asian and Hispanic residents. The median household income in the city of Providence is lower than the county and state median. As of

TABLE 3
Demographics estimates, July 1, 2015²⁴

	Providence City*	Providence County	Rhode Island
Population estimates	179,207	633,473	1,056,298
% below 18 years of age	23.4%	20.9%	20.0%
% 65 and older	8.7%	14.4%	16.1%
% Non-Hispanic African American	16.0%	8.5%	5.7%
% American Indian and Alaskan Native	1.4%	1.2%	1.0%
% Asian	6.4%	4.5%	3.6%
% Native Hawaiian/Other Pacific Islander	0.1%	0.3%	0.2%
% Hispanic	38.1%	21.3%	14.4%
% Non-Hispanic white	37.6%	63.4%	73.9%
% Language other than English spoken at home**	48.4%	29.6%	21.1%
% Females	51.8%	51.5%	51.5%
Median household income**	\$37,514	\$49,139	\$56,423
% Persons in poverty	29.7%	18.3%	14.3%
Persons per square mile	9,676.2	1,530.3	1,018.1
% Persons without health insurance	20.1%	10.4%	8.7%

*2010, **2010-2014 estimates

2015 estimates, there are also a much higher percentage of residents who are uninsured in the city of Providence, compared to the rest of the county and state.²⁷ These factors are important to consider when thinking about the RIH patient population.

During the fiscal year ended September 30, 2015, RIH had 29,815 adult inpatient discharges and 5,152 pediatric inpatient discharges. Also in fiscal year ended September 30, 2015, there were 322,440 outpatient visits, 117,004 of which were pediatric; and 145,555 emergency department (ED) visits, 48,972 of which were pediatric.²⁸

In 2015, 89% of internal medicine patients spoke English as their primary language, while only 83% of emergency department patients indicated that they spoke English as their primary language. There was little variation (between 1-2%) from fiscal year ending September 30, 2013 on percentage of patients who identified English as their primary language. Other common languages spoken were Spanish (between 6% and 14%) and Portuguese (between 1% and 2%) in fiscal year ended September 30, 2015.²⁹

Twenty six percent of the adult and pediatric outpatient population self-identified as Hispanic or Latino. Of those who identified as Hispanic or Latino, 61.8% considered their race to be “Other”, and 28.2% considered themselves “White” or Caucasian. Table 4 shows the racial breakdown of all ethnicities of the outpatient population in fiscal year ended September 30, 2015.

TABLE 4

RIH Outpatient Population Race³⁰

	Number	Percent
White or Caucasian	203,590	63%
Black or African American	47,861	15%
Asian	4,837	2%
American Indian or Alaska Native	544	0%
Native Hawaiian or Other Pacific Islander	661	0%
Other	62,388	19%
Unknown/Blank	2,559	1%
Total	322,440	100%

Update on 2013 CHNA Implementation Strategy

RIH conducted a CHNA, dated September 30, 2013, which covered the period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of RIH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research including interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by RIH and Lifespan’s three other hospitals.³¹

The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners and the general public. Quantitative and qualitative data collected between 2011-2013 produced significant needs specific to the community served by RIH. Provided below is an update on progress made addressing each of these significant needs identified in the September 30, 2013 RIH CHNA. This information is vital to provide context for the significant needs identified in RIH’s CHNA as of September 30, 2016 and the methods used to create an effective implementation strategy to address these needs.

Access to Care

Community stakeholders in Providence County and state-wide cited access to care as a major challenge facing their communities, particularly among minority populations. Access to health literacy and clinical preventative services, women’s health, and dental health services were cited as significant needs. Since the 2013 CHNA report was released, LCHI and RIH have strived to increase access to programs and services, with a particular focus on addressing barriers for uninsured and underserved populations.³²

In order to improve access to primary care, the Hospital, through Lifespan, has supported primary care physicians in the following ways:

- Community Physician Partners, Inc., founded in partnership 2014 between Lifespan and Anchor Medical Group, Medical Associates of Rhode Island, and University Internal Medicine, is a clinically integrated network of approximately 180 primary care physicians focused on patient-centered primary care practice transformation through contracting with payers for both population-based accountable care and quality-based fee for value arrangements.³³
- Lifespan Physician Group, Inc. (LPG), a group of physicians providing services primarily to RIH and The Miriam Hospital, opened its first primary care private practice and urgent care facility January 1, 2016. Metacom Medical Associates, Inc., a highly regarded practice located in Warren, RI is now LPG – Metacom Medical. The practice is comprised of 3 full-time physicians, 2 part-time physicians, a full-time Nurse Practitioner, and 12 support staff, who provide exceptional medical care for over 16,000 patients. LPG – Metacom Medical will be transforming care for patients by implementing National Committee for Quality Assurance (NCQA) quality standards and has plans to meet the demand to expand the practice in the very near future.³⁴

Enhance access to prescription drugs

RIH opened an on-site pharmacy in May 2013. The Lifespan Pharmacy at Rhode Island Hospital has directly enhanced access to prescription drugs for patients upon discharge. The pharmacy is available to the public and offers convenient, fast, and professional service with easy refill options during the day or night via phone, and also offers free home delivery, appointment, and walk-in flu vaccinations, as well as pneumonia and shingles vaccinations for adults. Pharmacists interact with physicians to provide comprehensive and safe care. Physicians can electronically transmit prescriptions to the pharmacy, reducing wait times. Pharmacists are available to answer patients' questions regarding dosages, interactions with other medicines, side effects, and medication safety, enabling patients to leave the hospital with the prescriptions they need and peace of mind. Onsite technicians are also available to assist with questions about insurance coverage and co-pays.³⁵ By providing access to pharmaceutical drugs onsite, this is also expected to benefit patients for whom a lack of transportation is a barrier.

Expand access to ambulatory care

Since 2013, two RIH ambulatory care centers were opened in East Greenwich and East Providence. Services at the East Greenwich and East Providence centers include the Cardiovascular Institute, Lifespan Labs, and Hallet Center for Diabetes & Endocrinology. In a 12-month period (July 1, 2015 – June 30, 2016), East Greenwich Ambulatory Care had 4,471 total visits, and East Providence Ambulatory Care has had 1,294 total visits.^{36,37} The opening of these centers has made it easier for patients to access high-quality outpatient services which are closer to their homes.

Provide oral health screenings for children enrolled in Head Start

The Samuels Sinclair Dental Center (The Center) at RIH in Providence provides a full range of dental services for children and specializes in treating children and adults with special health care needs such as autism, cerebral palsy, Down syndrome, and other medical, psychiatric, and/or behavioral conditions.³⁸ The Center provides oral health screenings for all children enrolled in Providence Head Start Programs. Opened in 1931, The Center has 11 dental operatories. Between 2013 -2015, 1,577 children between the ages of 1-5 received dental services at The Center (468 in 2013, 390 in 2014, and 719 in 2015).³⁹

Partner with Providence Community Health Centers

Providence Community Health Centers (PCHC) is a non-profit health care organization and the only Federally Qualified Health Center in Providence, Rhode Island. PCHC provides quality primary health care services that are affordable, comprehensive, and culturally sensitive to more than 50,000+ residents of Providence and its surrounding areas.⁴⁰ In 2014, Lifespan entered into a long term lease agreement with PCHC to co-locate services in a newly renovated health care complex in South Providence. The LCHI, School of Diagnostic Imaging, Lifespan Youth Development Program, and Children's Neurodevelopment Center are now housed at the Prairie Avenue site along with PCHC's largest primary care office and its only dental office. This large co-investment in facilities is representative of the level of commitment and joint planning that these two institutions are engaging in for improved health outcomes of Providence residents.

Promote women's health and access to health services

The Women's Medicine Collaborative provides the largest multi-disciplinary center dedicated to caring for women on all stages of life. The services of the collaborative can be found in a single location enhancing access to patients and the care they need. In partnership with the Women's Medi-

cine Collaborative, RIH opened a new 14-bed inpatient unit in 2014 to expand access to women's health services. The unit, which was designed just for women, cares for women who are dealing with benign gynecologic conditions, gynecologic cancers, medical conditions that occur during pregnancy and postpartum, and breast cancer surgery and reconstruction.⁴¹ In a 12-month period (July 1, 2015 – June 30, 2016), total patient volume was 21,654 at the Women's Medicine Collaborative Ambulatory Center.⁴²

Promote health literacy statewide

Healthwise is a nationally distributed health literacy program delivered in a workshop format.⁴³ LCHI leads the *Healthwise* curriculum in English and Spanish, free of charge, through partnerships with community-based agencies. To date, since the beginning of FY 2014, 66 *Healthwise* programs have been held with a total of 1,048 students participating (19 classes, 317 students in FY 2014, 23 classes with 319 students in FY 2015, and 24 classes with 412 students to date in FY 2016). The LCHI is strategically expanding the reach of the program beginning in the fall of 2016. LCHI staff are conducting outreach to correctional facilities, adult day centers, low-income residential housing, and adult learning centers to increase participation. The *Healthwise* program has been updated to specifically address needs identified throughout the 2016 CHNA Community Health Forums.

Provide free health screenings statewide

The United States Preventative Services Taskforce recommends screening for high blood pressure in adults aged 18 years or older⁴⁴ and recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese.⁴⁵ "Healthy People 2020" cites improving access to clinical preventative screenings as a key public health priority.⁴⁶ The LCHI provides free blood pressure and glucose screening to uninsured and low-income residents in the RIH service area with a focus on populations who are at higher risk for diabetes and cardiovascular disease. Over the past three years, 1,453 screenings have been conducted; 566 in FY 2014, 186 in FY 2015, and 701 to date in FY 2016.

