



The Miriam Hospital

Lifespan. Delivering health with care.®

Community Health Needs Assessment

THE MIRIAM HOSPITAL

SEPTEMBER 2016



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Introduction

Description of CHNA Purpose & Goals

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

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

TMH conducted its first CHNA, dated September 30, 2013, which covered the period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of TMH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research including interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by TMH.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 TMH. Progress on these strategies is reported in the 2016 CHNA.

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

History and Mission of The Miriam Hospital

As a founding member of the Lifespan health system, TMH is committed to its mission: *Delivering health with care*. TMH is a nonprofit, 247-bed general acute care teaching hospital located in Providence, Rhode Island. The idea for the hospital began when a group of women began to raise the necessary funds to establish a hospital in Providence that would provide high-quality medical care for Jewish immigrants in a care environment where their language and culture would be understood. Their vision was achieved in 1926, when TMH received a charter from the Rhode Island General Assembly and a 63-bed hospital opened on Parade Street in Providence. On April 24, 1966, the broader Rhode Island community, served by a significantly expanded TMH, dedicated the 247-bed Summit Avenue facility that is home to today's hospital – advancing TMH's purpose “to serve all the people of Rhode Island regardless of race, creed, origin or economic means.”

To strengthen its core services of patient care, research and medical education, TMH affiliated with Alpert Medical School of Brown University in 1969 – launching decades of active participation in medical education, offering residencies and other educational opportunities in internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine, orthopedics and dermatology. The hospital is staffed by more than 775

affiliated physicians, 50 full-time house staff, a nursing staff of 500, and more than 1,100 employees. In total, TMH employs more than 2,800 people.

TABLE 1
The Miriam Hospital Statistics, FY 2015⁵

Year Founded	1926
Employees	2,823
Affiliated Physicians	1,104
Licensed beds	247
Patient Care	
Patient discharges	16,690
Emergency department visits	62,183
Outpatient visits	119,312
Outpatient surgeries	7,137
Inpatient surgeries	4,458
Financials	
	\$ in thousands
Net patient service revenue	\$383,275
Research funding revenue	\$23,192
Total assets	\$459,129

Commitment to the Community

TMH continuously assesses community need to ensure that its services are aligned with such needs. The Miriam regularly conducts assessments to examine growth and changes in the population served, community resources, and the changing prevalence of diseases, as well as patient experience with wait times, staffing levels, and changing standards of care. In recent years, in response to community need, TMH has introduced several new services and expanded others; examples include launching a robotic surgery program, becoming the first hospital in the region to use a new technology to remove clots in patients experiencing stroke, and opening Rhode Island's first Joint-Commission-certified Stroke Center⁶ and the state's only Women's Cardiac Center.

During the fiscal year ended September 30, 2015 (FY 2015), TMH provided nearly \$42.3 million in net community benefit expenses for its patients, which accounted for 10.1% of total operating expenses. TMH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. Uninsured patients at more than three times the poverty level are billed at no more than what Medicare would pay for those same services. As part of its community benefit expenses, TMH provided over \$4.5 million in financial assistance at cost to patients (charity care), over \$11.9 million in medical and health professions education, nearly \$11.1

million in subsidized health services and \$3.9 million in unfunded medical research.⁷

TMH provides many other services to the community for which charges are not generated – including certain emergency services, community health screenings for cardiac health; prostate cancer, and other diseases; smoking cessation; immunization and nutrition programs; diabetes education; community health training programs; patient advocacy; and foreign language translation. The hospital also subsidizes the cost of treating patients who receive government assistance that provides the hospital with health care reimbursements below cost – including low-income children and families, pregnant women, long-term unemployed adults, seniors, and people with disability covered under Medicaid.

