

Community Health Needs Assessment

RHODE ISLAND HOSPITAL

SEPTEMBER 30, 2019

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I. Introduction

A. Description of CHNA Purpose & Goals

Rhode Island Hospital (RIH), located in Providence, Rhode Island, is a 719-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services for the acute care of patients principally from Rhode Island and southeastern Massachusetts. As a complement to its role in service and education, RIH actively supports research. RIH is accredited by the Joint Commission on Accreditation of Healthcare Organizations and participates as a provider primarily in Medicare, Blue Cross, and Medicaid programs. RIH is also a member of Voluntary Hospitals of America, Inc.

Effective August 9, 1994, RIH and The Miriam Hospital (TMH) of Providence, RI (247 beds) implemented a plan which included the creation of a not-for-profit parent company, Lifespan Corporation. Each hospital continues to maintain its own identity, as well as its own campus and its own name. Lifespan, the sole member of RIH and TMH, has the responsibility for strategic planning and initiatives, capital and operating budgets, and overall governance of the consolidated organization.

In addition to RIH and TMH, Lifespan's affiliated organizations also include Emma Pendleton Bradley Hospital (EPBH), Newport Hospital (NH), Gateway Healthcare, Inc. (Gateway), and Lifespan Physician Group, Inc. (LPG), as well as other organizations in support of Lifespan and its hospitals.

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) nonprofit 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 group includes, among others, members of the medically underserved, low-income, and minority populations in the community cared for 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, to better understand the individual and community-level health concerns of the population that it serves. This process and its resultant findings were achieved through an effort to involve the community in determining its significant health care needs. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the form 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 that CHNA were to: (1) provide a review of what RIH has accomplished in addressing the significant needs identified in its implementation strategy included in RIH's initial CHNA, dated September 30, 2013; (2) to define the community that RIH serves; (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 were of most significance to the community; (5) and to provide an implementation strategy that detailed how RIH would address those significant needs.

This report represents the third CHNA conducted by Lifespan on behalf of RIH, covering the fiscal period from October 1, 2016 through September 30, 2019. The goals of this CHNA are the same as those outlined above for 2016. The implementation strategy to be presented as a result of this CHNA will be used organizationally to guide hospital strategic planning over the next three years (October 1, 2019 through September 30, 2022).

B. History and Mission of Rhode Island Hospital

As a founding member of the Lifespan health system, RIH 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 Level I trauma center for southeastern New England, the Hospital is dedicated to being on the cutting edge of medicine and research. It also operates Hasbro Children's Hospital (HCH), a division of RIH and the State's only facility dedicated to medical pediatric care. HCH opened in 1994, replacing RIH's overcrowded 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 building 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.

A founding teaching affiliate of The Warren Alpert Medical School of Brown University, RIH was named the medical school's Principal Teaching Hospital in 2010. RIH currently sponsors fifty graduate medical education programs accredited by or under the auspices of the Accreditation Council for Graduate Medical Education, while also sponsoring another thirty-five hospital-approved residency and fellowship programs. RIH serves as the principal setting for these clinical training programs, which encompass the following disciplines: anesthesiology; internal medicine and medicine subspecialties, including hematology and oncology; orthopedics and orthopedic subspecialties; clinical neurosciences and related subspecialties; general surgery and surgical subspecialties; pediatrics and pediatric subspecialties, including hematology and oncology; dermatology; radiology and radiology subspecialties; pathology; child psychiatry; emergency medicine and emergency medicine subspecialties; dentistry; and medical physics. RIH provides stipends to residents and physician fellows while in training. 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.

Table 1- Rhode Island Hospital Statistics, FY 2018 ⁵

Year founded	1863
Employees	7,781
Affiliated physicians	1,826
Licensed beds	719
Patient Care	
Patient discharges	36,912
Emergency department visits	152,328
Outpatient visits	333,546
Outpatient surgeries	13,685
Inpatient surgeries	9,913
Financials (<i>\$ in thousands</i>)	
Net patient service revenue	\$1,279,699
Research funding revenue	\$60,608
Total assets	\$1,293,953

In 2017, Lifespan launched its new shared values that define how services are provided across all affiliates – **compassion, accountability, respect, and excellence** – four words that form the acronym C.A.R.E. and succinctly capture the substance of its mission, *Delivering health with care*. This acronym serves as RIH's "true-north" guide, helping Lifespan become the best place to obtain care and the best place to work.

Furthermore, Lifespan identified eight core priorities that help focus its efforts on strategies that advance its commitment to improving the health and well-being of the people of Rhode Island and southeastern Massachusetts.

- ❖ **ADVANCING ACADEMICS & RESEARCH:** Advance clinical operations to train the next generation of clinicians, as well as advance research and the science of medicine.
- ❖ **COMMITMENT TO THE COMMUNITY:** Enhance corporate visibility; improve the health and wellness of the communities Lifespan serves.
- ❖ **COST:** Continue to work to reduce the overall cost of care.
- ❖ **PHILANTHROPY:** Cultivate community relationships to enhance charitable contributions made to Lifespan to advance the mission and vision of the organization.
- ❖ **PHYSICIAN PARTNERSHIP:** Achieve outstanding collaboration with the system's aligned physician partners.
- ❖ **QUALITY AND SAFETY:** Achieve and maintain top decile performance in quality, safety, and patient experience.

- ❖ VALUE-BASED CARE: Continually improve quality and control cost to drive the value imperative.
- ❖ WORKFORCE: Recruit, retain, and engage top talent that is aligned with Lifespan’s shared values to provide an extraordinary patient experience.

C. Commitment to the Community

RIH has a longstanding commitment to the members of its community, extending the scope of the care and resources it provides through programs, conferences, presentations, and support groups. RIH is committed to promoting health equity and reducing health disparities for its patients.

During the fiscal year ended September 30, 2018, RIH provided more than \$135.7 million in charity care and other community benefits for its patients, which accounted for approximately 9.7% of total operating expenses. RIH bills uninsured and underinsured patients using the prospective method, whereby patients eligible for financial assistance under RIH’s Financial Assistance Policy are not billed more than “amounts generally billed”, defined by the Internal Revenue Code Section §501(r) as the amount Medicare would reimburse RIH for billed care (including both the amount that would be reimbursed by Medicare, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary.⁶ Notably, in addition to this financial assistance and subsidized health services, RIH provided more than \$1 million in community health improvement services and community benefit operations.⁷

	(\$ in thousands)
Charity care	\$18,009
Medical education, net	\$53,262
Research	\$10,774
Subsidized health services	\$9,570
Community health improvement services and community benefit operations	\$1,023
Unreimbursed Medicaid costs	\$43,132
Total cost of charity care and other community benefits	\$135,770

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, diabetes and other diseases, smoking cessation, immunization and nutrition programs, health promotion education, community health training programs, patient advocacy, and foreign language translation.

The Lifespan Community Health Institute (LCHI), with a mission to ensure that all people can achieve their optimal state of health through healthy behaviors, healthy relationships and healthy environments, works with all Lifespan affiliates to achieve population health goals and partners extensively with RIH.

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.⁹ In partnership with community-based agencies as well as

hospital and Lifespan system leadership, LCHI led the design and development of the 2019 CHNA.

Community and patient engagement is a critical component of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, www.lifespan.org/centers-services/lifespan-community-health-institute/community-health-reports-and-resources in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, is maintained and houses each hospital's CHNA report and implementation strategy. This site also serves as a conduit to link community residents and organizations to RIH's health-promoting initiatives.¹⁰

D. Rhode Island Hospital – Notable Achievements

October 1, 2018 marked 150 years since the doors of RIH officially opened to patients. On October 6, 1868, John Sutherland, a 59-year-old shoemaker, was the first patient to be admitted.¹¹ Since that time, RIH has introduced 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 is recognized for improving access to quality, evidence-based clinical care for patients through community partnerships, funding innovative research, and investing in modern 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. Hospital leadership and staff are constantly striving to better serve their patients and community.

Notable achievements in *clinical services* during the reporting periods representing the fiscal years ended September 30, 2017 through September 30, 2019 include^{12,13}:

- ❖ HCH opened a clinical decision unit adjacent to its Emergency Department during the fiscal year ended September 30, 2017 for patients likely to require stays of less than 24 hours, reducing the wait times in the pediatric emergency department.
- ❖ HCH established the Children's Center for Liver Disease during the fiscal year ended September 30, 2017.
- ❖ RIH opened the Lifespan Recovery Center during the fiscal year ended September 30, 2017 to help battle the opioid crisis in Rhode Island, providing rapid access to treatment and support during recovery.
- ❖ The department of physical medicine and rehabilitation opened at Rhode Island Hospital during the fiscal year ended September 30, 2019.
- ❖ The Lifespan Cancer Institute opened the Sickle Cell Multidisciplinary Clinic at RIH during the fiscal year ended September 30, 2018. The clinic gives patients a medical home, helping to reduce Emergency Department visits and inpatient admissions.
- ❖ In May 2018, a team of physicians and nurses at HCH performed a life-changing spina bifida repair on a fetus in his mother's womb, the first procedure of its kind conducted in Rhode Island.

- ❖ IBM Watson Health included RIH on the list of 50 Top Cardiovascular Hospitals for both 2018 and 2019, the fifth time RIH has received the distinction.
- ❖ Healthgrades, an online resource for information about physicians and hospitals across the nation, honored RIH and TMH as recipients of the 2018 Distinguished Hospital Award for Clinical Excellence, joining 248 other hospitals across the country.
- ❖ RIH, TMH, and NH were recognized for their excellence in stroke care. The American Heart Association/American Stroke Association honored all three hospitals as recipients of its “Get With The Guidelines” Stroke Achievement Award, along with additional distinctions.

Notable achievements in *research* during the reporting periods representing the fiscal years ended September 30, 2017 through September 30, 2019 include^{14,15}:

- ❖ Researchers at RIH and TMH were awarded a \$9.4 million federal grant to explore new treatments to combat antibiotic-resistant bacteria, an urgent public health concern. The National Institutes of Health (NIH) grant established a Center of Biomedical Research Excellence called the Center for Antimicrobial Resistance and Therapeutic Discovery.
- ❖ A research team at HCH received a \$1.8 million grant from NIH to study the effects of environmental exposures on the health and development of children.
- ❖ RIH received an \$8.8 million grant from the National Heart, Lung, and Blood Institute to develop a community-based pediatric asthma care program.
- ❖ The Pediatric Anxiety Research Center at the Bradley/Hasbro Children’s Research Center received a \$3.4 million award from the Patient Centered Outcomes Research Institute to compare patient-centered (in-home) and provider-centered (in-office) outpatient treatment for children with anxiety and obsessive-compulsive disorder.
- ❖ HCH physician Mark Zonfrillo, MD, helped author a study that examined the rising cost of non-fatal injuries in the United States — estimated at \$1.9 trillion in 2013. The study recommends risk factors that should be addressed to reduce these injuries.
- ❖ Leaders of Lifespan and the Lifespan Cardiovascular Institute signed an agreement with a delegation from Huazhong University of Science and Technology’s Tongji Medical College and Union Hospital in Wuhan, China. The pact establishes an exchange program centered on cardiovascular research, cardiology, echocardiography, and cardiovascular surgery.

Notable achievements in *safety, quality, and patient-centered care* during the reporting periods representing fiscal years ended September 30, 2017 through September 30, 2019 include^{16,17}:

- ❖ The HCH Medicine Pediatric Clinic and the Pediatric Primary Care Clinic received a Patient-Centered Medical Home designation from the National Committee for Quality Assurance during the fiscal year ended September 30, 2017.
- ❖ The HCH pediatric intensive care unit earned the Silver Beacon Award for Excellence from the American Association of Critical Care Nurses during the fiscal year ended

September 30, 2017, one of only sixteen pediatric intensive care units in the country to be recognized.

