Rhode Island Hospital
Community Health Needs Assessment Implementation Strategy
October 1, 2022 - September 30, 2025

As a result of the Community Health Needs Assessment (CHNA) prepared for Rhode Island Hospital (RIH) as of September 30, 2022, RIH’s leadership team, executive management, and other individuals critical to the organizational planning process have created an implementation strategy detailing action item plans covering the period from October 1, 2022 through September 30, 2025 to address the significant needs identified in RIH’s CHNA report. Based on the complex health issues in the community, RIH has strategically planned ways to address these significant needs in order to maximize the improvement of the overall health and wellness of residents within its community. As discussed in the September 30, 2022 CHNA, available online at https://www.lifespan.org/sites/default/files/2023-03/RIH2022CommunityHealthNeedsAssessment_03282023.pdf, RIH identified the following issues as significant health needs currently facing its community:

1. Access to Healthcare Services
2. Access to Mental and Behavioral Health Services
3. Social Determinants of Health
4. Assistance Navigating Hospital and Community Services
5. Community-based Health Education
6. Chronic Disease Management

<table>
<thead>
<tr>
<th>Significant Health Need #1: Access to Healthcare Services</th>
<th>Resources Planned to Address Significant Health Need</th>
<th>Anticipated Impact on RIH Community</th>
<th>Outside Groups Collaboration</th>
</tr>
</thead>
</table>
| 1.1 Collect social demographics for complaints and grievances in LifeChart to better identify concerns related to equity. | • Lifespan Information Services  
• Lifespan Human Resources  
• Patient Experience Committee | • Targeted interventions to provide equitable care  
• Targeted interventions to improve the quality of care provided | N/A |
| 1.2 Provide transportation assistance to medical appointments. | • Utilize the Round Trip rideshare app in the electronic health record  
• Build funding for | • Increased access to reliable, free or discounted transportation  
• Reduction in cancelled, no-show and missed appointments | • Ride share companies contracted through Round Trip application |
<table>
<thead>
<tr>
<th>1.3</th>
<th>Add navigators/CHWs in key service lines to improve continuity of care and availability.</th>
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<tbody>
<tr>
<td></td>
<td>• Financial support for Navigators/Community Health Workers</td>
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<td></td>
<td>• Participation in state planning efforts to grow and strategically deploy the Community Health Worker workforce</td>
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<td></td>
<td>• Increase colorectal, breast and cervical cancer screening rates</td>
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<td></td>
<td>• Advance health equity when implemented among populations who often have lower screening rates and/or experience greater health disparities, including people from historically disadvantaged racial and ethnic populations and people with lower incomes</td>
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<td></td>
<td>• Help patients overcome barriers to accessing screening services.</td>
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<td>• Client reminders, reduced structural barriers or improved assistance getting around them, reduced out-of-pocket costs, or a combination of these services</td>
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<td>• Access to one-on-one or group education.</td>
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<td>• Culturally and linguistically appropriate care</td>
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<td>• Improved quality of care</td>
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<td></td>
<td>• Improved patient outcomes</td>
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<tr>
<td></td>
<td>• Community Health Worker Association of Rhode Island</td>
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<td></td>
<td>• Community Health Worker training programs</td>
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<td></td>
<td>• Rhode Island Certification Board</td>
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<td></td>
<td>• Rhode Island Department of Health</td>
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<td>• Rhode Island Executive Office of Health and Human Services</td>
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<thead>
<tr>
<th>1.4</th>
<th>Continue offering free skin cancer screenings and add locations to diversify audience.</th>
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<tbody>
<tr>
<td></td>
<td>• Lifespan Community Health Institute</td>
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<tr>
<td></td>
<td>• Educational materials about skin cancer, translated into multiple languages</td>
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<tr>
<td></td>
<td>• Free skin cancer prevention and screening service in accessible, community locations</td>
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<tr>
<td></td>
<td>• Close disparities in skin cancer screening rates by race &amp; ethnicity</td>
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<tr>
<td></td>
<td>• Increase early diagnosis and treatment of melanomas</td>
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<td></td>
<td>• Partnership to Reduce Cancer in Rhode Island</td>
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<td></td>
<td>• Rhode Island Department of Health</td>
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<td>• Brown Dermatology</td>
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<td>• NBC 10</td>
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<tr>
<th>1.5</th>
<th>Continue offering blood pressure and glucose screenings in community settings.</th>
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<tbody>
<tr>
<td></td>
<td>• Lifespan Community Health Institute</td>
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<tr>
<td></td>
<td>• RIH staff support</td>
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<td></td>
<td>• Educational materials</td>
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<td></td>
<td>• Raise awareness of biometrics to enable patients to self-manage</td>
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<td></td>
<td>• Education to help patients understand the resources and</td>
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<td></td>
<td>• Community organizations that host screening events</td>
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<tr>
<td>Objective</td>
<td>Responsibilities and Benefits</td>
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<td>--------------------------------------------------------------------------</td>
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</table>
| 1.6 Continue offering influenza vaccination clinics in community settings.| • Lifespan Community Health Institute  
• RIH staff support  
• Educational materials about influenza, translated into multiple languages  
• Reduce disparities in influenza vaccination rates by population  
• Education to help patients understand the resources and services available, as well as the benefits of risk factor management  
• Assistance with referrals to primary care |
|                                                                          | • Rhode Island Department of Health  
• Community organizations that host screening events |
| 1.7 Improve collection of race, ethnicity and language data in LifeChart. | • Lifespan Health Equity Committee  
• RIH staff support  
• Patient demographic data in health records match the patients’ self-described demographics  
• Improved data collection for analysis and planning purposes  
• Ability to accurately measure and target racial and ethnic health disparities |
|                                                                          | • N/A |
| 1.8 Increase flow and reduce wait times in emergency department.          | • RIH staff support  
• Quality and Safety  
• Financial resources  
• Improved patient experience through provision of timely care  
• Reduction in number of patients who leave without being seen  
• Increase referrals to appropriate follow-up care  
• Optimization of emergency department staffing mix |
|                                                                          | • N/A |
| 1.9 Improve patient experience by improving communication between providers, patients and caregivers. | • Lifespan Patient Experience Committee  
• Help patients overcome barriers to accessing screening services.  
• Improved access to care by reducing barriers, improving coordination, and reducing cancellations |
|                                                                          | • N/A |
### Significant Health Need #2: Access to Mental and Behavioral Health Services