Initiate Automated External Defibrillator (AED) Grant Program

AED devices can save lives when someone is suffering from cardiac arrest. Being able to rapidly access an AED device and provide cardiopulmonary resuscitation (CPR) can greatly increase chances of survival for someone in cardiac arrest.⁴⁷ In 2014, LCHI and Lifespan Community Training Center (LCTC) committed to making AEDs and education available

through a community-based program. Lifespan distributed 48 AEDs, signage, training, and education kits across all 39 cities and towns in Rhode Island. Since the 2013 CHNA, all equipment has been distributed and LCHI conducts routine follow-up to ensure that AEDs are up to date and that additional training or assistance is provided as needed.

Expand the Reach of the LCTC

The LCTC, operated by LCHI, offers certified and non-certified CPR, AED and First Aid classes. All classes are provided in English and Spanish. LCHI monitors and credentials CPR instructors who adhere to the American Heart Association Guidelines. In FY 2015, LCHI trained 9,183 people on CPR and managed 268 instructors. In FY 2016, the LCHI held 92 classes training 888 students in CPR. Also in FY 2016, the LCTC expanded to offer other, non-cardiac skill-building courses like Financial Literacy, Safe Sitter, Incredible Years Parenting Classes, and Food as Medicine. To date, there have been five classes with 17 trained in Financial Literacy, three classes with 21 trained in Food as Medicine, 17 classes with 167 youth trained in Safe Sitter, and two groups with 10 trained in Incredible Years.

In addition to RIH's progress on improving population health by making strides in the following key areas, Lifespan as a system has committed to addressing barriers to accessing care system-wide by investing in Rhode Island's healthcare workforce and enhancing access to primary care. In June 2013, Lifespan launched the Workforce S.T.A.T. (Solutions, Training and Teamwork) program to increase access to care by growing Rhode Island's health care workforce. Recruiting participants from the RIH service area, the S.T.A.T. program trains unemployed and underemployed entry-level Rhode Islanders into a prepared, focused, and well-qualified Certified Nursing Assistant workforce to care for patients. Entering its fourth year, the Workforce S.T.A.T. program has graduated 171 students, 66% of whom identify as a racial or ethnic minority, with 130 currently working as Certified Nursing Assistants, 46 of whom are employed at Rhode Island Hospital.

Asthma

Approximately 16% of Rhode Island adults and 13% of children have been diagnosed with asthma at some point in their lifetime, making Rhode Island the state with the third highest rates of self-reported lifetime asthma in the U.S.⁴⁸ Rhode Island is also in the bottom quartile for hospital admissions for pediatric asthma; rates increased from 139 per 100,000 in 2011 to 149 per 100,000 in 2012. In a six year combined period (2007- 2012), Providence City had the highest rate of hospitalizations due to asthma among children aged zero to four years (70.3 per 10,000) in the state.⁴⁹ Central

Falls, a city adjacent to Providence, had the highest rate of hospitalizations due to asthma for adults 65 years or older (61.4 per 10,000) in the state.⁵⁰

Patient Prescription Program

Adults with asthma typically manage their condition in the primary care setting. In the hospital setting, RIH's Patient Prescription Program provides free two-week doses for inhalers intended for use by patients until they are able to see a primary care provider or specialist. This program will ensure that patients receive treatment, regardless of ability to pay, and will reduce subsequent asthma-related hospitalizations.

Community Asthma Program

Children aged 0 to 4 years have significantly higher asthma hospitalization rates than all other age groups, and non-Hispanic black children have higher rates of asthma-related hospitalizations than their peers.⁵¹ HCH leads community-wide asthma education, management, support groups, and advocacy projects designed to improve the health and quality of life of children with asthma.

- More than 300 families participate in the Draw-A-Breath program each year, in partnership with CVS Pharmacy.
- The Providence School Asthma Partnership provides targeted outreach and education for families with children enrolled in public elementary schools in Providence.
- HCH's Community Asthma Van is used to bring staff and equipment to community asthma programs such as school-based asthma workshops and in-home environmental assessments through Project HARP (home-based asthma response program). During home visits, asthma specialists identify environmental triggers—from mold and dust mites to secondhand smoke and pet dander—and conduct educational sessions that give families resources and supplies to reduce these triggers and improve their quality of life.
- Also, during the summer, the Community Asthma Van is used to transport staff and equipment for Asthma Camp, which gives 30 children the opportunity to control their asthma through education in a positive, healthy, safe, and challenging atmosphere. The week-long overnight camp is open to all children in Rhode Island regardless of ability to pay.

Though lifetime and current rates of pediatric asthma prevalence decreased from 2011 to 2012 statewide, rates are still very high in the Urban Core and the city of Providence, which represent a large portion of HCH's patient population.⁵²

Cancer

Cancer is the second-leading cause of mortality in Rhode Island and nationwide.⁵³ Fortunately, early detection can improve the outcomes for many of the most common cancers.⁵⁴ RIH and The Miriam Hospital are designated Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island ("Blue Cross") and are the only two hospitals in the state to be so recognized. In 2013 CHNA participants prioritized the need for expanding access to cancer prevention, screening, treatment, education, and survivor services. Access to cancer services was identified as a key health priority across the Lifespan system, therefore we highlight both RIH programs as well as system-wide initiatives to address cancer.

Expand the Comprehensive Cancer Center

In August 2013, Lifespan's three cancer centers—The Miriam Hospital, RIH, and Newport Hospital — merged into one system-wide Comprehensive Cancer Center (CCC), providing greater access to cancer specialists, psychosocial screenings with referrals to social workers and support services, enhanced patient and family education, patient navigators, genetics counselors, and complementary therapies.⁵⁵ A new location for adult oncology services in East Greenwich also opened in 2013, expanding the geographic availability of the CCC to southern Rhode Island. As patients complete treatment they will receive survivorship plans which will also be shared with their primary care physicians. The CCC at RIH was awarded a 3 year renewed accreditation with commendation from the American College of Surgeons, Commission on Cancer in 2013. In 2014, over 4,000 cases were diagnosed at the CCC, and for patients diagnosed and treated at the CCC, a lifelong follow-up rate of at least 90% is maintained.⁵⁶ In 2015 the CCC conducted a Breast Cancer Patient Outcome analysis to improve breast cancer screening treatment throughout the program. The CCC also utilized results from the 2013 CHNA to better serve RIH patients and community. The CCC underwent a number of quality improvements during this time:

- Developed and implemented a Breast Cancer Multidisciplinary Clinic to provide timely patient assessment and coordination of clinical care across the continuum;
- Developed and implemented a Lung Cancer Screening Clinic, which provides coordinated access to all resources available at Lifespan for the evaluation and management of lung cancer;
- Developed and implemented the "Good Catch" Program in Radiation Oncology to provide patient-centered care by improving quality, safety, and efficiency; and

- Developed and implemented a Care Transitions Team, which includes a 48-hour post discharge follow-up phone call by the oncology phone nurse, designed to reduce re-admissions.⁵⁷

In addition, the CCC began a strategic planning process in January 2015. One year later, what is now referred to as the Lifespan Comprehensive Cancer Center Roadmap, a 3-year action plan, was released with an overarching goal of creating a system-wide, patient-centered cancer program, focusing on research, quality, and value. The CCC Roadmap has three initial areas of focus: improving the patient experience which includes better access for patients and referring physicians; strengthening disease site expertise and expansion of research and research partnerships; and ensuring the same excellent level of cancer care in all delivery sites. Early successes in implementing the CCC Roadmap include:

- In February 2016, Lifespan announced an exciting and innovative partnership between Lifespan and the Dana-Farber Cancer Institute (DFCI) in Boston, MA for the purpose of expanding research collaboration, improving cancer care to the residents of Rhode Island, and advancing both organizations' goals of optimizing value in managing populations of patients with cancer.
- The CCC at East Greenwich expanded access in June 2016 for scheduled and sick visits to include every Friday between the hours of 8 a.m. and 2 p.m.
- To heighten awareness and encourage both consistency and excellence in all patient care and communications, all front-line staff had customer service training in the spring of 2016.
- Four new doctors and a nurse practitioner have been hired at RIH.
- The inaugural CCC "Rising Above Cancer" 5K Run/Walk and Family Fun Day took place on Saturday, July 30, 2016 in Warwick, RI. This event was attended by nearly 500 participants and 40 vendors/volunteers, and it raised more than \$27,000 for the CCC patient care fund.

See, Test & Treat

One of the main goals of the statewide Strategic Plan for Cancer Prevention and Control is to increase early detection of breast cancer and cervical cancer.⁵⁸ Uninsured women who are unable to afford or are ineligible for medical insurance, and underinsured women who are unable to pay for needed services, may forego breast and cervical cancer screening and treatment.⁵⁹ *See, Test & Treat*, a program

funded by the College of American Pathologists Foundation, provides uninsured women with screening, treatment, and education about breast and cervical cancer. The states very first *See, Test & Treat* screening program was held at RIH's CCC in September 2013. To date, 195 uninsured women have accessed the program to receive cervical screenings, clinical breast exams and mammograms, HIV and hepatitis C tests, and TDap vaccinations. The CCC has also developed and implemented a Lung Cancer Screening Clinic, a Good Catch Program in Radiation Oncology, and a Care Transitions Team.