- ❖ For the second time, Lifespan's four hospitals: RIH, TMH, EPBH, and NH, achieved Top Performer status on the Healthcare Equality Index (HEI), a national benchmark of hospitals' policies and practices related to equitable and inclusive treatment of their LGBTQ patients, visitors, and employees.
- ❖ The three eligible Lifespan affiliates — RIH, TMH, and NH — were among fewer than 1,000 hospitals nationwide awarded an A in the Leapfrog Hospital Safety Grades in October 2017 and April 2018. Further, the Leapfrog Group named RIH as a "Top Hospital", one of 115 nationwide.
- ❖ The nurses in the Cardiothoracic Intensive Care unit at RIH were recognized for their excellence in care and outcomes. The unit received the Silver Beacon designation from the American Association of Critical-Care Nurses for the third time.

Notable *community investments* during the reporting periods representing fiscal years ended September 30, 2017 through September 30, 2019 include^{18,19}:

- ❖ The heartwarming Good Night Lights ritual at HCH marked its third anniversary in December 2017. NBC's "The TODAY Show" and Cheerios honored its creator, HCH volunteer Steve Brosnihan, with a Goodness Grant and sent a camera crew to document the tradition.
- ❖ Lifespan and Tufts Health Plan were founding sponsors of JUMP Providence, bringing the first bike-share program to Providence.
- ❖ During the annual Season of Giving, initiatives such as food and toy drives, collections of warm outerwear, and gingerbread house kit sales were organized to brighten the holidays for RIH neighbors in need. A new collaboration with Ocean State Job Lot in November 2018 yielded 50,000 pounds of food to supply local food pantries.
- ❖ At the beginning of 2018, LCHI expanded its Connect for Health program to serve patients of RIH's Center for Primary Care in addition to patients and families of the primary care clinic at HCH. The program screens patients for health-related social needs and links patients to the basic resources they need to be healthy.
- ❖ The Cranston Police Department and the Lawrence A. Aubin, Sr. Child Protection Center at HCH collaborated during the fiscal year ended September 30, 2018 on a canine comfort therapy program that is believed to be the first of its kind in the nation. An Australian labradoodle puppy helps foster trust in children who are victims of maltreatment, including sexual and physical abuse.
- ❖ During the summer of 2018, Camp Dotty, held on the grounds of HCH, marked twenty years of giving children battling cancer and their siblings the chance to enjoy a traditional summer camp experience. Camp Dotty is funded by The Tomorrow Fund, an unaffiliated not-for-profit organization.
- ❖ During the fiscal year ended September 30, 2018, RIH began participating in Project Search, a training program for people with developmental disabilities which helps them prepare to become employed. Unlike the youth programs at TMH and NH, RIH works with adults whose ages are between 21 to 30.

II. Rhode Island Hospital – Defining the Community It Serves

RIH serves patients from throughout Rhode Island and Southeastern Massachusetts. About half of RIH’s patients come from Providence County. During the fiscal year ended September 30, 2018, 28.6% of RIH patients were from the city of Providence, 12.5% were from neighboring Cranston, and 6.8% and 5.5% were from Pawtucket and Warwick, respectively. *See Appendix A.*²⁰ Because RIH is home to the State’s only Level I Trauma Center and offers many specialty services, it attracts patients from all over the region.

RIH is located in Providence County, home of over 636,000 residents covering 410 square miles, and the most densely populated county in Rhode Island. The population of Providence County is racially and ethnically diverse, and is slightly younger, on average, than the rest of the State.²¹

Table 3- Demographics estimates, July 1, 2018²²	Providence City	Providence County	Rhode Island
Population estimates	179,335	636,084	1,057,315
% below 18 years of age	22.6%	20.5%	19.4%
% 65 and older	9.6%	15.3%	17.2%
% Non-Hispanic African American	15.6%	12.3%	8.4%
% American Indian and Alaskan Native	1.3%	1.4%	1.1%
% Asian	6.2%	4.5%	3.6%
% Native Hawaiian/Other Pacific Islander	0.2%	0.3%	0.2%
% Hispanic	42.0%	23.4%	15.9%
% Non-Hispanic white	34.3%	60.9%	72.0%
% Language other than English spoken at home*	49.5%	31.1%	22.0%
% Females	51.8%	51.3%	51.4%
Median household income*	\$40,366	\$52,530	\$61,043
% Persons in poverty	26.9%	14.7%	11.6%
Persons per square mile**	9,676.2	1,530.3	1,018.1
% Persons without health insurance	12.5%	6.6%	5.5%

*2013-2017 estimates, **2010

The median household income within Providence County is \$52,530 and 14.7% of residents are living in poverty. More than 18% of residents are foreign born, and 31.1% of families speak a language other than English at home. Almost 84% of Providence County residents are high school graduates, and more than 64% of people are active in the workforce. According to the U.S. Census, 6.6% of residents are uninsured.²³

The demographics of the city of Providence differ from the County, with almost twice as many city residents living in poverty. The city population is also made up of a higher proportion of African American (15.6% vs. 12.3%), Asian (6.2% vs. 4.5%), and Hispanic (42.0% vs. 23.4%) residents. The median household income in the city (\$40,366) is significantly lower than the county and state median. As of 2018 estimates, there are almost twice as many residents who are uninsured in the city of Providence when compared to

Providence County, and more than 2.5 times as many uninsured than the statewide percentage.²⁴ These factors are important to consider when planning for the RIH patient population.

During the fiscal year ended September 30, 2018, RIH had 31,714 adult inpatient discharges and 4,813 pediatric inpatient discharges. Also in the fiscal year ended September 30, 2018, there were 155,157 adult outpatient encounters, 81,047 pediatric outpatient encounters, 72,250 adult emergency department (ED) encounters, and 49,756 pediatric ED encounters.²⁵ Cardiac health is a significant health need that impacts a large portion of the community served by RIH. RIH has handled over 63,000 cardiac encounters and 1,600 cases of congestive heart failure during each of the three fiscal-years covering October 1, 2016 through September 30, 2019.

In 2018, 85% of adult and pediatric patients at RIH spoke English as their primary language, with a higher proportion of inpatients and a lower proportion of emergency department patients identifying English as their language spoken. The other most frequently spoken languages were Spanish (11%) and Portuguese (1%), followed by Khmer (<1%), Cape Verdean Creole (<1%), and Arabic (<1%) in the fiscal year ended September 30, 2018.²⁶

Nineteen percent of the adult and 33% of the pediatric patient population identified as Hispanic or Latino. Of those who did *not* identify as Hispanic or Latino, 83% identified their race as White or Caucasian, 11% as Black or African American and 1% as Asian. Table 4 shows the racial and ethnic breakdown of the patient population in fiscal year ended September 30, 2018.

Table 4- RIH Patient Population Race²⁷	Total	Percent
Hispanic or Latino	68,843	22.7%
White or Caucasian	199,831	66.0%
Black or African American	33,697	11.1%
Asian	4,155	1.4%
American Indian or Alaska Native	404	0.1%
Native Hawaiian or Other Pacific Islander	545	0.2%
Two or More Races	1,340	0.4%
Other/Unknown/Refused	62,965	20.8%

III. Update on 2016 CHNA Implementation Strategy

RIH conducted its CHNA dated September 30, 2016 and the CHNA implementation strategy covering the period of October 1, 2016 through September 30, 2019. The September 30, 2016 CHNA findings reflected significant community input garnered through community forums, surveys and key informant interviews. In addition, RIH reviewed hospital utilization data and public health trends to inform its selection of implementation priorities.²⁸ The

September 30, 2016 CHNA and implementation strategy were distributed widely among Lifespan stakeholders, community partners, and the general public.

[Access to Care and Health Literacy](#)

Below are actions RIH took between October 1, 2016 and September 30, 2019 to address the identified significant need of access to care and health literacy:

- A. Expand access to high-quality primary care in partnership with LPG and Metacom Medical Associates (Metacom Medical). Metacom Medical plans to establish NCQA Patient-Centered Medical Home quality standards and to expand the practice in the very near future to meet the demand for primary care.
- LPG Metacom Medical established a Patient Centered Medical Home (NCQA Level 3) in March 2018. Prior to joining Lifespan, this practice had achieved level 2 PCMH status in 2015 but with the infrastructure and support of LPG, this practice was able to achieve a higher level of distinction.

Patients with chronic diseases such as diabetes and hypertension have benefited most by having a readily available PCMH PCP office where patients are tracked closely by a physician, nurse care manager, and pharmacist to ensure that staff are adequately controlling their patient's illnesses. The PCMH guidelines create a framework for managing these patient populations and streamlining workflows. In addition, having the ability to generate reliable reports from the electronic medical record allows the practice to manage these disease states in partnership with the physician.

LPG Metacom Medical currently has over 3,000 active patients in its primary care practice, as well as a walk-in medical center at the practice that serves our patient panel and community patients. Approximately thirty primary care patients are seen each day along with twelve to fifteen patients at the walk-in area. A full-time physician was added to this practice during the fiscal year ended September 30, 2019 to assist in expanding access to primary care services for the RIH community.

- B. Continue 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.
- Blood pressure screenings: FY '2017- (15 events, 208 screened), FY '2018- (26 events, 445 screened), FY '2019 through July 2019- (39 events, 580 screened);
 - Glucose screenings: FY '2017- (8 events, 273 screened), FY '2018- (20 events, 432 screened), FY '2019 through July 2019- (26 events, 335 screened); and
 - Flu clinics: FY '2017- (34 clinics, 684 vaccinated), FY '2018- (45 clinics, 792 vaccinated), FY '2019 through July 2019- (33 clinics, 647 vaccinated).

- C. Continue to provide oral health screenings to children in Rhode Island Head Start programs.
- Partnered with Children's Friend program, (a Head Start and Pre-Head Start program) a relationship in place since 2014. Also provided dental hygiene (cleanings and fluoride) to all the children screened, unless a parent or guardian refused the treatment;
 - 505 screenings during the fiscal year ended September 30, 2018 by RIH's Samuels Sinclair Dental Center. The Center expects to perform a similar number in fiscal year 2019.
- D. Grow RIH's collaboration with the Providence Community Health Center (PCHC) in sharing prevention programs across patient panels.
- LCHI offered the CDC-approved Diabetes Prevention Program (DPP) to PCHC patients; PCHC providers helped refer into the program. In August 2019, the LCHI partnered with PCHC to launch a DPP cohort in Spanish, exclusively for PCHC patients, and held at one of the PCHC clinic sites; twenty-one patients enrolled.
 - LCHI collaborated with PCHC to deliver a week-long introduction to LCHI's education and skill-building programs at PCHC's largest clinic site in 2018.
- E. Continue to improve the existing interpreter and translation services to better meet the needs of patients.
- Interpreter Services at RIH were reorganized during the fiscal year ended September 30, 2019 under a system leadership restructuring to expedite efforts to standardize interpreter service practices and improve efficiency in delivering interpretation services to patients and families across Lifespan.
 - A revised policy on interpreter services for the deaf and hard of hearing was also issued during the fiscal year ended September 30, 2019. The revisions are designed to improve timely access to interpreters and patient satisfaction.
- 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.
- *Healthwise* was offered at senior centers, adult day centers, an adult education center and other community agencies in low-income areas
 - thirteen classes, 168 participants during the fiscal year ended September 30, 2017
 - twenty classes, 237 participants during the fiscal year ended September 30, 2018
 - RIH did not deliver *Healthwise* in correctional facilities but did open the Providence Transitions Clinic at its Center for Primary Care, which provides primary care and patient navigation for people who have recently been released from incarceration.