<table>
<thead>
<tr>
<th>Actions Planned for Implementation</th>
<th>Resources Planned to Address Significant Health Need</th>
<th>Anticipated Impact on RIH Community</th>
<th>Outside Groups Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Offer Mental Health First Aid in English and Spanish.</td>
<td>• Financial support • Facility space • Human Resources support to recruit diverse professionals • Professional staff support to deliver training • Marketing &amp; Communications staff support</td>
<td>• Reduced stigma associated with mental and behavioral health • Increased community support for navigation to mental and behavioral health services • Increase in the number of individuals and school staff who can identify, understand and respond to signs of mental illnesses and substance use disorders • Increase in the number of individuals and school staff who will reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis</td>
<td>• Johns Hopkins University • Rhode Island Department of Education • Municipal school districts</td>
</tr>
<tr>
<td>2.2 Work with addiction medicine team at RIH on prevention and outreach to reduce racial &amp; ethnic disparities in overdose rates and fatalities.</td>
<td>• Addiction Medicine Division • Financial support • Facility space • Professional staff support</td>
<td>• Reduced racial and ethnic disparities in overdose rates and fatalities • Reduced racial and ethnic disparities in access to and initiation of evidence-based treatments • Reduction in overdoses and overdose fatalities</td>
<td>• RIH Opioid COBRE Center</td>
</tr>
<tr>
<td>2.3 Focus on improving patient experience scores in psych and psych emergency services.</td>
<td>• Department of Psychiatry • Patient Experience Committee</td>
<td>• Establishment of Patient/Family Advisors • Improved patient experience in psych and psych emergency services</td>
<td>• N/A</td>
</tr>
</tbody>
</table>
## Actions Planned for Implementation