Avenues of Healing

LCHI has partnered with the CCC to offer *Avenues of Healing*. This is a free educational conference about breast cancer prevention and treatment targeting a lay audience, offered each fall. The program is designed specifically for women as a venue to learn about breast cancer prevention and treatment from experts in the field.⁶⁰ Since 2013, 521 community members have been attended the Avenues of Healing conference.

Cancer Survivors Day

LCHI has partnered with the CCC to celebrate Cancer Survivors Day. Free community celebratory events were held at the Roger Williams Park Casino in 2014 and 2015. In FY 2015, 356 people participated in this event. In 2016, LCHI organized site-based activities throughout the year to make the program accessible to more people. Geared to individuals of all ages, the free events feature activities and demonstrations, educational information about maintaining good health, and lectures from keynote speakers on various topics. Last year, Fred Schiffman, MD, Medical Director of the CCC, spoke about advances in the field while survivors, family, and friends shared personal survivorship experiences.

Kick Butts Day and Tobacco Prevention Programs

In Rhode Island, tobacco use claims 1,600 lives and costs \$506 million in health care services each year. Cigarette smoking among Rhode Island high school students has decreased significantly in the past three years, from 8% reporting smoking cigarettes in the past 30 days in 2013, to 5% in 2016. However, many teens that report smoking cigarettes also report trying to quit.⁶¹ This fact, along with increased use of other tobacco products such as electronic vapor products and smokeless tobacco, has heightened the need for tobacco-free education and advocacy. LCHI staff have partnered with the local public school departments, United Health Foundation and Tobacco-Free Kids, to deliver fun, educational programs each year in recognition of national

Kick Butts Day. Kick Butts Day is a national day of activism that empowers youth to stand out, speak up and seize control against Big Tobacco. The organization recognizes over 1,000 events in schools and communities across the United States each year.⁶² Approximately 102 Rhode Island public school students participated in Kick Butts Day in 2014. The next Kick Butts Day is March 15, 2017.

In addition to Kick Butts Day, LCHI provides ad hoc tobacco prevention programs in local schools upon request. RIH continues to support an array of school-based programs that carried the “no smoking” message.⁶³ In FY 2014, 278 students participated in school-based programs, in FY 2015 186 students participated, and in FY 2016 250 students have participated as of August 1, 2016.

Lectures about smoking, smoking cessation, and cancer

Fewer than 5% of smokers who try to quit by themselves are successful, but there are several smoking cessation programs and studies available within Lifespan hospitals to give smokers the support they need. RIH offers smoking cessation research studies and programs to the community. Smoking and smoking cessation lectures were presented at local schools and community events. Cancer lectures were also delivered at community events.⁶⁴ Between FY 2014- FY 2016 729 community members have attended these events (186 in FY 2014, 181 in FY 2015, and 362 in FY 2016).

Sun Smarts

Each summer, LCHI partners with the Coalition to Prevent Cancer in Rhode Island and University Dermatology, a physician group, to perform free skin cancer screenings at Rhode Island beaches. The goal of the free screenings is to help identify cases of skin cancer in their earliest, most treatable stages and educate the public about effective sun protection.⁶⁵ There were five screening dates in both 2014 and 2015, resulting in 769 people screened. In 2015, U.S. Senator Jack Reed partnered with RIH to increase awareness of the Sun Smarts program. The LCHI follows up with each person referred for further consultation or treatment to ensure that each person receives the proper care, regardless of insurance status. Through this program, several melanomas have been identified and treated. In FY 2014, 336 individuals were screened, resulting in 26 biopsy referrals, in FY 2015, 433 individuals were screened, resulting in 45 biopsy referrals and 2 diagnoses of melanoma, and in FY 2016, 404 individuals have been screened as of August 1.

Healthier Weight

Risk factors associated with maintaining healthy weight

were a major focus among stakeholders in the 2013 CHNA. Nutrition, overweight and obesity, diabetes, heart disease and stroke were all predominant concerns, and access to nutrition and physical activity education and resources were cited as priorities.

Partnership between the YMCA and the Cardiovascular Institute

The Cardiovascular Institute at RIH aims to partner with the YMCA of Greater Providence to provide expanded access to physical activity for patients and Lifespan staff Lifespan employees who are members of the YMCA have unique access to the YMCA site at Gerry House on the RIH campus. This facility is exclusively for Lifespan employees to use.⁶⁶ Membership has been consistently high from FY 2014- FY 2016, with over 800 Lifespan members as of July 2016. The YMCA and *Working Healthy*, Lifespan’s employee health program, are discussing launching joint programming for Lifespan staff in FY 2017.

Community BMI Screenings

Since the 2013 CHNA was conducted, national recommendations regarding community BMI screenings has changed. The United States Preventative Services Task Force (USPSTF) determined that further research is needed to examine the direct effects of screening for obesity on long-term weight and health outcomes. The USPTF also concludes that BMI screening for both adults and children should occur in the clinical setting where a provider can discuss its implications in depth.^{67,68} Because of these new considerations, the LCHI does not perform community BMI screenings, and instead directs patients to see their primary care provider for concerns regarding BMI.

Nutrition Lectures from RIH and LCHI

RIH partners with the Rhode Island Free Clinic to offer *Raising the Bar on Nutrition (RTBN)*, a six-week proven effective nutrition program that encompasses cooking demonstrations; a recipe book; tracking of health indicators, including BMI; and counseling about changing food consumption patterns (such as increasing vegetable intake). Dr. Mary Flynn, PhD, RD, LDN, a research dietician at The Miriam Hospital, led RTBN classes at the Rhode Island Free Clinic for its patients.⁶⁹ Participation has been showed to improve health indicators and reduce grocery expenditures, which is especially beneficial for low-income participants. According to Dr. Flynn, of the 81 participants in RTBN, 62% lost weight, 70% bought less meat, and 61% bought more vegetables.

LCHI has also partnered with Dr. Flynn and the University of

Rhode Island Food and Nutrition Education Program to offer nutrition classes at multiple community locations targeting low income and food insecure persons since 2014.

Collaboration with Providence School District

In FY 2016, LCHI launched the Lifespan Mentoring Program which pairs Providence high school students interested in health careers with Lifespan health professionals in a one-to-one relationship for a commitment of two years. Nineteen RIH employees from a variety of disciplines served as mentors in FY 2016. Plans are to double that number in FY 2017. Staff from the LCHI collaborate with the Providence School Department in five additional ways: (1) sponsoring the Providence Parent Academy in 2015 and 2016 (a semester-long “parent university” covering health & wellness, academic success, and professional preparation topics), (2) providing presentations on health topics to students and parents upon request, (3) arranging for guest speakers by specialists, upon request, (4) participating in health events hosted at the schools, and (5) arranging for Power Lunch Readers at three elementary schools (teams of volunteers who read with students who need extra literacy support during a lunch hour, once a week).

Partnership with Overeaters Anonymous

In the 2013 CHNA, stakeholders cited the need for greater support group services for patients struggling with healthy weight issues. Overeaters Anonymous (OA) is designed to work in partnership with clinical care to support patients who are dealing with weight management. OA members provide this support through sharing their experience, strength, and hope with one another. While The Miriam Hospital has hosted OA meetings, participants are recruited at RIH.

Mental Health

Mental Health remains a major concern among the community that RIH serves. Since the 2013 CHNA, opioid addiction and overdose has become a public health crisis in Southeastern New England and many other regions. Accidental drug-related overdose deaths are rising; 139 deaths were reported in 2009, while 258 were reported in 2015.⁷⁰ RIH has responded to this need by devoting research and programs towards stymieing opioid addiction and death. RIH has researched effectiveness of electronic Prescription Monitoring Program (PMP) across the state in detecting and reducing painkiller abuse.⁷¹ RIH also partnered with BMC and CVS to support a demonstration project of pharmacy-based naloxone rescue kits to help reduce opioid addiction and overdose death in Rhode Island and Massachusetts. Significant progress has been made to expand existing mental health

initiatives and to create new ways to address mental health needs in the community. RIH partnered with The Providence Center’s Anchor Recovery Community Center to create AnchorED to provide peer-to-peer recovery supports to people with substance use disorders who are admitted to the emergency department surviving an opioid overdose. Since 2014, there have been 1,135 individuals who have met with an AnchorED Peer Recovery Specialist in EDs statewide (278 in RIH ED alone), after surviving an opiate overdose. AnchorED started providing services 24 hours, 7 days a week in September 2015.⁷²

Create and expand Emergency Department space for psychiatric care patients

The 2013 CHNA identified the need to create a system for patients waiting in the emergency department who also require access to mental health services. Recognizing the need for more psychiatric care in the emergency room setting, RIH created specific spaces and protocols for treating psychiatric patients in the ED. The RIH ED established dedicated 25-bed behavioral health unit for patients with psychiatric emergencies, including a dedicated four-bed unit for children and adolescents.⁷³ By creating this dedicated space and having programs in place to support patients and families, RIH has made significant progress in reducing the number of patients waiting for mental health services in the emergency department.

Creation of unit for dual-diagnosed patients at Hasbro Children’s Hospital

A new inpatient unit at HCH was created specifically for dual-diagnosed pediatric patients who are acutely ill with medical conditions and who also have mental health needs. This newly renovated, 8-bed unit at HCH provides a safe, comfortable environment for children and their families. The unit was doubled in size in October 2015. Inpatient psychiatric services at RIH are provided in 31 beds in the Jane Brown Building. Care is provided for acutely ill patients with mental health needs and in the context of other medical conditions.⁷⁴

Expansion of Partial-Hospitalization Program

RIH’s partial hospitalization program (PHP) provides short-term treatment for acute psychiatric events. In this model, patients return home after treatment in order to minimize disruption to their daily routines, maintain uninterrupted support of family and friends, and facilitate learning by encouraging immediate practice of newly acquired skills. The PHP program has expanded each year since FY 2013 when it was opened to serve more patients. FY 2016 has seen the most

growth so far in terms of average daily census, with 31.5 average users each day, compared to 21.2 in FY 2013.