- G. Continue to provide free lectures at community sites such as community centers, churches, and schools on topics related to health access and health literacy.
- The LCHI teaches skill-building educational courses and facilitates training delivered by non-profit partners across the RIH service area, on behalf of the Hospital.
 - *Healthwise*: FY 2017- (13 classes, 168 participants), FY 2018- (20 classes, 237 students);
 - Financial Literacy: FY '2017- (2 classes, 16 students), FY '2018- (7 classes, 218 students), FY '2019 through July 2019- (3 classes, 412 students);
 - Food is Medicine: FY '2017- (2 classes, 10 students), FY '2018- (4 classes, 42 students), FY '2019 through July 2019- (9 classes, 74 students);
 - Food demonstrations: FY '2017- (34 events, 664 participants), FY '2018- (23 events, 431 participants), FY '2019 through July 2019- (2 events, 20 participants);
 - Safe Sitter: (31 classes, 277 students), FY '2018- (38 classes, 325 students), FY '2019 through July 2019- (17 classes, 186 students); and
 - Community health lectures: FY '2017- (23 lectures, 1,048 participants), FY '2018- (8 lectures, 96 participants), FY '2019 through July 2019- (30 lectures, 737 participants).
- H. Continue to educate the community on hospital charity care and financial assistance policies and procedures, so that those in need receive quality medical care regardless of their ability to pay.
- The manager of the Lifespan Patient Financial Services (PFS) department delivered a free workshop on September 12, 2017 which was open to community residents and community-based organization representatives. The workshop provided an overview of the PFS department, self-pay metrics, an explanation of the self-pay process, an explanation of the differences between community free care and charity care as administered by Lifespan, assistance available through the Lifespan website, frequently asked questions, general information on insurance concepts, and resources available through insurers' websites.
- I. Establish an 'Ask the Doctor' panel to incorporate quarterly at community events, focused on addressing issues of access to care and health literacy.
- In lieu of organizing quarterly 'Ask the Doctor' panels, a Lifespan internist, Dr. Mark Paulos, launched the *Walk with a Doc* walking program. *Walk with a Doc* provides an opportunity for the general public to walk at their own pace and have their questions answered by a local physician. The goal is to promote healthier lifestyles and improve general health. Dr. Paulos launched this with an information session at RIH in May 2019; walks begin at a park in Providence and generally occur twice a month on Saturday mornings.

- J. During the fiscal year ended September 30, 2017, HCH opened a clinical decision unit adjacent to its Emergency Department for patients likely to require stays of less than 24 hours, reducing the wait times in the pediatric Emergency Department (ED).
- The Short Stay/Clinical Decision Unit at HCH has served approximately 1,300 children and families during the fiscal year ending September 30, 2019.
 - Benefits of the Unit include:
 - The elimination of transition/handoffs ensures better continuity of care and treatment as it eliminates the involvement of an inpatient unit. Patient safety and outcomes are improved because the provider and nurse team that are caring for the patient in the ED also oversee the Clinical Decision Unit.
 - Higher levels of patient/family satisfaction are experienced in this unit. Patients and their families are in state-of-the-art designed rooms cared for by a dedicated staff that ensures expedited facilitation of discharging when appropriate. Discharges are not delayed because providers are immediately available to initiate the discharge process, while nurses are available to provide discharge instructions in a timely manner.
 - During periods of higher patient volume, patients who require a higher level of care on an inpatient basis have a bed available because observation patients are not admitted into the Unit.

Healthy Weight and Nutrition

Below are actions RIH took between October 1, 2016 and September 30, 2019 to address the identified significant health need of healthy weight and nutrition:

- A. Continue to offer services to adolescents and promote participation in the HCH Adolescent Weight Management Program services. This 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.
- In June 2019, a physician from HCH piloted a 7-week Summer SHiNE Program-Summer HEALTH in Nutrition and Exercise for adolescents in her Healthy Eating Active Living Through Hasbro! Program. The program served thirty youths through a group-based education, exercise and cooking class for kids with weight challenges. The physician also measured parents' changes in knowledge through a pre/post-test.

- B. Increase the number of participants in “Food is Medicine” classes and begin offering classes in Spanish.
- The LCHI built out a demonstration kitchen in its office that allows for healthy cooking classes. The kitchen was completed in June 2017.
 - Food is Medicine is a 4-week program developed by a research dietician that teaches residents how to implement a plant based diet through a fun cooking program featuring extra virgin olive oil, whole grain and legumes. The evidence-based program teaches healthy eating on a budget; the average cost per serving is \$1.26. LCHI delivers this program at its office using its demonstration kitchen.
 - i. Two Food is Medicine classes for ten individuals during the fiscal year ended September 30, 2017;
 - ii. Four Food is Medicine classes for forty-two individuals during the fiscal year ended September 30, 2018;
 - iii. Nine Food is Medicine classes for seventy-four individuals thru July of the fiscal year ended September 30, 2019.
 - LCHI also conducted cooking demonstrations with nutrition education at community locations, at the request of community partners.
 - i. Twenty-nine cooking demonstrations for 501 individuals during the fiscal year ended September 30, 2017;
 - ii. Twenty-seven cooking demonstrations for 451 participants during the fiscal year ended September 30, 2018;
 - iii. Two cooking demonstrations for 20 participants thru July of the fiscal year ended September 30, 2019.
- C. Continue to provide free community lectures on nutrition and healthy weight.
- “Mindfulness Interventions for Blood Pressure”, November 14, 2017;
 - “The Power of a Plant Based Diet”, May 8, 2018;
 - “Hunger is a Healthcare Issue”, October 9, 2018.
- 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.
- People can join the YMCA and access the gym at Gerry House on the 5th floor on a daily basis;
 - Trainers are available for consultation at Gerry House;
 - YMCA staff will measure body mass index upon request.
- E. Explore the feasibility of developing a community garden.
- HCH opened a community garden called the Rainbow Garden that teaches kids to eat produce that reflects the colors of the rainbow. The garden is maintained by a pediatrician and patients. The doctors use the produce to teach kids about healthy eating.
 - A delegation from Lifespan made a half-day site visit to the Boston Medical Center to view and learn about their rooftop garden and food pantry, to inform the feasibility assessment of something similar on a Lifespan affiliate campus.

- 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.
- Based on unforeseen food safety requirements encountered while determining how to implement this type of program in a hospital setting, various obstacles prevented RIH from moving forward with this initiative.
- 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.
- LCHI became a CDC-certified DPP provider and launched three year-long cohorts during the fiscal year ended September 30, 2018 and one cohort during the fiscal year ended September 30, 2019.
 - Also during the fiscal year ended September 30, 2019., the LCHI achieved "full" recognition from the CDC for its provision of the National Diabetes Prevention Program.

Substance Use Disorders

Below are actions RIH took between October 1, 2016 and September 30, 2019 to address the identified significant need of substance use disorders:

- A. Increase the proportion of people assessed and treated in the RIH emergency department for a substance use related disorder.
- RIH was certified as a Level One Trauma Center for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder.
 - RIH offers access to a Certified Peer Recovery specialist in its emergency department 24 hours a day, seven days a week. Additionally, patients have the option of receiving a social work consult to determine clinical needs and link patients to the appropriate treatment setting.
 - There were 302 hospital contacts in fiscal year ended September 30, 2018 resulting in 112 overdose patients who received peer recovery coaching at RIH. Additionally, patients have the option of receiving a social work consultation to determine clinical needs and link patients to the appropriate treatment setting.
 - Significant efforts have been made towards increasing the number of Drug Addiction Treatment Act (DATA)-waivered physicians in the RIH emergency department, with an emphasis on initiating buprenorphine in the ED setting with linkage to care following discharge.

- B. Increase identification and treatment of patients with a substance use disorder during medical inpatient admissions.
- RIH Substance Use Consultation Liaison Service recently hired an internal addiction medicine physician to provide consult and treatment for individuals with substance use disorders that are admitted to inpatient medicine.
 - This has resulted in greater identification, treatment initiation, and linkage to care for this vulnerable population.
- C. As a teaching hospital, RIH will train residents to become approved prescribers of medication-assisted treatment, e.g. buprenorphine.
- In June 2017, RIH opened a free-standing Recovery Center in Providence and a Recovery Clinic in its Center for Primary Care for patients with substance use disorder. At each of these sites, residents are being trained to treat substance use disorder with medication-assisted treatment.
- 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.
- Parenting Matters Workshop on October 19, 2017, 123 participants;
 - Temas Familiares Conference on November 4, 2017, 42 participants;
 - Parenting Matters Workshop on November 9, 2017, 50 participants;
 - “Understanding the Opioid Epidemic in RI: Treatment Challenges and Strategies” community lecture on February 3, 2018;
 - Parenting Matters Conference on March 24, 2018, 240 participants;
 - Parenting Matters Conference in March 23, 2019, 196 participants;
 - Temas Familiares Workshop on May 4, 2019, 42 participants;
 - “Working with Grieving Children, Teens and Families” community lecture on June 11, 2019;
 - “Cultural Considerations when Working with the Latinx Population” community lecture on July 9, 2019.
- E. Establish a Center of Excellence for the Treatment of Opioid Use Disorder to work in coordination with the RIH emergency department, so that individuals will be able to receive initial assessment/initiation of buprenorphine/naloxone in the emergency department, and be connected to a comprehensive treatment program.
- RIH opened the Lifespan Recovery Center (LRC) in June 2017 as a multidisciplinary, evidence-based program for the treatment of substance use disorders, with a specialization in opioid use disorder
 - LRC offers rapid access to treatment such that patients are admitted to treatment within 48 hours of contacting the center
 - LRC provides comprehensive treatment to address clinical and social needs of this population, including care coordination/case management, psychotherapy, peer recovery, family education/support, physical exams, and medication management

- 192 people were treated in the program in 2017. In 2019, 561 people have been treated in the program for either an opioid use disorder or another substance use disorder.
- 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.
- Mental Health First Aid (MHFA) consistently expanded the courses offered and participants served during the reporting period. Classes increased from twenty-one (302 participants) during the fiscal year ended September 30, 2017, to thirty-three (511 participants) during the fiscal year ended September 30, 2018, and then doubled to sixty-six classes (1,062 participants) being held during the fiscal year ended September 30, 2019.

Cardiac Health

Below are actions RIH took between October 1, 2016 and September 30, 2019 to address the identified significant need of cardiac health:

- A. LCHI, in conjunction with RIH, continued to provide free blood pressure screening for low income and uninsured residents, with appropriate referrals to treatment.
- Blood pressure screenings: FY '2017- (15 events, 208 screened), FY '2018- (26 events, 445 screened), FY '2019 through July 2019- (39 events, 580 screened);
- B. LCHI, in conjunction with RIH, continued providing “Working Healthy” lectures that focus on cardiac health.
- Working Healthy continued to offer educational programs as part of Lifespan’s employee benefit program
- C. LCHI, in conjunction with RIH, continued continued to provide community-based CPR (both certified and non-certified) and AED training through the Community Training Center at the LCHI.
- Certified CPR courses: FY '2017- (84 courses, 734 participants), FY '2018- (107 courses, 886 participants), FY '2019 through July 2019- (97 courses, 705 participants); and
 - Non-certified CPR courses: FY '2017- (23 courses, 331 participants), FY '2018- (29 courses, 381 participants), FY '2019 through July 2019- (18 courses, 278 participants).