<table>
<thead>
<tr>
<th>Significant Health Need</th>
<th>Resources Planned to Address Significant Health Need</th>
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<th>Outside Groups Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong> Expand social needs screening and navigation assistance (e.g. Connect for Health) to serve key service lines including Lifespan Cancer Institute (LCI), Lifespan Cardiovascular Institute (CVI), and Psychiatry.</td>
<td>Financial support, Lifespan Community Health Institute staff support</td>
<td>Increased access to community-based services to manage health-related social needs</td>
<td>Community organizations that provide services to address social needs</td>
</tr>
<tr>
<td></td>
<td>Lifespan Information Services</td>
<td>Improved food and nutrition security among patients</td>
<td>determinants of health</td>
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<tr>
<td>3.2 Expand access to employee food bank.</td>
<td>Care Management department, Financial support, Facility space</td>
<td>Improved food security among employees, Improved nutrition security among employees, Increased employee engagement, reduction in leaves of absence, reduction in turnover</td>
<td>N/A</td>
</tr>
<tr>
<td>3.3 Expand access to patient &amp; family food bank.</td>
<td>Care Management department, Financial support, Facility space</td>
<td>Improved food security among patients, Improved nutrition security among patients, Improved patient experience</td>
<td>N/A</td>
</tr>
<tr>
<td>3.4 Offer container gardening education in the Hasbro Children’s Hospital garden.</td>
<td>Hasbro Primary Care providers and staff, RIH Development, Financial support, Facility space</td>
<td>Nutrition education for pediatric patients and families, Improved pediatric patient experience</td>
<td>Community garden partners in Providence</td>
</tr>
<tr>
<td>3.5 Offer farmer’s markets at Hasbro Children’s Hospital on a regular schedule.</td>
<td>Financial support, Facility space, Department of Nutrition, Lifespan Community Health Institute</td>
<td>Improved food security among attendees, Improved nutrition security among attendees, Improved community engagement</td>
<td>Farm Fresh Rhode Island</td>
</tr>
<tr>
<td>3.6 Improve access to food for patients experiencing food insecurity.</td>
<td>Financial support, Department of Nutrition, Lifespan Community Health Institute, Department of Social Work</td>
<td>Improved food security among patients, Improved nutrition security among patients, Improved patient experience, Improved patient health outcomes, Reduction in readmissions</td>
<td>Farm Fresh Rhode Island, Southside Community Land Trust, Meal Delivery Vendors</td>
</tr>
<tr>
<td>3.7 Continue to offer food and nutrition programs to patients and residents of the hospital service area.</td>
<td>Financial support, Facility space, Department of Nutrition, Lifespan Community</td>
<td>Improved food security among attendees, Improved nutrition security among attendees</td>
<td>Farm Fresh Rhode Island, Southside Community Land Trust</td>
</tr>
</tbody>
</table>
| 3.8 Expand access to medical respite services for patients experiencing homelessness. | Health Institute | • Financial support  
• Department of Social Work and Care Transitions  
• Lifespan Community Health Institute | • Improved health outcomes among patients experiencing homelessness  
• Reduction in readmissions among patients experiencing homelessness  
• Reduction in length of stay among patients experiencing homelessness | Rhode Island Executive Office of Health and Human Services  
• Crossroads Rhode Island |
|---|---|---|---|---|
| 3.9 Assist with transition to community-based service providers to facilitate discharge of long-stay patients. | Health Institute | • Financial support  
• Department of Social Work and Care Transitions | • Improved patient and family experience  
• Reduction in length of stay | Skilled nursing facilities |
| 3.10 Incorporate SDOH education in GME and in nursing continuing education. | Health Institute | • GME Office  
• Chief Medical Office, Chief Nursing Officer  
• Lifespan Community Health Institute  
• Office of Diversity Equity and Inclusion  
• Financial support | • Improved measures of equitable care  
• Improved quality of care  
• Improved experience of care  
• Improved provider satisfaction | Warren Alpert Medical School at Brown University  
• Rhode Island College  
• University of Rhode Island  
• Salve Regina University  
• Providence College |
| 3.11 Consider offering medically tailored, home meal delivery for patients experiencing food insecurity. | Health Institute | • Financial support  
• Department of Nutrition  
• Lifespan Community Health Institute  
• Department of Social Work and Care Transitions | • Improved food security among patients  
• Improved nutrition security among patients  
• Improved patient experience  
• Improved patient health outcomes  
• Reduction in readmissions  
• Decreased burden of cardiac/cardiovascular disease, overweight & obesity, and related chronic diseases | Meal Delivery Vendors |
<table>
<thead>
<tr>
<th>Actions Planned for Implementation</th>
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<th>Anticipated Impact on RIH Community</th>
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</table>
| 4.1 Hire Community Health Workers in key service lines, e.g., pediatrics, LCI, CVI. | • Financial support for Navigators/Community Health Workers  
• Human Resources staff support | • Increase cancer and cardiovascular disease screening rates  
• Advance health equity when implemented among populations who often have lower screening rates and/or experience greater health disparities, including people from historically disadvantaged racial and ethnic populations and people with lower incomes  
• Help patients overcome barriers to accessing screening services.  
• Client reminders, reduced structural barriers or improved assistance getting around them, reduced out-of-pocket costs, or a combination of these services  
• Access to one-on-one or group education.  
• Culturally and linguistically appropriate care  
• Improved quality of care  
• Improved patient outcomes | • Community Health Worker Association of Rhode Island |
| 4.2 Build LifeChart functionality to create an alert when qualifying criteria are met for a Community Health referral. | • Information Services staff support  
• Lifespan Community Health Institute | • Increased access to community-based education, screening and lifestyle change programs | N/A |
| 4.3 Improve patient experience by creating and posting FAQs and resources on the lifespan.org site for patients and caregivers to prepare for hospital care and discharge (concierge, turn-down service. | • Professional staff support  
• Marketing & Communications staff support | • Improved adherence with follow-up care  
• Increased patient satisfaction  
• Reduction in no-shows and | N/A |
### Significant Health Need #5: Community-based Health Education