In FY 2015, HCH completed renovations on its own PHP to accommodate an increased demand for integrated medical/psychiatric care for children and teens. HCH's Partial Hospital Program extended capacity from 16 patients to 24. The partial program, opened in 1998, is the only day treatment program in New England for children with combined medical and psychiatric illness.⁷⁵

Leverage the value of Gateway Healthcare, Inc. as a Lifespan member

Gateway is Rhode Island's largest nonprofit behavioral health organization providing treatment, intervention, and prevention services. Gateway officially affiliated with Lifespan in 2013 and its scope of behavioral, substance abuse, and social services complements Lifespan's array of health care services well.⁷⁶

Since 2013, Gateway has provided behavioral health triage services in the emergency departments of RIH and HCH. In 2013, Lifespan Outpatient Psychiatry and Urgent Care opened a new clinic in Lifespan's Ambulatory Care Center in East Greenwich, Rhode Island, bringing together Gateway's trained behavioral health professionals with other Lifespan clinicians to provide prompt urgent care services for behavioral health needs, in addition to offering outpatient appointments.

Expand Mental Health First Aid offered by Gateway Healthcare Inc.

Mental Health First Aid is an eight-hour training program designed to educate individuals on how to help someone in a mental health crisis. This program has proven to increase knowledge, reduce stigma, and most importantly increase supportive actions. *Mental Health First Aid* is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. Trainings are for mental health first responders, teachers, social service providers, primary care workers, and even businesses.⁷⁷ Gateway has provided 30 courses in the Providence community, training a total of 676 individuals in the past three years (145 in FY 2014, 348 in FY 2015, 183 in FY 2016 to date).

Free Community Lectures and Workshops

LCHI works with RIH to host *Parenting Matters* and *Temas Familiares* (*Parenting Matters* in Spanish) workshops and conferences each year. LCHI staff conduct outreach to RIH

patients and families for these programs each year. The conferences are free, half-day programs presented in English and in Spanish that teach parenting topics through keynote speakers, discussion panels, and workshops.⁷⁸ From 2013-2015, a total of 552 parents and professionals attended conferences. LCHI also arranges for guest speakers to speak on other topics related to mental health at community programs upon request.

Assessment of Health Needs of the Rhode Island Hospital Community

In order to gather all relevant information necessary to assess the current health needs of Rhode Island Hospital's community, RIH gathered primary and secondary data, conducted interviews, and facilitated community forums. Described below are details of each type of actions taken to compile all information used in assessing the community's health needs.

Community Health Forums

Qualitative data was collected using Community Health Forums (CHF's). Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. According to Berg, et al, this approach "endorses consensual, democratic and participatory strategies to encourage people to examine reflectively their problems or particular issues affecting them or their community."⁷⁹ True action research takes into account the population of interest's history, culture and emotional lives, and seeks to collaborate with, instead of impose upon, the study population for best results.⁸⁰

Eight CHF's were held between April 22 and June 12, 2016 across the RIH service area, with 239 participants. Participants were recruited using social media, posted flyers,

email, and word of mouth. Locations were selected to be easily accessible to hospital patient populations, and forums were held in the evenings. Childcare, dinner and beverages were provided, and translation services were available upon request. LCHI staff accommodated participants to the best of their ability, to ensure that the forums were accessible and suitable for a diverse audience. RIH forums were held in Providence, Cranston and Pawtucket at community centers, places of worship, and the Adult Correctional Institute (ACI)- the RI state prison system. All forums except for the two meetings at the ACI were open to the public. See *Appendix B*.

One of the most important and unique components of the LCHI's CHF's was the co-facilitation by Community Liaisons. Six diverse Liaisons were hired by the LCHI to plan and co-facilitate the RIH CHF's, Appendix C, included with this CHNA contains background information related to each of the Community Liaisons who were selected to facilitate a CHF. All liaisons underwent a competitive selection process and an intensive training prior to leading the CHF's. The trainings included role-playing activities, conflict management strategies, and evaluation concepts. Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be acceptable for anticipated participants at the forum, and co-facilitating the discussion at CHF with a hospital liaison. The Community Liaisons worked closely with a hospital liaison to plan and co-facilitate the community forums. The hospital liaison served as a critical link between the expertise within the hospital, the expertise of the Community Liaison, and the overarching coordination from the LCHI. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their reflections of the process and interpretation of the findings.

Hiring, training, and empowering community members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input. It also allowed RIH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.

Rhode Island State Strategic Plan and Health Equity Zones CHNAs

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the state's strategic priorities around population health.⁸¹ The RIH CHNA incorporated the state's goals as they pertain to the communities served by the hospital. The RIDOH Strategic Plan highlights the state's *Health Equity Zones* (HEZ), which are geograph-

ic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.⁸² The Centers for Disease Control, in partnership with RIDOH, has funded ten HEZ regions across Rhode Island. LCHI leadership has convened with RIDOH stakeholders to ensure that statewide HEZ activities are coordinated with Lifespan affiliate strategies. The RIH and HCH implementation strategy incorporates findings from the HEZ CHNA's conducted in 2015 that overlap with RIH's primary service areas. A full list of HEZ locations and priority areas can be found in Appendix D.⁸³

RIH patient data, 2013-2015

Rhode Island Hospital analyzed patient data through FY 2015. This inpatient and outpatient data is important for understanding changing trends in utilization of hospital services.

Key Informant Interviews

From October 1, 2013 through September 30, 2016, LCHI leadership identified Key Stakeholders to inform the 2016 CHNA process. Unstructured discussions, varied in nature, were summarized in an effort to bolster and contextualize data from secondary sources and the CHF's. Key themes from these conversations are reflected in the 2016 implementation strategy section.

Secondary Data Sources

RIH collected findings from a number of secondary sources to inform the community health needs assessment and create an updated implementation strategy. The most recently available statewide and local data; trends in access to care, health behaviors and perceptions; and health outcomes are presented.

Secondary data includes findings from the following national and state-specific sources. These sources vary widely in sample size, method of collection, and target audience, but all are publically available and validated sources.

The Behavioral Risk Factor Surveillance System – Rhode Island, 2014

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based computer-assisted telephone interview survey. The purpose of the survey is to identify emerging health problems, establish and track public health goals. The BRFSS collects information on health, health risk behaviors, preventive practices, and healthcare access among Rhode Island adults (18+ years) as part of an effort to address na-

tional key health indicators, and chronic conditions (including diabetes, asthma, cardiovascular disease, and arthritis) important to Rhode Island.

Kaiser Family Foundation State Health Facts – Rhode Island, 2014

State Health Facts is a project of the Henry J. Kaiser Family Foundation (KFF) and provides free, up-to-date, and easy-to-use health data for all 50 states and the District of Columbia. State Health Facts is comprised of more than 800 health indicators that come from a variety of public and private sources, including Kaiser Family Foundation reports, public websites, government surveys and reports, and private organizations.

County Health Rankings – Providence County and RI, 2015

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual *County Health Rankings* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play.

Commonwealth Fund Report Card – Rhode Island, 2016

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. The scorecard series provides performance benchmarks and improvement targets for states, communities, and the nation. This 2016 edition of The Commonwealth Fund's Scorecard on Local Health System Performance assesses the state of health care in more than 300 U.S. communities from 2011 through 2014, a period when the Affordable Care Act was being implemented across the country.

Rhode Island Kids Count Factbook, 2016

Published annually since 1995, The Rhode Island Kids Count Factbook is the primary publication of Rhode Island Kids Count. The Factbook provides a statistical portrait of the status of Rhode Island's children and families, incorporating the best available research and data. Information is presented for the state of Rhode Island, including each city

and town, and an aggregate of the four core cities (Providence, Central Falls, Pawtucket and Woonsocket). The Factbook tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

Rhode Island Department of Health Statewide Health Inventory, 2015

The Statewide Health Inventory study was designed to evaluate the access and barriers to medical services in the state. The *Hospital Survey* included information about patients' primary residence location, insurance sources for patients, census and visit data for fiscal year 2014, demographics about patients, interpreter services, staffing by specialty and service category, outpatient specialty clinics and services for calendar year 2014, and information technology, in addition to other data elements. The survey was informed by the Centers for Disease Control and Prevention "National Hospital Care Survey Facility Questionnaire" and the American Hospital Association "AHA Annual Survey of Hospitals."

Rhode Island's Strategic Plan on Addiction and Overdose, 2015

In 2015, Governor Gina Raimondo issued Executive Order 15-14 to establish the Overdose Prevention and Intervention Task Force. The task force developed a strategic plan to address opioid addiction and overdose in the state. The goal of the strategic plan is to complement existing overdose prevention efforts to achieve the most immediate impact on addiction and overdose.

Rhode Island State Innovation Model (SIM) Test Grant, 2016

Rhode Island was selected to participate in a multi-year grant intended to improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries – and for all residents of participating states. Rhode Island has received a \$20 million award in FY 2015 to test its health care payment and service delivery reform model over four years. The ultimate goal of the project is to achieve the "triple aim" of better care, healthier people, and smarter spending, through a value-based care lens. The SIM is governed by an interagency team and a steering committee and produced a statewide population health plan in 2016.