- D. LCHI, in conjunction with RIH, continued to provide free community lectures on topics related to cardiac health.
- “Mindfulness Interventions for Blood Pressure”, November 14, 2017;
 - “The Power of a Plant Based Diet”, May 8, 2018;
 - “Hunger is a Healthcare Issue”, October 9, 2018.
- E. Continue to provide services through the Comprehensive Stroke Center (CSC) at RIH. The award-winning center cares for over 1,100 patients with stroke or transient ischemic attack (TIA) annually. Services include a dedicated ten-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.
- The CSC, the only stroke center within forty miles of Providence, Rhode Island, is comprised of twenty core physicians who make up the multidisciplinary stroke center and six ancillary (four Advanced Practice Registered Nurses (APRN) and one Administrative Assistant) staff. In addition, the CSC includes Emergency Department staff, vascular neurologists, interventional neuro-radiologists, neurosurgeons, neuro-critical care physicians, vascular surgeons, rehabilitation physiatrists, PT/OT and speech-language pathology professionals, specially trained stroke nurses on a twenty-one bed stroke unit, neuro-critical trained nurses on an eighteen bed Neurological Critical Care Unit (NCCU), nurses on a general neuroscience unit, and thirty-seven advanced practice providers who specialize in neuro-interventional radiology, stroke neurology, NCCU, and neurosurgery.
 - Notable achievements of the CSC include being Rhode Island’s first and only Joint Commission certified Comprehensive Stroke Center, earning the 2019 “Get With the Guidelines (GWTG) Stroke Gold Plus with Target: Stroke Honor Roll Elite Plus” award, which recognizes an aggressive goal of 85% or higher compliance in core standard levels of care as outlined by the American Heart Association and American Stroke Association for two consecutive calendar years and additionally 75% compliance in seven out of ten quality measures during a twelve month period.
 - The CSC offers a new state-of-the-art Vascular Interventional Radiology suite in the Emergency Department, the first (and only) one in the country.
 - Services provided by the CSC Unit should help reduce arrival to skin puncture times which have a critical impact on a patient’s health outcomes. Research has shown that patients who receive mechanical thrombectomy have improved functional independence and reduced disability when compared to those who did not receive this acute stroke treatment. RIH is the first stroke center to produce real world data demonstrating improved survival with field triage of suspect emergent large vessel occlusion (ELVO) patients directly to CSC.

Cancer

Below are actions RIH took between October 1, 2016 and September 30, 2019 to address the identified significant need of cancer:

- A. Continue to provide preventative screenings like *See, Test & Treat* and SunSmarts for cancers in partnership with LCHI.
 - Fiscal year ended September 30, 2017 Skin Check (skin cancer) screenings: eight events, 509 screened;
 - Fiscal year ended September 30, 2018 Skin Check (skin cancer) screenings: nine events, 630 screened;
 - Fiscal year ended September 30, 2018 Colon cancer screening: two events, twenty-one screened;
 - Fiscal year ending September 30, 2019 Skin Check (skin cancer) screenings: seven events, 515 screened.

- B. Continue to provide community-based education programs like Avenues of Healing, tobacco cessation programs, Kick Butts Day, and Cancer Survivors Day events.
 - Avenues of Healing breast cancer conference was delivered on October 21, 2017 with 124 attendees;
 - Avenues of Healing breast cancer conference was delivered on October 13, 2018 with 225 attendees;
 - Cancer Survivors Day event was held Sunday, September 17, 2017 with 287 participants;
 - Cancer Survivors Day event was held Sunday, September 23, 2018 with 239 participants;
 - Cancer Survivors Day event was held Sunday, September 22, 2019 with 259 participants;
 - Fiscal year ended September 30, 2017 Tar Wars educational session: one event, eighty-six students;
 - Fiscal year ended September 30, 2018 Tar Wars educational sessions: two events, eighty-three students;
 - “Breast Cancer and African-American Women” community lecture on November 1, 2016;
 - “80% by 2018 & Beyond” community lecture on colorectal cancer screening options January 9, 2018;
 - “CT Screening for Lung Cancer: How to Save Lives and Stop Cigarette Smoking in Rhode Island” community lecture on February 12, 2019;
 - “Preventable. Treatable. Beatable: Reduce your risk for colorectal cancer” community lecture on March 12, 2019.

- C. Improve patient access, patient experience, and communications, including establishing a Telephone Triage Center to serve as “one-stop shopping” for medical oncology and infusion patients.
- A single point of entry Lifespan Cancer Institute (LCI) telephone response and triage line was established during the fiscal year ended September 30, 2017 and continued throughout the fiscal year ended September 30, 2019, improving response times and patient satisfaction with respect to accessing their oncology providers
- D. Expand hours for Oncology Medical Home (infusion and symptom management) at RIH.
- Facility now offers Saturday hours at RIH (8 am-2 pm) and will be further expanding hours during the fiscal year ended September 30, 2019 to 8 am-4:30 pm.
 - East Greenwich site (under RIH license) with newly expanded Friday hours. The facility now operates Monday-Thursday from 7:30 am-6:00 pm and on Friday from 7:30 am-2:00 pm.
 - Radiation oncology has started to provide hydration to patients (this is a new service in radiation oncology) to respond to symptom management and standard of care.
 - Dr. Dizon, Director of Women's Cancers, LCI, Clinical Director, Gynecologic Medical Oncology, and Director of Medical Oncology at RIH received a grant for a program called SIMPRO (NCI moonshot initiative- Symptom Management Implementation of Patient Reported Outcomes) that will unfold over the next several years.
- E. Expand the reach of psychosocial care, palliative care, and survivorship programs.
- In response to demand, added additional hours for social work at the East Greenwich site (referenced in D, above).
 - LCI now has a full-time Nurse Practitioner who functions as the programmatic point person for survivorship. She works with advanced practice professionals across the system to ensure we are providing survivorship care plans to all patients who require care plans
- F. Strengthen disease site expertise through recruitment and retention of physicians and work with Lifespan Research Department to increase recruitment of underserved populations to research trials.
- On March 21, 2017, Lifespan and the Dana-Farber Cancer Institute created a strategic alliance to advance cancer treatment and research. The agreement supports the expansion of clinical trials, offers access for Lifespan physicians to cancer-specific disease expertise for complex cases, and creates a program to coordinate the treatment of bone marrow transplant patients, with transplants provided in Boston at Dana-Farber/Brigham and Women's Cancer Center and care surrounding the transplant in Rhode Island at Lifespan. The two

organizations also agreed to use the same clinical trials management platform, resulting in better care coordination.

- G. Expand community partnerships to reach underserved populations and improve access and screening through partners like the American Cancer Society.
- Partnered with the American Cancer Society on many events:
 - Avenues of Healing, annually
 - Making Strides Against Breast Cancer Screening, annually
 - Skin Check skin cancer screenings, annually
 - Colorectal cancer awareness activities during the fiscal year ended September 30, 2019
 - LCI's "Rising Above Cancer" 5K walk/run and fundraiser, annually
 - National Cancer Survivors Day celebration, annually

IV. Assessment of Health Needs of the Rhode Island Hospital Community

The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by RIH, prioritize those needs, and identify resources, facilities and programs to address the prioritized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community.

The primary data sources include community health forums, key informant interviews, and individual surveys. Secondary data sources include national and local publications of state-specific data. These sources vary in sample size, method of data collection and measures reported, but all are publicly available sources and in each case, the most recent publicly accessible data is presented. The data sources are described in more detail below.

Community Health Forums

Qualitative data was collected through Community Health Forums (CHFs) to solicit input from individuals representing the broad interests and perspectives of the community. Participants in the CHFs included members of the medically underserved, low-income, and minority populations in the RIH service area.

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."²⁹

Twelve CHFs were held between April 29 and June 12, 2019 across the RIH service area, with 261 participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to the public and hospital

patients, and forums were held at various times of the day on weekdays and weekends. RIH forums were held at community centers, places of worship, a high school, a homeless shelter, local non-profit agencies and RIH. At each forum, a meal was provided, along with child care and interpretation if requested in advance. All CHF's were open to the public and participants were fully engaged throughout the 90-minute discussions. *See Appendix B.*

A representative of RIH served as a hospital liaison to help plan and facilitate the CHF's. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below.

An important and unique component of the CHF's was the involvement of Community Liaisons. Six people representing the diverse populations served by RIH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF's, recruited participants, and co-facilitated the forums. Appendix C, contains a bio-sketch for each of the RIH Community Liaisons. All Community Liaisons were chosen through a competitive selection process and completed a two-hour training prior to leading the CHF's. The training included project planning tips, role-playing activities, conflict management strategies, and logistical expectations. Community Liaisons were responsible for identifying an accessible venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison.

Each CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by the hospital and Community Liaison. The discussion generated consensus on the participants' health concerns, their prioritization of those concerns, and their ideas for how RIH could respond to those concerns. Discussion began with a brief presentation of RIH's 2016 CHNA priorities and examples of activities RIH hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. See Appendix D for a sample CHF agenda. The input gathered during the CHF's was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately ranked.

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.

Individual Surveys

To broaden the reach of community input, surveys were distributed and collected by LCHI staff at events they attended in May and June 2019, such as the annual Pride festival. The surveys addressed the same questions as the CHF's (See Appendix E for the survey). Fifteen individual surveys were received for RIH.

Key Informant Interviews

The director of the LCHI identified public health and health policy leaders who could inform the 2019 CHNA process and had knowledge, information or expertise about the community that RIH serves. Key informant interviews were conducted with state leaders to supplement the other quantitative and qualitative data collected. Key informants include the:

- Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island and Policy Director, Rhode Island Children’s Cabinet
- Director of Policy, Planning, and Research, Executive Office of Health and Human Services, State of Rhode Island
- Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health
- Physician Lead, Health Equity Institute, Rhode Island Department of Health

When crafting the RIH implementation strategy, RIH reflected upon the key themes that emerged from these conversations. The statewide priorities and recommendations of the key informants included: incorporate health equity targets; generate and monitor data on health disparities, especially by race, ethnicity and income; build strategies that incorporate the social determinants of health; go beyond individual interventions to family/household level interventions; make investments in early childhood; consider co-morbidities, especially between behavioral health and chronic diseases; confront racism and bias to improve care; provide personalized care; be sensitive to misalignments within healthcare; and continue to address substance misuse and behavioral health conditions.

RIH Patient Data, 2016-2018

Lifespan’s Planning Department analyzed RIH patient data on patients, discharges, and encounters disaggregated by town of residence, age, race, ethnicity, and language spoken for fiscal years ended September 30, 2016 through September 30, 2018. This inpatient, outpatient and ED data is important for understanding trends in utilization of hospital services.

The Commonwealth Fund 2019 Scorecard on State Health System Performance – Rhode Island, 2019³⁰

The Commonwealth Fund Scorecard on State Health System Performance identifies places where health care policies are on track and areas that need improvement. Using the Scorecard, states can compare how their performance stacks up against all others. In the most recent edition, released in June 2019, Rhode Island was the state that improved the most on the health system performance indicators tracked over time; Rhode Island improved on 21 indicators, worsened on seven, and had little or no change on 15. Rhode Island particularly made strides in the areas of coverage and behavioral health. The state uninsured rate among adults dropped from 17% in 2013 to 6% in 2017. In addition, the percentage of adults with any mental illness reporting an unmet need dropped from 27% in 2010–11 to 18% in 2014–16. The state also saw significant reductions in the percentage of children with unmet mental health needs. The childhood overweight and obesity rate improved to 31% (vs. 36% in 2016). However, the prevalence of adults who are overweight and obese worsened (31% in 2017 vs. 27% in 2016), as did preventable hospitalizations

among adults ages 65+ (212.2 per 1,000 Medicare beneficiaries). At #41, Rhode Island was also among the bottom-ranked states for drug poisoning deaths.