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

TABLE 2
Charity Care and Other Community Benefits, FY 2015⁷

	\$ in thousands
Charity care	\$4,580
Medical education, net	\$11,954
Research	\$3,894
Subsidized health services	\$11,071
Community health improvement services and community benefit operations	\$494
Unreimbursed Medicaid costs	\$10,290
Total cost of charity care and other community benefits	\$42,283

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations. In partnership with community-based agencies, LCHI led the design and development of the 2016 Community Needs Assessment and Implementation Strategy.⁹

Community and patient engagement is a critical piece of quality improvement and Strategic Planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, <lifespan.org/OurCommunity> in the spring of

2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, will be maintained and house each hospital's CHNA report and implementation strategy.¹⁰ This site will also serve as a conduit to link community residents and organizations to health-promoting initiatives of the hospital.

The Miriam Hospital – What it Does

TMH offers a range of medical services and has notable expertise in cardiac care, total joint replacement, bariatric surgery, minimally invasive and robotic surgery, and men's health. In 2015 TMH was recognized as a top hospital in Rhode Island and the Providence metropolitan area by U.S. News & World Report. The hospital was acknowledged for its excellence in gastroenterology, gastrointestinal surgery and geriatrics.¹¹ Since 1998, TMH has been designated a MAGNET hospital for excellence in nursing by the American Nurses Credentialing Center. The hospital has affiliations with fifteen college nursing programs under which it serves as a clinical training site.¹²

TMH is internationally recognized for its HIV/AIDS, behavioral health, and preventive medicine research. It receives more than \$23 million in research funding annually.¹³ TMH clinical researchers excel at research in brain disorders, cancer, heart disease, and mental health and developmental disorders—some of the nation's most prevalent conditions.

At TMH, the Minimally Invasive Urology Institute (MIUI) added two new highly effective treatment options in FY 2015. TMH is also now the only hospital in the state to offer such treatment technologies to diagnose and treat tumors in the bladder. MIUI urologists offered a bladder cancer awareness program in recognition of Bladder Cancer Awareness Month; the experts answered questions about bladder cancer and discussed bladder and kidney health and nutrition tips for good urological health.¹⁴

Also in FY 2015, the Cardiovascular Institute (CVI) at Rhode Island, The Miriam, and Newport Hospital added a cardio-oncologist to its staff to work with patients and their oncology care teams to prevent cardiac toxicities associated with cancer therapy and to treat toxicities if they occur.¹⁵ TMH has been a leader in cardiovascular care for over four decades and provides the highest level of care, whether the need is consultative, diagnostic, interventional, surgical, or rehabilitative. TMH cares for approximately 15,000 cardiac patients a year.¹⁶

TMH and Rhode Island Hospital are designated Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island (“Blue Cross”) and are

the only two hospitals in the State to be so recognized. The Comprehensive Cancer Center (CCC) became one of only 23 centers of its kind to receive an Outstanding Achievement Award from the American College of Surgeons' Commission on Cancer.¹⁷ The CCC recently opened the Lung Cancer Screening Clinic at Rhode Island Hospital and TMH in FY 2015 with the goal of diagnosing and treating lung cancer as early and accurately as possible.¹⁸ In 2015, TMH was identified as one of “100 Hospitals and Health Systems with Great Oncology Programs” by Becker's Hospital Review, in recognition of the CCC.¹⁹

The National Institute of Diabetes and Digestive Kidney Diseases awarded a \$1.3 million research grant to TMH and Beth Israel Deaconess Medical Center to use advanced monitoring technology to examine behavioral, psychosocial, and environmental predictors of weight loss following bariatric surgery. Researchers will collect information about environmental factors, such as foods available to patients and support from family and friends, to assess which factors best predict weight loss.²⁰

For the sixth time, TMH was designated by The Joint Commission as a Primary Stroke Center. The advanced certification recognizes TMH Stroke Center, which cares for over 650 patients a year, as providing the highest quality stroke care.