Identification of Rhode Island Hospital Community Significant Needs

These significant needs reflect community feedback, key stakeholder interviews, and national, local and hospital-level data from a range of selected sources. Current state frameworks being used to improve population health and health equity, including the RIDOH Strategic Plan and the State Innovation Model, were used to inform these needs. Needs are prioritized in their order of significance to the community.

1.) Access to Care and Health Literacy

Access to health services means the timely use of personal health services to achieve the best health outcomes. Access to health services encompasses four components: coverage, services, timeliness, and workforce. Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability
- High cost
- Lack of insurance coverage⁸⁴

Being able to access and afford health care when needed is a fundamental element of our health care system. Health insurance rates are one measure of access to health care. Health insurance protects individuals and their families from burdensome costs in the case of an accident or illness. In 2014, the Affordable Care Act expanded access for many millions of Americans by creating health insurance marketplaces and allowing states to expand Medicaid eligibility for residents. Nationwide, since the Affordable Care Act's coverage expansion began, about 16.4 million uninsured people have gained health insurance coverage - the largest reduction in the uninsured in four decades.⁸⁵ A Gallup survey recently announced that the uninsured rate in Rhode Island in 2015 was 5.6%, down from 13.3% in 2013.⁸⁶ In 2014, 3.3% of Rhode Island's children under age 18 were uninsured.⁸⁷ Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and CHIP. According to the

Commonwealth Fund report, Rhode Island ranked #4 in the nation in 2015 for affordability and accessibility. This rating is based on overall performance and also percent change of improvement on indicators related to health care access.⁸⁸ However, much improvement can still be made. In the 2015 Statewide Health Inventory, when asked to rank community health issues, the majority of respondents reported that making health care more affordable (79.5%), increasing access to health care (69.9%) were of extreme importance.⁸⁹

Having a primary care provider (PCP) as the usual source of care is also an important measure of access to care. Having a usual PCP is associated with increased likelihood that patients will receive appropriate care. The total full-time equivalents (FTE) of primary care physicians in Rhode Island was 602.7 in 2014, which according to national recommendations, is 10% fewer than the current demand.⁹⁰ Rhode Island will need to grow its provider workforce to meet increased demand for primary care, especially among vulnerable populations.⁹¹ Increasing access to primary care can improve long-term population health outcomes and health equity.

2.) Healthy Weight and Nutrition

RIH CHF participants cited nutrition and healthy weight as key health priorities in their communities. A healthful diet reduces the risk of many health conditions, including overweight and obesity, heart disease, high blood pressure, type 2 diabetes, and some cancers.

As of 2014, Rhode Island had the 12th lowest adult obesity rate in the nation. However, more than half of Rhode Islanders are impacted by diet-related diseases.⁹² Rhode Island's adult obesity rate is currently 27.0%, up from 16.9% in 2000 and from 10.1% in 1990. The current adult diabetes rate (2014) is 9.4% and (up from 8.4% in 2011) and current adult hypertension rate (2013) is 33.8% (up from 28% in 2009).⁹³ Heart disease is the leading cause of death in Rhode Island and the state's mortality from heart disease is higher than the national average.

In 2015, 12% of Rhode Island high school students self-reported as obese and 15% self-reported being overweight; Hispanic (19%) and black (15%) students reported higher rates of overweight and obesity than their peers.⁹⁴ This disproportionate burden of overweight and obesity on minority children puts them at greater risk for weight-related diseases.

It is widely recognized that improving upstream determinants of health, such as increasing physical and financial ac-

cess to nutritious food, is necessary to reduce the incidence of these diseases, especially as this incidence falls disproportionately on low-income communities and racial and ethnic minority populations.⁹⁵ Although rates of diet-related morbidity varies slightly by demographic characteristics, all subgroups are at risk, and could benefit from increased access to healthful food and support to achieve and maintain a healthy weight.

“Food access” refers to the physical and economic ability to meet one’s dietary needs in a manner that is culturally appropriate and allows sufficient choice of food groups. Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some Americans to eat a healthy diet. Food insecurity is defined as not having access to safe and nutritionally adequate food.⁹⁶ In 2014, Providence County had a slightly higher food insecurity rate (15.1%) than the state as a whole (14.0%).⁹⁷ Federal Supplemental Nutrition Assistance Program (SNAP) participation enrollment expanded significantly over recent years - from 80,138 in 2007 to 174,000 in 2014.⁹⁸ Many families in Rhode Island have trouble feeding their families consistently which makes eating healthy foods much more difficult. Benefits of a healthy diet are immense, especially for children, who are still developing. A healthy diet can prevent heart disease, high blood pressure, type 2 diabetes, and some types of cancer. A healthy diet also helps to lower stress.⁹⁹

Reducing morbidity and mortality from weight and diet-related illness can be achieved by communities, health care systems, and governments working together to develop legislation and local initiatives that impact schools, the workplace, neighborhoods, and health care.^{100,101} Improving nutrition and weight requires a multi-sector solution and RIH is committed to investing in prevention, education, and expansion of clinical and non-clinical services to Rhode Island children and families to improve nutrition and healthy-weight and to decrease the impact of diet-related disease.

3.) Substance Use Disorders

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorders can include use of tobacco, alcohol, or other drugs.¹⁰² Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals and *Prevent Overdose RI* report that treatment admissions for heroin were on the rise between 2010-2014, while admissions for alcohol abuse, other prescription drugs, and marijuana have declined.¹⁰³

For over a decade, opioid use disorder (or opioid dependence or addiction) and accidental drug overdose has been on the rise, likely because of a dramatic increase in the amount of opioids being prescribed.¹⁰⁴ “Illicit” refers to use of illegal drugs, including marijuana according to federal law, and misuse of prescription drugs, such as opioids. In 2013, Rhode Island had the highest rates of illicit drug use in the nation, as well as the highest rate of drug overdose in New England.¹⁰⁵ According to KFF State Health Facts, 23,000 adults and 3,000 youth reported needing but not receiving treatment for illicit drug use between 2013-2014.^{106,107} In 2015, 259 people in Rhode Island died of drug overdose, more than the number of homicides, motor vehicle accidents, and suicides combined.¹⁰⁸ Other than risk of overdose and death, substance use disorders can lead to other chronic diseases such as diabetes and heart disease. Substance use can also lead to behaviors that put the individual at higher risk for communicable and infectious diseases. People with a mental health diagnosis are more likely to use alcohol or drugs than those not affected by a mental illness. In 2014, 18.2% of adults with mental illness had a substance use disorder, while those adults with no mental illness only had a 6.3% rate of substance use disorder in the past year.¹⁰⁹ Addressing substance use treatment and prevention cannot be done without considering mental health.

The Rhode Island Strategic Plan on Addiction and Overdose reports that although Rhode Island has an electronic Prescription Monitoring Program (PMP) and some of the strongest clinical guidelines for the treatment of chronic pain in the country, provider participation is low and is often not enforced. Hospital and state efforts to expand and enforce the use of the PMP, alongside efforts to engage people who are addicted in treatment with evidence-based medical therapies and recovery support could mitigate the epidemic in Rhode Island.¹¹⁰

There are a wealth of services available for treatment of substance use disorders and addiction, including community-based programs, inpatient detoxification centers, outpatient services, and residential programs. Diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.¹¹¹ Hospitals are critical for improving early mental health and addiction diagnoses, to increase utilization of the PMP to prevent addiction, and to provide medication-assisted treatment and support services to those who survive overdose.

4.) Cardiac Health

Cardiovascular Disease, including heart disease and stroke,

is the leading cause of death and disability in Rhode Island and the country. In 2013, 2,364 people in Rhode Island died of heart disease and 397 people in Rhode Island died of stroke.¹¹²

There are many different forms of cardiovascular disease. The most common heart disease in the United States is coronary heart disease, which can lead to heart attack. The 2013 BRFSS reported that 4.9% of Rhode Island adults have had a heart attack, and 33.8% have high blood pressure, which is a major risk factor for cardiovascular disease.¹¹³ The most common cause of heart disease is narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is called coronary artery disease and happens slowly over time.

Risk of heart disease can be reduced by taking steps to control factors:

- Control of blood pressure
- Lowering of cholesterol
- Prevention of smoking
- Adequate amounts of exercise¹¹⁴

In general, treatment for heart disease usually includes lifestyle changes such as eating a low fat, low cholesterol diet and exercising regularly, medications to control heart disease and symptoms, or medical procedures or surgery.¹¹⁵

There are many ways that health systems and hospitals can support good cardiac health. The division of cardiology at RIH uses the latest technology to diagnose and treat heart problems. More than 19,000 patients each year are treated at the division of cardiology at RIH. The CVI of The Miriam Hospital, RIH, and Newport Hospital provides diagnostics, surgery, intervention and rehabilitation at multiple locations in the region. The CVI also provides services for people to help manage hypertension and prevent cardiovascular disease.¹¹⁶

Nutrition and physical activity can help control risk factors for cardiovascular disease and other comorbidities. RIH is committed to expanding access to programs that promote cardiac health to prevent disease such as screening initiatives, free education and awareness programs, and community activities. RIH will collaborate with LCHI and The Miriam Hospital – which is nationally known for its weight management and preventative services, to improve access to these programs in the RIH community.