*Rhode Island Kids Count Factbook, 2019*³¹

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, each city and town, and an aggregate of the four core cities (cities in which more than 25% of the children live in poverty)- Providence, Central Falls, Pawtucket and Woonsocket. Of note- three of the four core cities are in the RIH primary service area. The Factbook tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

*Governor Gina Raimondo's Overdose Prevention Action Plan*³²

In 2015, Rhode Island Governor Gina Raimondo issued Executive Order 15-14 to establish the Overdose Prevention and Intervention Task Force in response to the significant toll that the opioid epidemic was taking on Rhode Islanders. Initially, the task force's goal was to reduce opioid overdose deaths by one-third within three years. The task force developed a strategic plan with four pillars- prevention, treatment, rescue and recovery. In 2019, the task force issued an update to its strategic plan that retained the original four strategy pillars and added five new core principles that bridge the pillars while placing additional emphasis on prevention and recovery. The five cross-cutting pillars are: (1) Integrating Data to Inform Crisis Response, (2) Meeting, Engaging and Serving Diverse Communities, (3) Changing Negative Public Attitudes on Addiction and Recovery, (4) Universal Incorporation of Harm-Reduction, and (5) Confronting the Social Determinants of Health.³³ Rhode Island experienced a decline in overall overdose deaths, from 336 in 2016 to 314 in 2018.³⁴

*Rhode Island State Innovation Model (SIM) Test Grant, 2015-2019*³⁵

Rhode Island was selected to participate in a multi-year State Innovation Model (SIM) 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..." Rhode Island received a \$20 million award in fiscal year ended September 30, 2015 to test its health care payment and service delivery reform model over four years. The ultimate goal of the project was to achieve the "triple aim" of better care, healthier people, and smarter spending, through a value-based care lens. Governed by an interagency team and a steering committee on which Lifespan was represented, the Rhode Island SIM project developed a theory of change that focuses more on value and less on volume: If Rhode Island SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, then we will improve our population health and move toward our vision of the "Triple Aim."

*Rhode Island Department of Health Strategic Framework*³⁶

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the RIDOH Strategic Framework, the department's blueprint for reducing health disparities and achieving health equity in Rhode Island. The three leading priorities in the framework are: (1) Address the social and environmental determinants of health in Rhode Island, (2) Eliminate the disparities of health in Rhode Island and promote health equity, and (3) Ensure access to quality health services for Rhode Islanders, including our vulnerable population. Twenty-three population health goals are distributed across five strategies. The third strategy relates to health care: "Promote a comprehensive health system that a person can navigate, access, and afford." RIDOH's population health goals for this strategy are to improve access to care, including physical, oral, and behavioral health systems; improve healthcare licensing and complaint investigations; expand models of care delivery and healthcare payment focused on improved outcomes; build a well-trained, culturally competent, and diverse health system workforce to meet Rhode Island's needs; and increase patients' and caregivers' engagement within the care system.

RIDOH Health Equity Zones

The RIDOH Strategic Framework highlights the state's *Health Equity Zones* (HEZ), which are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.³⁷ The RIDOH selected a first cohort of 11 HEZ in April 2015 (two subsequently ceased the contract with the RIDOH before the first project period concluded) and a second cohort of three new HEZ in May 2019. The HEZ are charged with forming community-led collaboratives, conducting baseline needs assessments, creating plans of action, and implementing & evaluating those plans of action. The RIDOH expects hospitals and HEZ to partner on clinical-community linkages to improve population health at local levels.³⁸

Behavioral Risk Factor Surveillance System – Rhode Island, 2018

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. A partnership between the Centers for Disease Control and Prevention and each state's department of public health, the survey is conducted annually by phone to land lines and cell phones.³⁹ Rhode Island's goal is to interview 5,830 respondents with 55% of those interviewed on a cell phone.⁴⁰ The BRFSS collects information from Rhode Island adults (18+ years) as part of an effort to address key national health indicators and state priorities. Survey topics include self-reported health status, health care access, fruit and vegetable consumption, risk behaviors, chronic disease burden, and physical activity, among others.⁴¹

*Kaiser Family Foundation State Health Facts – Rhode Island, 2019*⁴²

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

Facts are updated or added as new data become available; the update schedule varies from indicator to indicator.

*County Health Rankings – Providence County and RI, 2019*⁴³

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* provide a revealing snapshot of how health is influenced by where we live, learn, work and play. The rankings compare counties within each state on more than 30 health-influencing factors such as housing, education, jobs, and access to quality health care.

*Rhode Island Department of Health Statewide Health Inventory, 2015*⁴⁴

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." Findings were reported in the categories of Outpatient Care, Hospitals, Long-term Care, Facilities & Centers, and Patients & Community. The RIDOH expects to complete an update to the inventory in 2020.

*Rhode Island Behavioral Health Project Report, 2015 (Truven Analytics)*⁴⁵

Prepared for the Rhode Island Executive Office of Health and Human Services, Department of Health, Department of Behavioral Health, Developmental Disabilities, and Hospitals, and the Office of the Health Insurance Commissioner, Truven Analytics published findings and recommendations for improving behavioral health in Rhode Island through a public health approach.

Critical Need Identification and Priority Ranking

The CHNA process required RIH to synthesize, interpret and prioritize the varied data collected. Existing RIH and Lifespan-specific service line expertise also factored into the selection and prioritization process.

Interpreting and prioritizing all relevant data was the responsibility of a steering committee comprised of the Community Liaisons, RIH Liaison, LCHI leadership, RIH leadership, and Lifespan leadership. Representatives of these stakeholder groups met multiple times to analyze the data, prioritize the significant health needs, and craft responsive strategies for RIH to effectively allocate its resources to improve the health status of the communities it serves. During the discussions, the needs were prioritized based on the importance identified by the community; the scope, severity or urgency of the need as identified by the community and the data; as well as the estimated ability of RIH to provide effective interventions.

Other health concerns identified during this process will continue to be considered and evaluated as opportunities to share with other organizations that are better equipped to respond to those needs or for future RIH strategies.

The prioritized, significant health needs resulting from the RIH 2019 CHNA process are:

Priority 1: Access to Care

Priority 2: Mental and Behavioral Health

Priority 3: Community-based Outreach and Education

Priority 4: Disease Management

V. Identification of Rhode Island Hospital Community Significant Health Needs

Based on the extensive review, evaluation, and discussion of the qualitative and quantitative data collected through the CHNA process conducted on behalf of RIH, four significant health needs facing the community served by RIH have been identified. The methodology used to determine which health needs facing the community have been determined to be significant and the process of prioritizing by order of significance to the community is described in Section IV of this report. Section V focuses on RIH's prioritized significant health needs in further detail and identifies specific resources, facilities, and programs within the community, including those at RIH, that are potentially available to address these significant health needs.

1. Access to Care

Access to health services improves the timely use of personal health services to achieve the best health outcomes. Disparities in access to health services affect individuals and populations. Barriers to services include:

- Lack of availability
- Out-of-pocket costs
- Transportation
- Language access
- Lack of insurance coverage⁴⁶

In the last RIDOH Statewide Health Inventory (2015), when asked to rank community health issues, the majority of respondents reported that making health care more affordable (79.5%) and increasing access to health care (69.9%) were of extreme importance.⁴⁷

Being able to access and afford health care when needed is a fundamental element of our nation's health care system. Health insurance rates are one measure of access to health care. 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. The uninsured rate in Rhode Island in 2018 was 3.7%.⁴⁸ At the end of 2017,

2.1% of Rhode Island's children under age 19 were uninsured.⁴⁹ According to the 2019 Commonwealth Fund Scorecard on State Health System Performance, Rhode Island ranked #3 in the nation in 2019 for affordability and accessibility. This rating is based on overall performance and also percent change on indicators related to health care access. However, much improvement can still be made, especially in reducing disparities by income, race, and ethnicity. If Rhode Island's performance improved to the same level as the top performing state in the nation, 15,625 more Rhode Island adults and children would be insured, 33,603 fewer adults would skip needed care because of cost, and 19,890 fewer employer-insured adults and elderly Medicare beneficiaries would seek care in the Emergency Department for non-emergent or primary-care-treatable conditions.⁵⁰

Adequate access to primary care services is essential to improving population health. It enables patients to have a source of care that leads to positive health outcomes. As the Institute of Medicine defines it, "primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."⁵¹ Without primary care access, patients may not receive appropriate care in a timely manner. The scope of primary care includes preventive care that can help to keep patients healthier in the long term, disease management, and the identification of needed behavior changes to maintain health throughout the lifespan.

One of the RIDOH's five strategies in its *Strategic Framework* is to promote a comprehensive health system that a person can navigate, access, and afford with the improvement of access to care as one of its twenty-three population health goals.⁵² Access is difficult without a strong PCP base. Consistent care along the continuum is also important as patients transition through the age spectrum. For example, consistently linking postpartum patients with a PCP will ensure that the issues identified during pregnancy can be indicators of future health-care problems (e.g. gestational diabetes) are addressed in a timely manner.

Without a consistent primary care connection, patient care can become fragmented, resulting in inconsistent treatment and poor outcomes. The total full-time equivalents (FTE) of primary care physicians in the state of Rhode Island was 602.7 in 2014, the last year in which the RIDOH completed a provider inventory. That figure, according to national recommendations, is 10% fewer than the current demand.⁵³ Increasing access to primary care can improve long-term population health outcomes and health equity.

A Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) are designations by the Health Resources and Services Administration (HRSA). These designations identify geographic areas with populations in need of primary care, dental, or mental health providers. The three criteria for a HPSA that determine its score are: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the Federal Poverty Level (FPL); and (3) estimated travel time to the nearest source of care outside the HPSA. The first criterion holds the greatest weight in the scoring.⁵⁴ There are ten primary care HPSAs, ten dental care HPSAs, and eight mental health HPSAs in Providence County, suggesting significant challenges with access to care.⁵⁵

A MUA/P designation depends on the Index of Medical Underservice (IMU) score. An IMU score is calculated based on: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the FPL; (3) percentage of the population over 65 years of age; and (4) the infant mortality rate. The IMU score ranges from 0 to 100 where 62 or below qualifies as MUA designation. Providence County has five MUAs with IMU scores ranging from 54.2 – 61.9.⁵⁶

Recruiting primary care, dental, and mental health providers in Rhode Island represents a challenge due to the relatively low reimbursement and payment rates within the state. Due to the physician shortage, Rhode Island is required to compete regionally and nationally for providers. Nationally, there is a current and projected shortage of PCPs.⁵⁷ This shortage is expected to grow as the population ages and the corresponding need for services grows. Individuals over 65 years-old seek care from PCPs at twice the rate of the younger population, while at the same time, the supply of PCPs is expected to diminish as existing PCPs retire.⁵⁸ In addition, younger PCPs are now seeking an improved work-life balance than their predecessors and will likely see fewer patients a year. The PCP shortage is exacerbated as internal medicine providers seek positions as hospitalists or choose a subspecialty and, therefore, no longer provide outpatient primary care in the community. Few new physicians choose a geriatric primary care subspecialty due to long, expensive training and lower compensation rates than physicians in other specializations. Hospitals and physician practices are augmenting the physician supply with nurse practitioners (NP) and physician assistants (PA) integrated into the care team. The HRSA estimates that the full deployment of NPs and PAs, where supply is increasing, could reduce the physician shortage by over 60%.⁵⁹ RIH consistently monitors its provider workforce and utilizes advanced practitioners like NPs and PAs to augment the primary care medical doctor workforce. In addition, unlike community-based PCPs, RIH PCPs accept Medicaid, increasing access to care for some of the most vulnerable residents.