Drug overdose is the leading cause of injury death in the United States.²¹ Recognizing the potential for pharmacies to expand the reach and impact of critical public health interventions, pharmacists are being educated about opioid addiction, overdose risk and the benefits of appropriate use of naloxone. Researchers from Boston Medical Center, TMH, and the University of Rhode Island College of Pharmacy developed protocols for pharmacies to supply, order, and provide naloxone to patients. This study will track and analyze data from the participating pharmacies to develop best practices for a national pharmacy-based naloxone rescue kit program.²²

The Total Joint Center at TMH offered a free interactive session for the public to learn about hip, knee, and shoulder pain, and ways to relieve it. The two-hour event featured a hip and knee specialist, a shoulder specialist, and two members of TMH rehabilitation team.²³

In January 2016, TMH opened its Center for Weight & Wellness in East Greenwich, a comprehensive weight management program offering services ranging from dietary counseling to medical weight management and surgical intervention. It is the only facility in Rhode Island to provide fully integrated comprehensive weight management services at one location.²⁴

The Miriam Hospital – Defining the Community it Serves

TMH's outpatient population is largely from Rhode Island; 93.1% of its outpatient encounters in FY 2015 reflect treatment of Rhode Islanders. Another 5.8% of the hospital's outpatient encounters involve patients from Massachusetts. Nearly two-thirds (57.9%) of TMH's outpatient population comes from Rhode Island's urban core: the largest concentration comes from Providence (22.4%), followed by Pawtucket (11.8%), Cranston (8.9%), Warwick (5.7%) and Central Falls (2.9%). See *Appendix A*.²⁵

Approximately eight percent (8.1%) of TMH's outpatients reside in Rhode Island's East Bay communities, such as Barrington (2.1%), Bristol (2.0%) and Warren (1.3%), and approximately 12 other cities and towns from the East Bay, Aquidneck Island and nearby southeastern Massachusetts. Another 7.0% of TMH's outpatients reside in southern Rhode

Island, with the largest concentration coming from Coventry (1.8%) and East Greenwich (1.5%). Approximately 5.2% of outpatients come from the northwest region of the state, with the largest concentration (1.2%) residing in Woonsocket.²⁶

The geographic distribution of TMH's inpatient population is similar to the outpatient population, with a slight shift toward patients coming in from outside of the urban core region. Of all inpatients, 93.8% come from Rhode Island. Over half (53.7%) come from the urban core, with nearly 21.3% of all inpatients living in Providence, 11.4% living in Cranston, Warwick and West Warwick, and 21.0% living in the northern core (Central Falls, 2.7%; Johnston, 3.9%, North Providence, 1.8%, and Pawtucket 12.6%).²⁷

TMH is located in Providence County, home of over 631,000 residents covering 436 square miles, and the most densely populated county in Rhode Island. Providence County, which includes the state's capitol, Providence, is located in the center of the state and contains a large urban core. The population of Providence County is racially and ethnically diverse, and is slightly younger, on average, than the rest of the state.²⁸

The median household income in Providence County is \$49,139 and 18.3% of residents are living in poverty. Almost 18% of residents are foreign born, and 29.6% of families speak a language other than English at home. Over 81% of Providence County residents are high school graduates, and 64% of people are active in the workforce. According to the U.S. Census, 10.4% of residents are uninsured.³⁰

TABLE 3

Demographics estimates, July 1, 2015²⁴

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

*2010, **2010-2014 estimates

The city of Providence, where over 22% of TMH patients live, is far more densely populated and urban than Providence County as a whole. The demographics of the city of Providence are different from the County as a whole, with over 29% of residents living in poverty and a much higher percentage of African American, Asian and Hispanic residents. The median household income in the city of Providence is lower than the county and state median. As of 2015 estimates, there are also a much higher percentage of residents who are uninsured in the city of Providence, compared to the rest of the county and state. These factors are important to consider when thinking about TMH patient population.³¹

The Miriam Hospital Patient Population

In 2015, 91% of inpatients spoke English as their primary language, while 87% of emergency department patients indicated that they spoke English as their primary language at TMH. Other common languages spoken were Spanish (between 4% and 8%) and Portuguese (between 1% and 3%) in fiscal year ended September 30, 2015.³²

Over ten percent (10.2%) of the patient population self-identified as Hispanic or Latino. Of those who identified as Hispanic or Latino, 58.7% considered their race to be “Other”, and 27.7% considered themselves “White or Caucasian”. Table 4 shows the racial breakdown of all ethnicities of the patient population in fiscal year ended September 30, 2015.³³