5.) Cancer

Cancer is the second leading cause of death among Rhode Islanders, and is the first among Asian and Pacific Islanders in the state.¹¹⁷ The age-adjusted cancer incidence for Rhode Island was 479.4 per 100,000 in 2013.¹¹⁸

In Rhode Island and the U.S. overall, annual counts of colorectal cancer cases and deaths have decreased in the past 25 years, due to improved screening and treatment. Age-adjusted incidence for colorectal cancer in 2013 was 38.6 per 100,000, 77.8% of Rhode Islanders were screened in 2013.

Lung cancer is the leading cause of cancer death and the second most common cancer among both men and women in the United States. Annual counts of new lung cancers remained stable between 2009-2013 in Rhode Island (873 cases in 2013), despite prevention efforts and decreased tobacco use. The age-adjusted incidence rate for lung cancer in Rhode Island in 2013 was 69.5 per 100,000.¹¹⁹

Breast cancer is the most common cancer among American women. Nationally, Breast Cancer increased by 0.8% per year among black women and increased by 1.1% per year among Asian/Pacific Islander women.¹²⁰ Women who get regular screening mammograms can lower their risk of dying from breast cancer substantially. The age-adjusted incidence rate for female breast cancer among Rhode Islanders in 2013 was 130.4 per 100,000.¹²¹ In 2013, 85.6% of women aged 50-74 had a mammogram in the past 2 years.¹²²

Prostate cancer is the most common cancer among Rhode Island men and men in the U.S. overall. The age-adjusted incidence rate for Rhode Islanders in 2013 was 117.4 per 100,000, and the average annual count was 685 cases, which represents a decrease during the 5-year period between 2009-2013.¹²³

Cancer of the urinary bladder (“bladder cancer”) is the fifth most common cancer to be diagnosed in Rhode Island. The age-adjusted incidence rate for Rhode Islanders in 2013 was 27.0 per 100,000.¹²⁴ Preventing environmental exposures could prevent most bladder cancer cases in Rhode Island.

Skin cancer (also known as Melanoma of the skin) is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet light. Skin cancer prevention strategies include protecting skin from the sun and avoiding indoor tanning.¹²⁵

Implementation Strategy

In order to address the significant health needs identified for RIH's service area, the hospital will work to implement the following strategies during FY 2017-2019 (October 1, 2016 – September 30, 2019).

1.) Access to Care and Health Literacy

RIH recognizes the many social determinants of health that often inhibit residents from accessing care available in their communities, including health literacy. In addition to the many current steps RIH is taking to increase access to quality care through healthcare workforce development, investments in primary care, and expanding capacities in many programs to meet demand, RIH will implement the following strategies to improve access to care.

- A.** Expand access to high-quality primary care in partnership with LPG and Metacom Medical Associates. Metacom Medical plans to establish NCQA Patient Centered Medical Home quality standards and to expand the practice in the very near future to meet demand for primary care;
- B.** Continue to offer community-based biometric screenings and flu clinics for low income and uninsured residents in partnership with LCHI to promote primary prevention with appropriate referrals to treatment;
- C.** Continue to provide oral health screenings to children in Rhode Island Head Start programs;
- D.** Grow RIH's collaboration with PCHC to share prevention programs across patient panels;
- E.** Continue to improve the existing interpreter and translation services to better meet the needs of patients;
- F.** Strategically expand the reach of the *Healthwise* health literacy program to correctional facilities, adult day centers, low-income residential housing, and adult learning centers;
- G.** Continue to provide free lectures at community sites like community centers, churches, and schools on topics related to health access and health literacy; and
- H.** Continue to educate the community on hospital charity care and financial assistance policies and procedures, so that those who require it receive quality medical care regardless of their ability to pay.
- I.** Establish an 'Ask the Doctor' panel to incorporate at community events, quarterly, focused on addressing issues of access to care and health literacy.

2.) Healthy Weight and Nutrition

RIH will continue to provide services that promote nutrition and healthy weight maintenance. It also recognizes the importance of supporting patients who are dealing with weight-related morbidities through clinical interventions and treatments. RIH will implement the following recommendations to improve healthy weight and nutrition.

- A.** Continue to offer services to adolescents, and promote participation in the HCH Adolescent Weight Management Program services. The multidisciplinary team works together to help adolescents and families develop healthier lifestyles and gain control over their weight. Treatment services include group or individual sessions on balanced diet and healthy lifestyle, as well as maintenance and follow up support to keep healthy habits;
- B.** Increase the number of participants in Food is Medicine classes and begin offering classes in Spanish;
- C.** Continue to provide free community lectures on nutrition and healthy weight;
- D.** Consider instituting a quarterly 'Ask the Trainer' program at the Gerry House exercise facilities on the RIH campus, focused on addressing questions about physical activity recommendations and health promoting behaviors;
- E.** Explore the feasibility of developing a community garden;
- F.** Join the *RI Healthcare Local Food Challenge*, which encourages Rhode Island hospitals and health centers to purchase and provide local sourced, healthy food options along with consumer education in their cafeterias; and
- G.** Begin offering the Center for Disease Prevention and Control's proven effective Diabetes Prevention Program, which teaches people at risk of developing diabetes how to prevent the condition through diet and exercise.

3.) Substance Use Disorders

RIH is invested in working to address the overdose epidemic in New England. RIH participates on the Governor's Overdose Prevention and Intervention Task Force which issued a strategic plan in 2016. The strategies below reflect health system opportunities consistent with the state's strategic plan. The Substance Use Disorders Treatment Program at RIH provides consultations and direct care for patients with substance use disorders and/or with dual-diagnosed conditions. RIH also provides an outpatient program that combines professional care and self-help approaches with an emphasis on abstinence, family participation, relapse prevention, and health promotion. In order to improve continuity of care, a program coordinator acts as a liaison to community agencies in an effort to better develop referral resources and improve the flow of communication with outside providers while offering education and trainings.

In addition to continuing to participate in the efforts of the statewide task force and meeting the increasing demand for services through the treatment program, RIH will implement the following recommendations to reduce substance abuse:

- A.** Increase the proportion of people treated in the RIH emergency department for overdose who engage the services of a Certified Peer Recovery Specialist to seek treatment. RIH's emergency department sees the greatest number of individuals affected by opiate overdose in the state- 30.7% of the statewide total of overdoses referred to peer specialists. In 2016, through July 1, that amounted to 278 people. Since FY 2014, RIH has offered the services of Certified Peer Recovery Specialists to people who survive an opiate overdose, right at their point of entry in the emergency department. In 2016, 82.8% of overdose survivors who were seen by a recovery specialist engaged in recovery supports after discharge from the emergency department. In September 2015, in partnership with AnchorED, those services were extended to 24 hours a day, 7 days a week to meet the increasing demand.
- B.** As a teaching hospital, RIH will train residents to become approved prescribers of medication-assisted treatment, e.g. methadone and buprenorphine.
- C.** Work with the Rhode Island Department of Health and Prevent Overdose RI to prepare and maintain a listing of free therapeutic groups available to the community;
- D.** Continue to provide free community lectures and conferences, like *Parenting Matters* and *Temas Familiares*, on topics related to substance abuse prevention, treatment, and mental health;
- E.** Establish a Buprenorphine Center to work in coordination with the RIH emergency department, so that individuals will be able to receive initial assessment/initiation of buprenorphine/naloxone, and be connected to a Peer Recovery Coach and appropriate therapy services. This new buprenorphine program will provide medically assisted treatment which is an important part of recovery disease management. Buprenorphine treatments have been shown to be safe and cost-effective and to reduce the risk of overdose. The buprenorphine program will be another important asset to help patients manage with and recover from their opiate use problems; and
- F.** Begin offering Mental Health First Aid to the general public and first responders in the RIH service area. Behavioral health and mental health disorders often co-occur, so it is important to address mental health concerns as a preventative technique with behavioral health disorders like substance abuse. Mental Health First Aid is an innovative eight-hour course that trains people to recognize the signs and symptoms of common mental health disorders, to provide immediate initial on-site help, and to guide individuals toward appropriate professional assistance.

4.) Cardiac Health

The Cardiovascular Institute (CVI) at Rhode Island, The Miriam, and Newport Hospital provides high quality diagnostic, interventional, surgical, and rehabilitative cardiac care 24 hours a day, seven days a week. Comprehensive cardiac services are offered at multiple locations throughout the region, and include cardiac diagnostic testing and intervention, cardiac rehabilitation, heart failure management, congenital heart disease management, and programs for lipid management, management of hypertension, and disease prevention. CVI providers create an individualized treatment plan with each patient and makes referrals to specialists when needed. In addition to providing quality care through the CVI, RIH will implement the following recommendations to improve cardiac health.

- A.** Continue to provide free blood pressure screening for low income and uninsured residents, with appropriate referrals to treatment;
- B.** Provide Working Healthy Lectures that focus on cardiac health. Working Healthy is part of Lifespans employee benefit program;
- C.** Continue to provide community-based CPR (both certified and non-certified) and AED training through the Community Training Center at the LCHI; and

- D.** Continue to provide free community lectures on topics related to cardiac health; and
- E.** Continue to provide services through the Comprehensive Stroke Center at RIH. The award-winning center cares for over 1,100 patients with stroke or transient ischemic attack (TIA) annually. Services include a dedicated 10-bed inpatient unit, an emergency department with a dedicated TIA unit, a neurological intensive care unit, radiosurgery and interventional neuroradiology, inpatient rehabilitation, and a stroke support group.