Linkage with a PCP can help reduce the number of Emergency Department visits and lower the rate of hospital stays related to ambulatory-sensitive conditions, potentially preventing the need for hospitalization. Timely PCP intervention can prevent complications or more severe disease.⁶⁰ In Providence County, the rate for ambulatory sensitive conditions was 4,820 per 100,000 Medicare beneficiaries compared to the top U.S. performers of 2,765 per 100,000. This rate was also significantly higher than the State of Rhode Island, which also performs poorly on this measure at 4,401 per 100,000.⁶¹

Additionally, CHF participants identified the need for improved timely access to specialists with a need for local access to behavioral health and cancer specialties. Cancer is the second leading cause of death in Rhode Island and had a higher mortality rate in Rhode Island (154.2 per 100,000) compared to the United States (152.5) in 2017 according to the most recent CDC reports. Cancer incidence was also higher in Rhode Island (458.0) than in the United States (437.7).⁶² The shortage of specialists nationwide, while not as critical as the PCP shortage discussed previously, is expected to worsen as the population ages and requires

more services and the supply of providers diminishes due to baby boomers entering retirement.⁶³

RIH recognizes the many social determinants of health that often inhibit residents from accessing care available in their communities. In particular, CHF participants noted language access, finances, and housing as barriers to care. Notably, building a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs is one of the State's twenty-three population health goals.⁶⁴ With a diverse resident population in which almost a third (31.3%) of residents speak a language other than English at home⁶⁵, RIH has long recognized the need to provide language access supports to patients. RIH currently has 16 full-time staff interpreters, seven part-time interpreters, and four per diem staff. In addition to these employees, RIH also utilized contracted vendors to provide interpretation more than 2,000 times through June of fiscal year ending September 30, 2019. Still, RIH is increasing access through technology and workforce strategies which will be laid out in its implementation strategy which will follow this report.

Providence County (14.7% of households), and the City of Providence (26.9% of households) have a significant portion of residents who live in poverty.⁶⁶ As is well-described in health care and public health literature, poverty gets under the skin, impacting health outcomes over multiple generations. There are also correlations between poverty and overweight/obesity, chronic disease prevalence, and life expectancy.⁶⁷ RIH and the LCHI offer two programs- Connect for Health (C4H) and MLPB (formerly known as Medical Legal Partnership Boston), that uniquely bridge medical, community and social domains to help patients achieve a complete state of health. C4H and MLPB screen, refer, and provide navigation support to patients across the social determinants of health including housing, food, education, employment, transportation, commodities and child care. With these additional "team members", providers are better equipped to assess and respond to the health-related social needs of patients. C4H and MLPB give doctors the confidence and breathing room to ask patients critical but sensitive questions and free hospital social workers to focus on more complex behavioral health cases. During the fiscal year ended September 30, 2018, C4H and MLPB served more than 1,500 patients and addressed more than 3,500 needs including food, safe housing, and utility assistance.

Housing affordability and homelessness were significant social factors raised by CHF participants as health concerns. As an example, in the city of Providence, 39% of homeowners are cost burdened, meaning they spend more than 30% of income on housing costs. Among renters in Providence, 57% are cost burdened.⁶⁸ Being cost burdened increases the likelihood of homelessness and transience and reduces the likelihood that a person will successfully manage their health care. RIH's own patient data reinforces this. The most frequently cited needs among the adult primary care population who use the Connect for Health Program (social needs screening and navigation support) at RIH are housing, food, and utility assistance.

RIH will maintain its current commitment to providing high quality, comprehensive primary care to vulnerable populations. At the same time, RIH will increase the scope of interpretations services by adding more options for live or video interpretation from qualified interpreters. RIH will also continue its efforts to make it easier for patients to access needed services through offerings like the LCI centralized call center, community-based education and health screening activities, and screening and navigation support described above to mitigate health-related social needs. At the same time, RIH will test interventions to reduce the wait times in the ED. Wait times with specialists will continue to be monitored to ensure timely access and improvements will be made if wait times exceed acceptable ranges.

2. Disease Management

Chronic conditions can lead to higher levels of hospital utilization, particularly if not managed properly. According to the RIDOH, patients with congestive heart failure are thirteen times more likely to be admitted to the hospital than the overall population and those with Chronic Obstructive Pulmonary Disease (COPD) are readmitted, on average, 7.5 times more than the overall population.⁶⁹ In 2016, Rhode Island ranked 46th nationwide for diabetic adults ages 18-64 without a hemoglobin A1c test, which is a key indicator of chronic disease management.⁷⁰ As a result of indicators like these, reducing chronic illness is one of the RIDOH's population health goals.⁷¹

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

In 2019, Rhode Island was ranked 22nd in the nation for adult who are obese. Thirty-one percent of Rhode Island adults are obese, up from 27% in 2013.⁷² The current adult diabetes rate of 10.9% is up from 8.4% in 2011. On a positive note, 3.9% adults reported having been diagnosed with coronary artery disease in 2018, down from 4.2% in 2011. However, in 2017, 33.1% of adults (up from 28% in 2009) reported being diagnosed with hypertension.⁷³ 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 2016, 15% of children ages 2-17 were overweight and 20% were obese. Hispanic (45%) and Black (37%) children had significantly higher rates of overweight and obesity than their peers.⁷⁴ 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 activity and having financial access to nutritious food is necessary to reduce the incidence of these diseases, especially as these incidences fall disproportionately on lower income communities and racial and ethnic minority populations.⁷⁵ 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.⁷⁶ The magnitude of food insecurity in Rhode Island is similar to the United States with 12% of the population lacking access to adequate food. This figure is 13% in Providence County.⁷⁷ Federal Supplemental Nutrition Assistance Program (SNAP) participation enrollment expanded significantly over recent years. Of the 160,272 Rhode Islanders enrolled in SNAP in October 2018, 66% were adults and 34% were children.⁷⁸ Many families in Rhode Island have trouble feeding their families consistently, which makes eating healthy foods much more difficult. In 2018, food pantries and soup kitchens provided emergency food assistance to 53,000 Rhode Islanders each month who needed additional help to meet their nutritional needs.⁷⁹ Benefits of a healthy diet are immense, especially for children, who are still developing. A healthy diet also helps to lower stress.⁸⁰

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.^{81,82} 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 as well as decreasing the impact of diet-related disease.

Cardiovascular disease, including heart disease and stroke, is the leading cause of death and disability in Rhode Island and the country. In 2017, 2,339 people in Rhode Island died of heart disease and 425 people in Rhode Island died of stroke.⁸³

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 exercise⁸⁴

In general, treatment for heart disease usually includes lifestyle changes such as eating a low fat, low cholesterol diet and exercising regularly. Other treatments include taking medications to control heart disease and related symptoms or undergoing medical procedures or surgery.⁸⁵

The Cardiovascular Institute (CVI) at RIH, TMH, and NH 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 CVI 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 make referrals to specialists as necessary.

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

Cancer is the second leading cause of death among Rhode Islanders, and is the first among Asian and Pacific Islanders in the state.⁸⁶ The age-adjusted cancer incidence for Rhode Island was 450.6 per 100,000 in 2016. The highest incidence was for female breast cancer (135.4 per 100,000) but the highest mortality was for lung and bronchus cancer (41.6 per 100,000).⁸⁷

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 2016 was 30.9 per 100,000 with nearly 77% of the population screened.⁸⁸

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.⁸⁹

RIH is a founding partner of the Lifespan Cancer Institute (LCI), which gives patients access to oncology services at RIH and two of its affiliated hospitals, TMH and NH. Between the three hospitals where LCI operates, it has treated over 100,000 patients during each of the three fiscal-years covering October 1, 2016 through September 30, 2019. LCI services are also offered at a community clinic, through various service delivery options, and available clinical trials. RIH is actively involved in implementing the LCI 3-year action plan, the *Roadmap* and participated in LCI's planning retreat in April 2019. In addition, LCI continued to provide community-based and clinical services to promote cancer prevention, screening, treatment, and survivorship.

RIH will continue to offer an array of education programs, screening activities, patient advisory and support groups, and other outreach activities for specialties including cancer, cardiovascular disease, weight management, and diabetes. RIH will also continue to deliver high quality care as recognized by maintaining its PCMH recognition and establishing a cardiovascular center of excellence that addresses prevention, treatment, rehabilitation, research and training focused on coordinated, quality, compassionate cardiovascular care.

3. Mental and Behavioral Health

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.⁹⁰ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) and *Prevent Overdose RI* reported that treatment admissions for heroin were on the rise between 2010-2014, while admissions for alcohol abuse, other prescription drugs and marijuana had declined.⁹¹

People with a mental health diagnoses are more likely to use alcohol or drugs than those not affected by a mental illness. In 2017, 18.3% of adults with a mental illness had a substance use disorder in the past year, while those adults with no mental illness only had a 5.1% rate of substance use disorder in the past year. For adolescents, ages twelve-seventeen years, in 2017 the percent who used illicit drugs in the past year was higher among those with a Major Depressive Episode (29.3%) than those without (14.3%).⁹² Addressing substance use treatment and prevention cannot be done without considering mental health. Diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.⁹³ Hospitals are crucial to improving early mental health and addiction diagnoses, to increasing utilization of the Prescription Monitoring Program (PMP) to prevent addiction, and to providing “Medication-Assisted Treatment” (MAT) and support services to those who survive overdose.

The Rhode Island Strategic Plan on Addiction and Overdose reports that although Rhode Island has an electronic 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.⁹⁴

Because of the high mortality in Rhode Island and identification of substance use disorder as a top priority by Rhode Island Governor Gina Raimondo, there has been a steady growth of services targeting substance misuse and addiction. Programs are available at a range of sites: community-based programs, inpatient detoxification centers, outpatient services, and residential programs. PCPs are starting to offer MAT and Office Based Addiction Treatment as an integrated program in their offices. Policy changes have resulted in Narcan being available without a prescription and reimbursement available for Peer Recovery Specialists. Training programs are available for Peer Recovery Specialists. Despite the range of emerging services, the CHF participants still felt that access is difficult and a barrier to care.

Leveraging the expertise at RIH and across the Lifespan system should be beneficial in responding to the need in the RIH service area. Lifespan remains invested in working to address the overdose epidemic. RIH continues to participate on the Governor's Overdose Prevention and Intervention Task Force which issued a strategic plan in 2016 and updates to the plan in 2019. 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.

RIH will grow treatment capacity of the Lifespan Recovery Center and HCH's Emergency Department and Child Protection Center through program offerings and clinical expertise. Through the promotion of established Lifespan affiliate services like PediPRN, Kids Link RI, and Gateway Healthcare, RIH will raise awareness of behavioral health options available to the community. Having established the nation's first Center of Biomedical Research Excellence on Opioids and Overdose, RIH expects to offer innovative research and practical applications of interdisciplinary responses to the opioid epidemic while continuing existing high-demand educational activities like Mental Health First Aid and Parenting Matters.

4. Community-based Outreach and Education

The need for increased outreach and education is identified in the RIDOH *Strategic Framework* with two of the five strategies addressing this in some form⁹⁵:

- Promote healthy living through all stages of life; and
- Analyze and communicate data to improve public's health.

Three of Rhode Island's twenty-three population health goals focused, at least partially, on the need for Outreach and Education⁹⁶:

- Promote behavioral health and wellness among all Rhode Islanders;
- Improve health literacy among Rhode Island residents; and
- Increase patients' and caregivers' engagement within care systems.

CHF participants strongly supported this need with a focus on:

- Health literacy;
- Health and wellbeing, prevention; and
- Healthy food choices.

The CHF participants identified the need to focus on the improvement of health literacy throughout Rhode Island and to eliminate that as a barrier to patients' interaction with the health care system. People need information they can understand and use effectively to make the best decisions for their own health and the health of their families. To accomplish this, they need to fully understand how, where, and when to access health services. Strong health literacy helps prevent and manage health challenges resulting in improved outcomes. In helping to target programs, the findings of Rhode Island's Special Legislative Commission to Study the Topic of Health Literacy (November 2017)⁹⁷ noted that:

- There is a lack of health literacy among the elderly, individuals with disabilities, and individuals suffering from mental illness;
- Certain populations, including Hispanics (14% of RI population), are impacted more acutely; and
- Improving health literacy at an early age has a direct impact on health literacy in later life.

Since the Commission's report was issued, providers throughout Rhode Island, including at RIH, have been developing programs to address health literacy but the strong opinion among the CHF participants is that more work is needed. Additionally, CHF participants indicated a need to increase education within the community about programs and services that RIH offers so that the population better understands what is already available and how to access those services.