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<th>Actions Planned for Implementation</th>
<th>Resources Planned to Address Significant Health Need</th>
<th>Anticipated Impact on RIH Community</th>
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</table>
| 5.1 Offer conferences, workshops and presentations on topics requested by community partners. | • Financial support  
• Professional staff support to deliver training  
• Lifespan Community Health Institute  
• Marketing & Communications staff support  
• RIH subject matter experts | • Access to group education and peer support in virtual format and live events  
• Increased referrals to and utilization of health maintenance programs  
• Increased health literacy among attendees  
• Education to help participants understand available resources and services, as well as the benefits of risk factor management  
• Assistance with referrals to primary care | • Organizations that help promote the lecture series  
• Community organizations that host events  
• Community organizations that deliver education  
• Non-RIH subject matter experts |
| 5.2 Offer community-based Hands-only CPR classes for underserved, elderly, and secondary students who may be in a life-saving situation. | - Financial support  
- Facility space  
- Professional staff support  
- AHA certified CPR instructors  
- Lifespan Community Health Institute – AHA Community Training Center | - Access to group education and peer support in familiar and accessible settings  
- Skill-building for long-lasting intervention  
- Increase in application of life-saving cardiopulmonary resuscitation | - Community organizations that host and help promote the programming |
|---|---|---|---|
| 5.3 Offer Stop the Bleed first aid education that could be partnered with CPR classes | - Financial support  
- Facility space  
- Professional staff support | - Access to group education and peer support in familiar and accessible settings  
- Skill-building for long-lasting intervention | - Community organizations that host and help promote the classes |
| 5.4 Deliver community education on Stroke, Opioid, Narcan, Adderall Education, Gun Violence Prevention, Driving Safety, and Sexual Assault Prevention. | - Financial support  
- Lifespan Community Health Institute staff support  
- RIH subject matter experts | - Access to one-on-one or group education  
- Culturally and linguistically appropriate care  
- Education to help patients understand the resources and services available, as well as the benefits of risk factor management  
- Assistance with referrals to primary care  
- Skill-building for long-lasting behavior change  
- Improved health outcomes from adoption of health-promoting behaviors | - Non-RIH subject matter experts  
- Community organizations that host and help promote the classes |
| 5.5 Offer reproductive health education for middle and high school students. | - Financial support  
- Lifespan Community Health Institute  
- RIH subject matter experts | - Improved reproductive health outcomes for participants  
- Increased rates of family planning  
- Lower rates of teen pregnancy | - Municipal school districts  
- Community organizations that host and help promote the classes |
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Departments</th>
<th>Benefits</th>
<th>Partners</th>
</tr>
</thead>
</table>
| 5.6     | Work with Psychiatry to leverage connections to community-based, family, and patient supports. | • Department of Psychiatry  
• Department of Social Work | • Improved access to community-based mental health peer supports  
• Reduced burden of stress among caregivers and family members of patients with mental health diagnoses | • Community-based mental and behavioral health providers  
• Certified Community Behavioral Health Centers  
• Unite Us, Inc. |
| 5.7     | Offer the Get Up and Move physical activity program. | • Financial support  
• Lifespan Community Health Institute  
• RIH Provider Champions | • Increased frequency and duration of physical activity among participants  
• Reduced risk of cardiovascular and chronic diseases among participants | • Community organizations that host and help promote activities |
| 5.8     | Continue to offer the Diabetes Prevention Program and become a Medicare DPP supplier. | • Financial support  
• Facility space  
• Professional staff support  
• DPP certified coaches | • Access to group education and peer support in familiar and accessible settings  
• Skill-building for long-lasting behavior change  
• Improved health outcomes from adoption of health-promoting behaviors  
• Prevention of Type II Diabetes | • Community organizations that host and help promote the classes |
| 5.9     | Provide Tar Wars programming for youth across service area. | • Financial support  
• Facility space  
• Professional staff support | • Access to group education and peer support in familiar and accessible settings  
• Skill-building for long-lasting behavior change  
• Reduced initiation of tobacco products among youth | • Community organizations that host and help promote the programming  
• American Academy of Family Physicians |
| 5.10    | Provide Safe Sitter programming for youth across service area. | • Financial support  
• Facility space  
• Safe Sitter certified instructors  
• Professional staff support | • Access to group education and peer support in familiar and accessible settings  
• Skill-building for long-lasting behavior change  
• Prevention of unintentional injuries among children | • Community organizations that host and help promote the classes |
| 5.11    | Continue to offer a monthly health ambassador lecture series for the general public. | • Financial support  
• Professional staff support  
• RIH subject matter | • Access to group education and peer support in virtual format | • Community organizations that help promote the lecture |
### Significant Health Need #6: Chronic Disease Management