5.) Cancer

RIH is a founding partner of the CCC, which gives patients access to oncology services at three area hospitals, many service delivery options, and available clinical trials. RIH will support the CCC in implementing its three-year action plan, the CCC Roadmap and will continue to provide community-based and clinical services to promote cancer prevention, screening, treatment, and survivorship. RIH will implement the following recommendations to improve cancer services and outcomes:

- A.** Continue to provide preventative screenings like *See, Test & Treat* and SunSmarts for cancers in partnership with LCHI;
- B.** Continue to provide community-based education programs like Avenues of Healing, tobacco cessation programs, Kick Butts Day, and Cancer Survivors Day events;
- C.** Improve patient access, patient experience, and communications, including establishing a CCC Telephone Triage Center to serve as “one-stop shopping” for medical oncology and infusion patients;
- D.** Expand hours for Oncology Medical Home (infusion and symptom management) at RIH;
- E.** Expand the reach of psychosocial care, palliative care, and survivorship programs;
- F.** Strengthen disease site expertise through recruitment and retention of physicians;
- G.** Expand community partnerships to reach underserved populations and improve access and screening through partners like the American Cancer Society; and
- H.** Work with Lifespan Research Department to increase recruitment of underserved populations to research trials.

Notably, the RIH implementation plan is also consistent with the goals of the Rhode Island Department of Health 2013-2018 Cancer Prevention Strategic Plan, which include reducing tobacco use, mitigating environmental exposures, promoting healthy weight, and promoting screenings and early detection of cancers. The RIDOH plan also calls for increased access to optimal treatment for all Rhode Islanders diagnosed with cancer and to promote the health of cancer survivors.¹²⁶

Conclusion

RIH will document progress on the implementation strategies presented as part of its commitment to the community it serves. RIH appreciates the continued support of its partners, recognized below, which help it meet the health care needs of Rhode Islanders.

Acknowledgements

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Community Forum Host Sites

Abundant Blessing Church
Adult Correctional Institute, Rhode Island Department of Corrections
Bradley School South County
Common Fence Point Hall
Community College of Rhode Island, Newport Campus
Direct Action for Rights and Equality
Edward King House
Elmwood Community Center
Empowerment Temple of the International Central Gospel Church
John Hope Settlement House
Laurelmead
Lincoln Public Library
Met School/College Unbound
Middletown Fire Department
New Dimension Apostolic Church
Newport County YMCA
Olney Street Baptist Church
Pell Elementary School
Refugee Dream Center
Renaissance Adult Day Health Care Center
Rhode Island Parent Information Network
Riverside Public Library
Rochambeau Library, Providence Community Library
St. Michael's Church

Contact Information

For information regarding the 2016 RIH CHNA process or findings, or for information on any of the services or strategies mentioned, please contact the Lifespan Community Health Institute.

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Appendix A

Rhode Island Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
Urban Core Region	Providence, RI	7,656	7,808	7,761	108,129	109,954	107,595
	Cranston, RI	4,426	4,567	4,562	40,271	41,930	42,077
	Warwick, RI	2,238	2,177	2,270	13,974	14,993	15,888
	West Warwick, RI	657	622	702	4,713	4,904	5,266
	Central Falls, RI	368	402	428	6,675	6,666	6,798
	Johnston, RI	1,051	1,115	1,116	6,540	7,398	7,531
	North Providence, RI	365	350	433	3,438	3,779	3,822
	Pawtucket, RI	1,352	1,399	1,405	18,678	20,476	20,567
Region Total		18,113	18,440	18,677	202,418	210,100	209,544
East Bay Region	Barrington, RI	526	522	525	3,371	3,912	3,696
	Bristol, RI	854	908	905	3,964	4,432	4,533
	Warren, RI	673	608	691	2,815	3,189	3,223
	Fall River, MA	516	548	605	2,154	2,321	2,503
	Somerset, MA	112	118	133	765	863	898
	Swansea, MA	161	146	155	1,062	1,143	1,222
	Little Compton, RI	37	46	28	215	345	341
	Tiverton, RI	154	138	155	982	1,218	1,325
	Dartmouth, MA	73	67	218	445	379	929
	New Bedford, MA	306	282	267	1,418	1,358	937
	Westport, MA	72	76	70	411	471	442
	Jamestown, RI	58	58	69	390	676	704
	Middletown, RI	170	161	187	1,165	2,677	2,434
	Newport, RI	230	244	265	1,811	3,613	3,396
	Portsmouth, RI	163	160	182	1,457	2,525	2,350
Region Total		4,105	4,082	4,455	22,425	29,122	28,933
I95 Corridor Region	Attleboro, MA	444	362	446	1,861	1,929	2,017
	North Attleboro, MA	202	172	204	1,093	1,186	1,201
	Plainville, MA	40	21	39	128	121	164
	Wrentham, MA	19	8	17	128	67	104
	Cumberland, RI	560	510	587	4,883	5,559	5,896
	Lincoln, RI	407	347	377	3,185	3,919	4,061
	Smithfield, RI	505	490	470	2,807	3,353	3,465
	Dighton, MA	51	49	55	311	282	296
	Rehoboth, MA	177	197	195	1,222	1,578	1,421
	Seekonk, MA	354	282	335	1,945	2,148	2,403
	East Providence, RI	2,371	2,233	2,346	14,806	16,394	16,411
Region Total		5,130	4,671	5,071	32,369	36,536	37,439

Appendix A *continued*

Rhode Island Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
South Region	Coventry, RI	749	715	704	4,434	4,838	4,993
	East Greenwich, RI	355	361	367	2,331	2,920	2,905
	Exeter, RI	82	98	99	675	691	703
	North Kingstown, RI	482	550	569	3,138	3,942	4,133
	West Greenwich, RI	104	104	139	709	880	780
	Charlestown, RI	100	117	126	499	582	519
	Hopkinton, RI	144	175	163	777	905	887
	Narragansett, RI	178	185	205	884	1,065	1,142
	New Shoreham, RI	20	20	11	59	98	87
	Richmond, RI	59	76	66	362	436	395
	South Kingstown, RI	378	390	417	2,100	2,435	2,562
	Westerly, RI	277	299	265	992	1,312	1,241
Region Total		2,928	3,090	3,131	16,960	20,104	20,347
North West Region	Douglas, MA	2	4	4	42	41	56
	Uxbridge, MA	13	7	14	66	95	93
	Burrillville, RI	384	339	323	2,291	2,507	2,463
	Foster, RI	180	187	160	912	1,087	1,139
	Glocester, RI	109	162	150	1,166	1,275	1,316
	Scituate, RI	292	282	303	1,872	2,301	2,318
	Bellingham, MA	12	14	24	146	146	136
	Blackstone, MA	39	26	38	215	201	241
	Franklin, MA	14	14	16	163	128	121
	Millville, MA	9	3	9	61	53	69
	North Smithfield, RI	192	213	224	1,308	1,786	1,847
	Woonsocket, RI	819	744	786	6,707	6,949	6,957
Region Total		2,065	1,995	2,051	14,949	16,569	16,756
Other	Other MA Towns	693	622	819	3,777	4,167	4,407
	CT Towns	307	299	321	1,770	1,870	1,825
	Unknown	545	557	442	2,911	2,828	3,189
Other Total		1,545	1,478	1,582	8,458	8,865	9,421
TOTAL		33,886	33,756	34,967	297,579	321,296	322,440

Appendix B

Rhode Island Hospital Community Health Forum Schedule

Friday, April 22

6:00 p.m. - 8:00 p.m.

Refugee Dream Center

340 Lockwood St, Providence, RI 02907

Saturday, April 23

12:00 p.m. - 2:00 p.m.

Empowerment Temple of the International Central Gospel

Church 30 E Dunnell Ln, Pawtucket, RI 02860

Sunday, April 24

1:00 p.m. - 3:00 p.m.

Abundant Blessing Church

825 Mineral Spring Ave, Pawtucket, RI 02860

Monday, April 25

10:30 a.m. - 12:30 p.m.

Renaissance Adult Day Health Care Center

1090 Eddy St, Providence, RI 02905

Thursday, April 28

5:30 p.m. - 7:30 p.m.

John Hope Settlement House

7 Thomas P. Whitten Way, Providence, RI 02903

Monday, May 23

9:00 a.m. - 10:00 a.m. &

12:30 p.m. - 1:30 p.m.

ACI Women's and Men's Minimum Security

40 Howard Ave, Cranston, RI 02920

Tuesday, May 24

12:00 p.m. - 2:00 p.m.

Elmwood Community Center

155 Niagara St, Providence, RI 02907

Sunday, June 12

12:30 p.m. - 2:30 p.m.

St. Michael's Church

239 Oxford St, Providence, RI 02905

Appendix C

Rhode Island Hospital CHNA Community Liaison Profiles

Akosua Adu-Boahene is a full time student, proudly graduating this May from the School of Public Health at Brown University with her Master of Public Health degree. Akosua also works part time as a research intern at the Rhode Island Department of Health. She looks forward to applying the knowledge and skills she has acquired during her training as a MPH student in her role as a community liaison, supporting the Rhode Island Hospital community health needs assessment.

Isaac Ogbomo is the Executive Director of Raising Hope, Inc., a community-based non-profit organization in Providence. The organization supports low income immigrant youth to improve life skills, provide job opportunities, and support transition into colleges or chosen careers. Isaac is a licensed soccer coach, passionate about the health and physical fitness of low income youth in Providence. Collaborating with Lifespan to assess community health needs in Rhode Island is an expression of his interest in the health and wellbeing of the population he serves. Isaac is also currently pursuing a doctoral program in Education, with emphasis on Leadership of Behavioral Health Organizations.