Based on 2016 data, a larger percentage of Rhode Islanders (15%) report poor or fair health than does the overall US population (12%). A similar comparison is also true for mental health with Rhode Islanders reporting 4.3 poor mental health days in the past month whereas across the United States, 3.1 days were reported. With regard to physical health, Rhode Islanders report 3.8 days of poor physical health in the past 30 days compared to 3.0 days for the general U.S. population. Providence County is a main contributor to these high averages in Rhode Island, where 17% of the adults in the County report poor or fair health, 4.4 poor mental health days in the past 30 days, and 4.0 poor physical health days in the past 30 days.⁹⁸

The CHF participants' third most important outreach target was education about healthy food options and locations. Obesity is a significant problem in Rhode Island with 31% of the 2017 adult and child population considered obese or overweight.⁹⁹ Reducing obesity in children, teens, and adults is one of the RIDOH's population health goals.¹⁰⁰ Obesity causes heart disease, stroke, some cancers, respiratory disease, diabetes, and kidney disease and is caused by poor diet and physical inactivity, among other factors. In fact, the CDC reports that physical activity and poor diet are catching up with tobacco use as the second leading preventable cause of death in the U.S. Rhode Island is making healthy food access a priority through the HEZ, giving RIH the opportunity to coordinate outreach efforts with the State and other community-based providers.

The CHF participants felt that outreach and education should be accomplished through a variety of channels and formats to capture the population where they live, work, pray and play. A strong provider network (Priority #1) can also support this outreach effort. Less traditional means of communication should be developed, particularly to reach the "millennial" population (currently between twenty-three and thirty-eight years of age) who are now in positions as decision-makers about their health and their families. Millennials value speed, consistency, and transparency so information needs to be tailored to capture their attention. Millennials are technology oriented and value receiving information through text, social media, mobile applications, and other online sources.¹⁰¹

CHF participants encouraged RIH to use its health care leadership role to develop outreach programs throughout the state that promote strategies to improve personal health and wellbeing with a specific focus on adopting behaviors to prevent health problems from developing later in life. It is widely recognized that easing socioeconomic stressors is critical to improving population health and reducing the incidence of disease.¹⁰² RIH can partner with other community-based providers to create organized outreach and education programs that can be impactful on the population's behaviors.

RIH will continue to offer the wide array of educational, health literacy, and community outreach programs it currently offers on its own and in partnership with schools, employers, churches, and community-based non-profits. At the same time, RIH will continue to work to raise awareness about the programs it offers so that a broader swath of the community may attend these programs.

VI. Conclusion

The CHNA is a tool that RIH will use to address the significant health needs identified in this report. The results of the CHNA will guide the development of RIH's community benefit programs and implementation strategy. RIH's leadership team, including its Board of Trustees, members of executive management, and other individuals critical to the organizational planning process are currently conducting RIH's implementation strategy which will detail action item plans to covering the period from October 1, 2019 through September 30, 2022. This implementation strategy will be completed and authorized by the RIH Board of Trustees consistent with IRS rules and regulations.

A. Acknowledgements

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Community Forum Host Sites

Amos House, Providence, Rhode Island
The Center (x2), Providence, Rhode Island
United Way of Rhode Island, Providence, Rhode Island
Blessed Sacrament Church, Providence, Rhode Island
St. Patrick's Church, Providence, Rhode Island
The Met School, Providence, Rhode Island
Institute for the Study and Practice of Nonviolence, Providence, Rhode Island
Southside Cultural Center, Providence, Rhode Island
St. Martin de Porres, Providence, Rhode Island
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B. Contact Information

For information regarding the 2019 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, 2016-2018

Region/Town Clusters		Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2016	2017	2018	2016	2017	2018
Urban Core Region	<u>Providence, RI:</u>						
	City of Providence, RI	8,096	8,008	7,626	171,740	173,325	170,600
	Providence, RI Subtotal	8,096	8,008	7,626	171,740	173,325	170,600
	<u>Cranston/Warwick Cluster:</u>						
	Cranston, RI	4,852	4,646	4,425	75,085	75,446	73,178
	Warwick, RI	2,441	2,354	2,200	32,439	32,426	32,169
	West Warwick, RI	697	708	664	10,418	10,262	10,608
	Cranston/Warwick Cluster Subtotal	7,990	7,708	7,289	117,942	118,134	115,955
	<u>North Providence Cluster:</u>						
	Central Falls, RI	453	472	538	11,184	11,250	12,271
	Johnston, RI	1,035	1,088	1,043	14,480	14,260	14,401
	North Providence, RI	408	394	396	7,389	7,339	7,336
	Pawtucket, RI	1,523	1,686	1,958	35,473	35,594	40,203
North Providence Cluster Subtotal	3,419	3,640	3,935	68,526	68,443	74,211	
Urban Core Region Subtotal	19,505	19,356	18,850	358,208	359,902	360,766	
East Bay Region	<u>Barrington Cluster:</u>						
	Barrington, RI	535	539	461	8,709	8,501	8,164
	Bristol, RI	851	844	800	9,118	9,073	8,484
	Warren, RI	641	609	580	5,930	5,821	5,540
	Barrington Cluster Subtotal	2,027	1,992	1,841	23,757	23,395	22,188
	<u>Fall River Cluster:</u>						
	Fall River, MA	629	711	644	4,039	4,169	3,804
	Little Compton, RI	48	41	28	682	665	622
	Somerset, MA	114	136	129	1,711	1,557	1,544
	Swansea, MA	148	136	173	2,154	2,300	2,335
	Tiverton, RI	151	167	206	2,752	2,751	2,849
	Fall River Cluster Subtotal	1,090	1,191	1,180	11,338	11,442	11,154
	<u>New Bedford Cluster:</u>						
Dartmouth, MA	120	134	143	954	860	907	
New Bedford, MA	507	653	576	2,186	2,369	2,283	
Westport, MA	86	88	80	869	950	889	
New Bedford Cluster Subtotal	713	875	799	4,009	4,179	4,079	
<u>Newport Cluster:</u>							
Jamestown, RI	85	107	65	1,773	1,860	1,832	

	Middletown, RI	231	274	237	4,637	4,578	4,586
	Newport, RI	311	358	325	5,750	6,007	6,064
	Portsmouth, RI	240	220	244	4,582	4,638	4,550
	Newport Cluster Subtotal	867	959	871	16,742	17,083	17,032
	East Bay Region Subtotal	4,697	5,017	4,691	55,846	56,099	54,453
I-95 Corridor Region	<u>Attleboro Cluster:</u>						
	Attleboro, MA	473	410	534	4,253	4,201	4,523
	North Attleboro, MA	215	191	260	2,314	2,254	2,152
	Plainville, MA	63	39	56	356	345	344
	Wrentham, MA	19	26	18	227	188	194
	Attleboro Cluster Subtotal	770	666	868	7,150	6,988	7,213
	<u>Cumberland Cluster:</u>						
	Cumberland, RI	592	740	701	12,338	12,795	12,871
	Lincoln, RI	407	478	437	8,097	8,484	8,905
	Smithfield, RI	507	484	536	7,750	7,849	7,611
	Cumberland Cluster Subtotal	1,506	1,702	1,674	28,185	29,128	29,387
	<u>East Prov. Cluster:</u>						
	Dighton, MA	41	45	49	630	581	688
East Providence, RI	2,398	2,318	2,442	29,980	29,403	29,677	
Rehoboth, MA	196	230	252	3,294	3,358	3,254	
Seekonk, MA	366	391	345	5,396	5,331	5,446	
East Prov. Cluster Subtotal	3,001	2,984	3,088	39,300	38,673	39,065	
	I-95 Corridor Region Subtotal	5,277	5,352	5,630	74,635	74,789	75,665
South Region	<u>Coventry Cluster:</u>						
	Coventry, RI	736	764	724	11,034	11,302	11,354
	East Greenwich, RI	384	457	369	6,876	6,769	6,580
	Exeter, RI	82	88	96	1,646	1,549	1,689
	North Kingstown, RI	540	581	572	9,071	9,180	9,127
	West Greenwich, RI	123	128	122	2,029	1,946	2,026
	Coventry Cluster Subtotal	1,865	2,018	1,883	30,656	30,746	30,776
	<u>Southern RI Cluster:</u>						
	Charlestown, RI	138	136	124	1,305	1,252	1,359
	Hopkinton, RI	187	154	172	2,105	2,085	2,029
	Narragansett, RI	180	178	219	2,689	2,617	2,613
	New Shoreham, RI	8	9	19	128	117	143
	Richmond, RI	67	59	88	828	907	832
South Kingstown, RI	395	442	428	5,709	5,606	5,703	
Westerly, RI	280	301	230	2,604	2,834	2,785	
Southern RI Cluster Subtotal	1,255	1,279	1,280	15,368	15,418	15,464	
	South Region Subtotal	3,120	3,297	3,163	46,024	46,164	46,240
No.	<u>NorthWestern MA/RI Cluster:</u>						

	Burrillville, RI	325	346	343	4,795	4,691	4,999
	Douglas, MA	5	13	13	112	129	157
	Foster, RI	192	138	127	2,317	2,226	2,301
	Glocester, RI	143	172	175	2,800	2,938	2,837
	Scituate, RI	298	323	366	5,232	5,109	5,379
	Uxbridge, MA	10	8	6	228	252	238
	NorthWestern MA/RI Cluster Subtotal	973	1,000	1,030	15,484	15,345	15,911
	<u>Woonsocket Cluster:</u>						
	Bellingham, MA	27	15	30	309	288	268
	Blackstone, MA	45	45	31	529	605	416
	Franklin, MA	29	24	23	251	262	245
	Millville, MA	13	8	7	179	148	159
	North Smithfield, RI	219	251	258	3,786	3,986	4,207
	Woonsocket, RI	860	932	980	12,160	12,548	13,060
	Woonsocket Cluster Subtotal	1,193	1,275	1,329	17,214	17,837	18,355
	North West Region Subtotal	2,166	2,275	2,359	32,698	33,182	34,266
Other	<u>RI Unknowns:</u>						
	RI Unknown Residents	1	1	1	1	1	2
	RI Unk Res Subtotal	1	1	1	1	1	2
	<u>Other:</u>						
	Other MA & Unknown MA	931	1,044	1,212	7,959	7,972	8,473
	CT & Unknown CT	334	310	263	3,672	3,598	3,269
	Other States/Unknowns	415	393	358	3,889	3,588	3,503
	Other Subtotal	1,680	1,747	1,833	15,520	15,158	15,245
	Other Subtotal	1,681	1,748	1,834	15,521	15,159	15,247
	Subtotal RI Towns	31,660	31,995	31,325	537,421	539,990	541,546
	Subtotal 19 MA Towns	3,106	3,303	3,369	29,991	30,147	29,846
	SUBTOTAL RI & 19 MA TOWNS	34,766	35,298	34,694	567,412	570,137	571,392
	GRAND TOTAL	36,446	37,045	36,527	582,932	585,295	586,637

Appendix B

Rhode Island Hospital Community Health Forum Schedule

Monday, April 29, 2019

3:00 – 5:00 PM

Amos House

460 Pine Street, Providence, RI 02907

Saturday, May 11, 2019

3:00 – 5:00 PM

The Center

570 Broad Street, Providence, RI 02907

Thursday, May 16, 2019

5:30 – 7:30 PM

United Way of Rhode Island

50 Valley Street, Providence, RI 02909

Friday, May 17, 2019

7:00 – 9:00 PM

Blessed Sacrament Church

239 Regent Avenue, Providence, RI 02908

Sunday, May 19, 2019

2:00 – 4:00 PM

St. Patrick's Church

244 Smith Street, Providence, RI 02908

Thursday, May 30, 2019

12:00 – 1:30 PM

The Met School, Liberty Building (open only to Met School students)

325 Public Street, Providence, RI 02905

Saturday, June 1, 2019

10:00 AM – 11:30 PM

The Center

570 Broad Street, Providence, RI 02907

Monday, June 3, 2019

6:00 – 8:00 PM

The Nonviolence Institute

265 Oxford Street, Providence, RI 02905

Tuesday, June 4, 2019
10:00 AM – 12:00 PM
Southside Cultural Center
393 Broad Street, Providence, RI 02907

Thursday, June 6, 2019
10:00 AM – 12:00 PM
St. Martin de Porres Center
160 Cranston Street, Providence, RI 02907

Friday, June 7, 2019
11:00 AM – 1:00 PM
Crossroads Rhode Island
160 Broad Street, Providence, RI 02903

Wednesday, June 12, 2019
11:00 AM – 12:00 PM
George Auditorium
Rhode Island Hospital
593 Eddy Street, Providence, RI 02903

Appendix C

Rhode Island Hospital CHNA Community Liaison Profiles

Felicia Delgado is a Community Health Worker who was transformed by her previous experience in the sex-for-pay industry. To help women and men compelled by poverty to sell their bodies, Ms. Delgado founded Esther's Well in 2013, to direct them toward healthcare and community resources. Ms. Delgado's strategy to help her target population is different from most community health workers. She is a one-woman enterprise- seeking out, providing services, and securing healthcare access for individuals in the sex industry. But she also battles health inequities at the systemic level including underemployment, lack of affordable apartment rentals in Rhode Island, poor wages, and a legal system that imposes more barriers than supports for people who sell sex. Also, functionally illiterate, Ms. Delgado states, "My dream as a survivor of sexual exploitation and functional illiteracy is to teach others how to overcome obstacles. Obstacles are only opportunities for greatness."