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</table>
| **6.1 Offer annual breast, cervical, lung, and prostate cancer screening for uninsured and low-income residents.** | • Lifespan Cancer Institute  
• Lifespan Community Health Institute  
• Financial support  
• Facility space  
• Physician, nursing and professional staff support | • Cancer prevention education, screening, and linkage to appropriate follow-up care  
• Increase in early detection and entry into treatment  
• Reduced racial and ethnic disparities in cancer staging at initiation of treatment | • Community organizations that help promote the events  
• Rhode Island Department of Health |
| **6.2 Facilitate referrals from primary care practices within Lifespan to the Lifespan Cancer Institute.** | • Lifespan Cancer Institute  
• Physician, nursing and professional staff support | • Cancer prevention education, screening, and linkage to treatment  
• Increase in early detection and entry into treatment  
• Reduced racial and ethnic disparities in cancer staging at initiation of treatment | • Coastal Medical Physicians, Inc. |
| **6.3 Open a cardiac care center and cardiac lab at RIH in order to serve more patients.** | • Cardiovascular Institute  
• Financial support  
• Facility space  
• Physician, nursing and professional staff | • Heart disease prevention education, screening, and linkage to treatment  
• Increased access to comprehensive cardiac care in the service area | • N/A |
| **6.4 In partnership with HopeHealth, integrate palliative care early in the care of patients.** | • Financial support  
• Facility space  
• Cardiovascular Institute  
• Physician, nursing and professional staff | • Improved pain and disease management among patients  
• Improved patient experience | • HopeHealth |
| **6.5 Incorporate telehealth and telemonitoring in cardiac rehabilitation to drive patient & family self-efficacy.** | • Financial support  
• Cardiovascular Institute  
• Lifespan Information Services | • Improved patient disease self-management  
• Improved patients’ access to care and provider feedback | • N/A |
| 6.6 Provide multidisciplinary supports and increase utilization of the palliative care nurse, psychologist, and social worker in the advanced heart failure clinic. | • Financial support  
• Facility space  
• Physician, nursing and professional staff  
• Cardiovascular Institute  
• Lifespan Pharmacy  
• Department of Social Work | • Improved continuity of care through better coordination of services and communication with internal and external multidisciplinary teams  
• Improved patient education to better support their transition from one care setting to the next  
• Improved patient experience  
• Improved cardiac health outcomes | • HopeHealth  
• Visiting Nurse Services |
|---|---|---|---|
| 6.7 Assess SDOH among patients in the Heart Failure Clinic and consider the provision of medically tailored meals to food insecure patients. | • Financial support  
• Cardiovascular Institute  
• Lifespan Community Health Institute  
• Lifespan Information Services | • Increased access to community-based services to manage health-related social needs  
• Improved food and nutrition security among patients  
• Improved quality of care in the ambulatory setting | • Community organizations that provide services to address social determinants of health |
| 6.8 Launch smoking cessation and weight loss programs at cardiac rehab. | • Financial support  
• Facility space  
• Cardiovascular Institute  
• Physician, nursing and professional staff support | • Skill-building for long-lasting behavior change  
• Improved health outcomes from adoption of health-promoting behaviors  
• Decreased incidence of cardiac/cardiovascular disease, overweight & obesity, and related chronic diseases | • Smoking cessation and weight loss programs vendors |
| 6.9 Partner with Coastal Medical to facilitate referrals between primary care and cardiology. | • Physician, nursing and professional staff support  
• Cardiovascular Institute  
• Lifespan Information Services | • Improve patient access to cardiology services, patient experience and health outcomes  
• Reach a wider population of eligible candidates with cardiac disease, resulting in | • Coastal Medical |
Conclusion

This Rhode Island Hospital Implementation Strategy report was authorized and approved by Rhode Island Hospital Board of Trustees on March 14, 2023.

RIH will document progress on the implementation strategies presented as part of its commitment to the community it serves each year in its Form 990 tax return filings as required by the IRS. RIH appreciates the continued support of its partners, recognized below, which help it meet the health care needs of Rhode Islanders. Questions or comments on the RIH CHNA or Implementation Plan may be submitted to:

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(401) 444-7035
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