Norma V. Hardy M.Ed, CHES, is a health education specialist with over twenty years of community-based research work experience in program planning and development for low income and/or minority populations. Ms. Hardy is an experienced Motivational Counselor for behavioral change. She is also an experienced project manager who coordinates data to ensure excellent quality of data sets and tracking systems across multiple projects.

Joselina Reyes currently works as the administrative secretary of a transportation business with her husband. Joselina studied Psychology at Sacred Heart University in Puerto Rico and was drawn to the Community Liaison role because she enjoys providing useful information to those who need it. She believes that information can help all people identify solutions to their problems and improve knowledge of the environment. Serving as a Community Liaison will help Joselina gain experience and is an expression of her passion- helping others.

Joemily Collazo works as a Landscape Gardener for Wild and Scenic, Inc. during the spring, summer and fall. She spends her winter months performing outreach and helping multiple organizations in her community of Providence. Joemily is also a Lay Speaker at the Open Table of Christ United Methodist Church. She was drawn to that role because it is another opportunity to do whatever she can to help improve the quality of life in her community. Though temporary, Joemily hopes that the Community Liaison position will allow her to help Lifespan obtain the data it needs to make decisions about the types of programs and services it should offer.

Kenya Fullen is a passionate community advocate who operates on the belief that those with the strongest support system and resources are the ones who are able to surmount life's challenges. A graduate of the University of Rhode Island, Kenya is actively pursuing a master's degree in community development from Roger Williams University. Kenya is also the owner of People's Social Service Consulting, an organization whose mission is to empower marginalized communities to achieve a better quality of life. Serving as a vehicle to address issues around education, housing and employment, People's Social Services uses a holistic approach to assist its clients to reach higher levels of self-sufficiency.

Appendix C *continued*

Community Liaison Position Description

Position Summary

The Lifespan Community Health Institute (LCHI), formerly Lifespan Community Health Services, recognizes that good health begins in our homes, schools, workplaces and communities, and that, as a health care system, we must focus on safeguarding health and preventing disease, as well on providing medical care. The LCHI mission is to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI works to expand Lifespan's role in our community by facilitating cooperative efforts with community partners to address the full spectrum of conditions that affect health. One of our major activities in 2016 is to assist each of the Lifespan hospitals- Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to address the identified needs over the next several years. As such, the LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to gather community input in the needs assessment process.

The Community Liaison is a temporary, part-time position through June 2016. An estimated 30-50 hours will be distributed over the course of 2-3 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees.

Responsibilities

The Community Liaison will assist Lifespan staff with identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum to inform the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. Further, the Community Liaison will assist with recruitment, logistics, facilitation, and interpretation of each forum. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be trained on expected tasks and relevant data.

- Generate outreach leads and recruit strategic partners
- Develop and maintain productive relationships with various stakeholders, to create buy-in for the community health needs assessment process
- Assist with the development and execution of presentations for small groups and community organizations, including logistics and follow-up
- Coordinate and support other outreach activities, including presentations or tabling at large public events, listening sessions or neighborhood meetings
- Team with Lifespan staff and other Community Liaisons to complete tasks
- Deliver effective communication and consistent follow-up with contacts and community partners
- Manage and communicate details of information, supplies, or other resources needed to complete tasks

Qualifications and Competencies

- Trusted community broker with demonstrated success organizing community efforts
- A commitment to and interest in community health
- Willingness to work in a team environment – and the ability to work independently
- Excellent oral communication skills
- Comfort with public speaking
- Very good interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks

Appendix C *continued*

Community Liaison Position Description

- Detail-oriented, with good time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- A working knowledge of Microsoft Office software, including, Word, Excel and PowerPoint

Desired Skills

- Personal or professional experience in a public health or related field (community outreach or organizing, health care, public policy, community development).
- Some experience interpreting and explaining data
- Spanish language or other additional language capacity

Appendix D

Health Equity Zones Description

Health Equity Zones are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.

Healthy Communities are places where people live, work, play, and learn. These are neighborhoods consisting of social and physical environments that support healthy choices and safe living.

The Centers for Disease Control and Prevention and the Rhode Island Department of Health are collaborating with 10 Health Equity Zones (HEZs) throughout Rhode Island to support innovative approaches to prevent chronic diseases, improve birth outcomes, and improve the social and environmental conditions of neighborhoods across five counties statewide.

Each Health Equity Zone (HEZ) organization's work plan will be implemented over a three or four year period that began in 2015. All HEZs grantees conducted community needs assessments in year one. HEZ work plans, based on the needs identified and prioritized in year one, focus on the residents in neighborhoods that each Health Equity Zone serves. The HEZ work plans present ideas and approaches to invest in local communities and improve population health. Community engagement is a priority in reaching these public health goals. Building and expanding local collaborative will help to create healthier equitable communities.

Health Equity Zones and Backbone agencies

Bristol HEZ: Citywide

Backbone agency: Town of Bristol

The Bristol HEZ focuses on improving nutrition and access to healthy food, promoting physical activity, facilitating community public health events, adopting Complete Streets policies, facilitating health literacy classes and health screenings, and offering the Diabetes Prevention Program (DPP). Bristol is also working with community providers to implement interventions that will improve local healthcare systems.

Newport HEZ: Citywide

Backbone agency: Women's Resource Center

The Newport HEZ focuses on mobilizing residents and resources of the Broadway and North End neighborhoods; improving transportation; increasing healthy food access; creating economic opportunity; securing open space, parks and trails; embracing arts and culture; and developing physical and emotional health through two new neighborhood Wellness Hubs that will house evidence-based, lifestyle-change diabetes prevention and self-management programs.

North Providence HEZ: Neighborhood

Backbone agency: North Providence School Department

The North Providence HEZ focuses on the Marieville Elementary School and Birchwood Middle School neighborhoods and the identified health needs of students and their families. Focus areas include: the environment, safe routes to school, recreational facilities, greener school yards, affordable fruits and vegetables, asthma, connecting residents to diabetes prevention and self-management programs, obesity, mental and behavioral health, tobacco use and exposure, substance abuse, and violence.

Pawtucket and Central Falls HEZ: Citywide

Backbone agency: Local Initiatives Support Corporation (LISC)

The Pawtucket and Central Falls HEZ focuses on adolescent and behavioral health while supporting culturally competent health services. LISC engages residents around increasing access to healthy affordable food, connecting residents to diabetes prevention and self-management programs, adopting nutrition guidelines where food is sold, supporting healthy housing, empowering tenants, and increasing landlord accountability, building a community kitchen, improving transportation efficiency, creating linkages to job training, supporting small and micro businesses, establishing youth coalitions, and facilitating positive relationships across diverse neighborhood populations.

Providence HEZ: Citywide

Backbone agency: Healthy Communities Office

The Providence HEZ - Healthy Communities Office focuses on improving community health around the city's recreation centers, improving nutrition, developing community gar-

Appendix D *continued*

Health Equity Zones and Backbone agencies

dens, offering the Providence Summer Food Service Program, developing healthy food policies for public facilities, increasing access to physical fitness programs for adults and youth in public places, conducting activities to increase health and safety in parks and rec centers, offering diabetes prevention and self-management programs, and improving environmental health by implementing green infrastructure projects.

Providence HEZ: Olneyville Neighborhood;
Backbone agency: ONE Neighborhood Builders

The Olneyville HEZ focuses on increasing and promoting physical activity, access to healthy affordable foods, farmers markets and community gardening, redevelopment of distressed and vacant properties, addressing public safety issues, improving public transportation, providing access to diabetes prevention and self-management programs, opportunities for resident financial stability, and community engagement through community pride events and initiatives in efforts to build a more collective and cohesive community.

Providence HZ:
Neighborhoods Southside, Elmwood, West End
Backbone agency: Providence Children and Youth Cabinet

The Providence HEZ focuses on increasing enrollment and implementation of the Incredible Years Parent Program (promoting young children’s social, emotional, and academic lives); creating solutions for greater resident engagement, community organization, and neighborhood ecosystem support; reducing violence; and improving distressed and vacant properties.

Washington County HEZ: Countywide
Backbone agency: South County Health

The Washington County HEZ promotes programs related to childhood obesity and mental health. Programs include: 5-2-1-0, an evidence-based program, encouraging families to keep a healthy weight, Reach Out and Read, promoting reading aloud to children daily, and Youth Mental Health First Aid, for those interacting with adolescents. The HEZ also focuses on connecting residents to local farmers markets accepting SNAP and WIC benefits for access to healthy food.

West Warwick HEZ: Citywide
Backbone agency: Thundermist Health Center

The West Warwick HEZ focuses on improving access to healthy, affordable, fresh food by sponsoring “pop-up” farmers markets, addressing high rates of substance use and overdose through Peer Recovery Services; promoting teen health workgroups; and working with trauma workgroups. The HEZ also uses information from ten Community Health Living Assessments (CHLI) based on 255 engaged residents who offered ideas related to healthy environment initiatives, planning for more citywide recreation programs, and solutions for improving public transportation.

Woonsocket HEZ: Citywide
Backbone agency: Thundermist Health Center

The Woonsocket HEZ focuses on providing access to healthy, affordable, fresh food by creating six new food access points in Woonsocket including “pop-up” markets; addressing high rates of substance use and overdose through The Serenity Center (a free community drop-in center for adults in recovery), providing teen education and outreach at the Woonsocket school-based health center, addressing trauma awareness through Community Care Alliance training, and designing a pedestrian walking plan “Woonsocket Walks - A City on the Move.

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