Shannan Hudgins, M.A., M.Div., graduated from Andover Newton Theological School in May of 2018 following an administrative career in public service in New Hampshire. A mother of two young adults, she left NH to work as a seminary intern at the Rhode Island State Council of Churches. Now Minister for Special Projects at the RISCC, she has served as the education coordinator for the Helen Hudson Foundation in its work to address the underlying issues of homelessness in RI. Ms. Hudgins is currently coordinating the Council's study series on white privilege, *Merciful Conversations on Race*, and is also a representative of the RISCC in Rhode Island's advance care planning initiatives with local stakeholders and the national organization, C-TAC (Coalition to Transform Advanced Care). She is a member of the C-TAC Interfaith and Diversity Steering Committee and its workgroup. Ms. Hudgins is pursuing ordination with a UCC congregation in Massachusetts.

Pilar McCloud is the CEO & founder of A Sweet Creation Youth Organization which was founded in Providence, Rhode Island. Ms. McCloud is the former Chairwoman of the NAACP Providence Branch's youth, high school and college chapters, and has been an officer and executive board member. Ms. McCloud previously served as the New England Area Conference Advisor for the YouthWorks Committee of the NAACP. Along with her social justice work, Pilar also served on the Integra Medicaid Accountable Entity Governing Council and is an AmeriCorps alumna.

Marilena Santizo is a registered nurse by profession and graduated with a Bachelor of Science in Nursing from Rhode Island College. Believing that good health care is something that every human deserves, Ms. Santizo connects to her community through her work. She worked as a telemetry nurse at Roger Williams Medical Center in Providence for five years, during which time she was assigned to be the preceptor for the nursing students. For the last eight years she has been dedicated to work as a community nurse for the integrated care management team. She helped build this team from scratch, including nurses and

community outreach specialists. Ms. Santizo currently works at Tufts Health Plan where she serves children and adult populations. She enjoys her job because it gives her the opportunity to offer education to the community. Ms. Santizo is a resident of East Greenwich and in her free time she volunteers at the Francis De Sales church. Her commitment is to work hard for a better community.

Clement Shabani Wabenga, a former refugee from the Democratic Republic of the Congo, resettled in USA in 2014 and found home in Rhode Island. He earned a bachelor degree in social work in the Congo and a certificate from the Social and Human Service Assistant Program at Rhode Island College in 2016, with additional trainings in the human rights field. Mr. Shabani is currently serving as a project manager for Women's Refugee Care, a non-profit organization assisting refugees from the Great Lakes Region of Africa (Congo, Burundi, and Rwanda) living in distress and experiencing cultural shock to begin the process of becoming self-sufficient and productive members of American society. His primary interests include advocacy, awareness, and support of minority and underprivileged and voiceless people.

Kira Wills is a Motivational Speaker and Communication Consultant focusing on personal development, community engagement, access and advocacy. Her work in the corporate, nonprofit and education industries have provided her with an uncommon perspective on collaborative, strength-based participation and action. Using the principles of communication, connection, community and commitment she assists youth and adults in the development of existing skills while acquiring new skills to increase their personal and professional growth. She is a community advocate for increased access, equity and inclusion of underrepresented racial, gender and disabled communities. It is her passion to help people from adverse circumstances develop agency, purpose and empowerment for themselves and the communities where they live. She serves on the Providence Juvenile Hearing Board, Leadership Rhode Island Women's Network as well as the Rhode Island College President's Inclusive Excellence Commission. Her top five Clifton Strengths are Learner, Arranger, Activator, Connectedness and Communication.

Appendix C (cont.)

Rhode Island Hospital CHNA Community Liaison Position Description

Lifespan Community Health Institute
Community Health Needs Assessment – Community Liaison
Position Description

Position Summary

While excellent care is our top priority, Lifespan also recognizes that health and well-being is more than the absence of disease. We promote a culture of well-being, in part achieved by extending our expertise and services into communities where people live, learn, work, play and pray. Put simply, we embrace our mission of *Delivering health with care*.

A demonstration of Lifespan's mission, the Lifespan Community Health Institute (LCHI) works 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, often in collaboration with Lifespan affiliates and/or community partners, addresses a spectrum of conditions that affect health. One of our major initiatives in 2019 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 respond to the identified needs over the next several years.

The LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to infuse community input in the community health needs assessment process. The Community Liaison is a temporary, part-time position through June 2019. An estimated 30-50 hours will be distributed over the course of 3-4 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees and does not confer benefits. Community Liaisons will be hired as consultants and paid upon completion of the project.

Responsibilities

The Community Liaison will assist Lifespan staff with planning and execution of at least two community forums as part of the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be responsible for identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum. Further, the Community Liaison will assist with

recruitment, logistics, facilitation, and interpretation of each forum. The Community Liaison will be trained on expected tasks and relevant data. Primary responsibilities include:

- Team with Lifespan staff and other Community Liaisons to complete tasks.
- Perform community outreach and recruit strategic partners to participate in the needs assessment process.
- Develop and maintain productive relationships with stakeholders, to create buy-in for the community health needs assessment process.
- Assist with the planning 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.
- Practice effective communication and reliable follow-up with Lifespan contacts and community partners.
- Track and communicate detailed information regarding supplies or other supports needed to complete tasks.
- Attend all required orientation and check-in meetings.

Qualifications and Competencies

The selected Community Liaison must demonstrate the following qualifications and competencies:

- Trusted community broker with demonstrated success organizing community efforts
- Commitment to and interest in community health
- Willingness to work in a team environment, as well as the ability to complete tasks independently
- Thorough, timely and reliable communication skills
- Excellent oral communication as well as active listening skills
- Comfort communicating by email as well as in person
- Experience and confidence with public speaking
- Effective meeting facilitation
- Strong interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks
- Detail-oriented, with excellent time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- Working knowledge of Microsoft Office software, especially Word and PowerPoint

Desired Skills

The following skills are preferred, but not required:

- Personal or professional experience in a public health or related field (e.g. community outreach or organizing, health care, public policy, community development)
- Experience interpreting and explaining data
- Bilingual/Bicultural in Spanish or other languages spoken in Rhode Island

Appendix D

Rhode Island Hospital CHNA Sample Community Health Forum Agenda

RHODE ISLAND HOSPITAL - 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Community Forum

Wednesday, May 22, 2019

Hosted by Blackstone Valley Neighborhood Health Station

- **6:00 PM Eat & Visit Information Table**
- **6:30 PM Introductions**
- **6:40 PM Overview of CHNA and progress since 2016**
- **6:50 PM Current Health Data**
- **7:00 PM Question #1: Does this reflect your health concerns?
What's missing?**
- **7:20 PM Question #2: How would you prioritize among these
health concerns?**
- **7:40 PM Question #3: What would you like for the hospital to do
to help address these priorities?**
- **7:55 PM Wrap-Up & Evaluation**

-
- **Notes:**
-

Appendix E

Rhode Island Hospital CHNA Community Input Form



2019 Community Health Needs Assessment - Community Input Form

Lifespan seeks to understand your health concerns and how our hospitals can help respond to those concerns. The information you share will help us to complete a Community Health Needs Assessment and create an action plan. We value your input!

1. To which hospital service area should these comments be attributed?

- | | |
|---|--|
| <input type="checkbox"/> Emma Pendleton Bradley Hospital | <input type="checkbox"/> Newport Hospital |
| <input type="checkbox"/> Rhode Island Hospital / Hasbro Children's Hospital | <input type="checkbox"/> The Miriam Hospital |

2. Please describe your significant health concerns.

3. What would you like the hospital to do in response to your concerns?

4. Please comment on the progress made in addressing the 2016 priorities (details on reverse).

5. Any additional comments or suggestions?

6. Please share your contact information if you would like to provide additional information.

Name: _____

Email: _____ Telephone: _____

Please visit Lifespan's [Learning from our Community](http://lifespan.org/our-community) page (lifespan.org/our-community) to learn more about the 2019 Community Health Needs Assessments. Thank you for your input!

2016 Community Health Needs Assessment

The Patient Protection and Affordable Care Act (PPACA) requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. CHNAs solicit feedback from members of the community to determine the most pressing health needs in the community the hospital serves. CHNAs aim to address barriers to care, the need to prevent illness, and the social, behavioral and environmental factors that influence health in the community. Based on the needs identified, each hospital develops implementation strategies that respond to the prioritized needs. In 2016, Lifespan completed its second CHNA for each of its hospitals.

The 2016 CHNA process for each hospital identified the following significant needs:

The Miriam Hospital

1. Access to Care and Health Literacy
2. Cardiac Health
3. Cancer
4. Healthy Food Access
5. Substance Use Disorders

Newport Hospital

1. Access to Care and Health Literacy
2. Mental and Behavioral Health
3. Substance Use Disorders
4. Cancer
5. Healthier Weight

Rhode Island Hospital

1. Access to Care and Health Literacy
2. Healthy Weight and Nutrition
3. Substance Use Disorders
4. Cardiac Health
5. Cancer

Bradley Hospital

1. Access to Services
2. Emergency Department Evaluation
3. Transition services for children who age out of pediatric care

For each hospital, and for each need, an implementation plan is included in the CHNA report. That implementation plan describes the action steps that each hospital will take to mitigate the stated need over the 2017 to 2020 fiscal years. Please refer to the reports for detailed implementation strategies.

For more information regarding the CHNA process or findings, please contact Carrie Bridges Feliz, Director of the Lifespan Community Health Institute, at cbridgesfeliz@lifespan.org or 401-444-8009.

Lifespan Community Health Institute
335R Prairie Avenue, Suite 2B
Providence, RI 02905
Phone: 401-444-8009
www.lifespan.org

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⁹⁴ Rhode Island's Strategic Plan on Addiction and Overdose – Final Report. Rhode Island Governor's Overdose Prevention and Intervention Task Force. 2015.

⁹⁵ Need reference

⁹⁶ Need reference

⁹⁷ Report submitted to Rhode Island State Senate

⁹⁸ 2019 countyhealthrankings.org

⁹⁹ 2019 Commonwealth Scorecard

¹⁰⁰ Need reference

¹⁰¹ Forbes.com

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