TABLE 4

The Miriam Hospital Outpatient Population Race, 2015³⁴

	Number	Percent
White or Caucasian	116,235	79.7%
Black or African American	14,874	10.2%
Asian	937	0.6%
American Indian or Alaska Native	94	0.1%
Native Hawaiian or Other Pacific Islander	167	0.1%
Other	12,618	8.6%
Unknown/Blank	981	0.7%
Total	145,906	100.0%

Update on 2013 CHNA Implementation Strategy

TMH conducted a CHNA, dated September 30, 2013, which covered the period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of TMH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the forms of interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by TMH and Lifespan’s other affiliated hospitals.³⁵

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

Access to Care

Community members in TMH service area cited aspects of access to care as major challenges facing their communities, particularly among minority populations. Access to health literacy, prescription drugs, community screening services, and women’s health were cited as significant needs. Since the 2013 CHNA report was released, the LCHI and TMH have redoubled their efforts to increase access to programs and services, with a particular focus on addressing barriers for uninsured and underserved populations in this service area.

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

- Community Physician Partners, Inc., founded in partnership in 2014 between Lifespan and Anchor Medical Group, Medical Associates of Rhode Island, and University Internal Medicine, is a clinically integrated network of approximately 180 primary care physicians focused on patient-centered primary care practice transformation through contracting with payers for both population-based accountable care and quality-based fee for value arrangements.³⁶
- Lifespan Physician Group, Inc. (LPG), a group of physicians providing services primarily to Rhode Island Hospital and TMH, opened its first primary care private practice and urgent care facility January 1, 2016. Metacom Medical Associates, Inc., a highly regarded practice located in Warren, RI is now LPG – Metacom Medical. The practice is comprised of 3 full-time physicians, 2 part-time physicians, a full-time Nurse Practitioner, and 12 support staff, who provide exceptional medical care to over 16,000 patients. LPG- Metacom Medical will be transforming care for patients by implementing National Committee for Quality Assurance (NCQA) quality standards, and has plans to meet the demand to expand the practice in the very near future.³⁷

Enhance access to prescription drugs upon discharge

TMH opened an on-site pharmacy in FY 2014. The Lifespan Pharmacy at TMH has directly enhanced access to prescription drugs for patients upon discharge. The pharmacy is available to the public and offers convenient, fast, and professional service with easy refill options during the day or night via phone, and also offers free home delivery, appointment, and walk-in flu vaccinations, as well as pneumonia and shingles vaccinations for adults. Pharmacists interact with physicians to provide comprehensive and safe care. Physicians can electronically transmit prescriptions to the pharmacy, reducing wait times. Pharmacists are available to answer patients' questions regarding dosages, interactions with other medicines, side effects, and medication safety, enabling patients to leave the hospital with the prescriptions they need and peace of mind. Onsite technicians are also available to assist with questions about insurance coverage and co-pays.³⁸ By providing access to pharmaceutical drugs onsite, this is also expected to benefit patients for whom a lack of transportation is a barrier.

Promote women's health and access to health services

The Women's Medicine Collaborative, an outpatient department of the Miriam Hospital, provides the largest multi-disciplinary center dedicated to caring for women on all stages of life. The services of this collaborative can be found in a single location enhancing access to patients and the care they need. In partnership with the Women's Medicine Collaborative, Rhode Island Hospital opened a new 14-bed inpatient unit in 2014 to expand access to women's health services. The unit, which was designed just for women, cares for women who are dealing with benign gynecologic conditions, gynecologic cancers, medical conditions that occur during pregnancy and postpartum, and breast cancer surgery and reconstruction. In the past year (July 1, 2015 – June 30, 2016), total patient volume was 21,654 at the Women's Medicine Collaborative Ambulatory Center.³⁹

Partner with Providence Community Health Centers

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

Promote health literacy statewide

Healthwise is a nationally distributed health literacy program delivered in a workshop format.⁴¹ The LCHI leads the *Healthwise* curriculum in English and Spanish, free of charge, through partnerships with community-based agencies. To date, since the beginning of FY 2014, 66 *Healthwise* programs have been held with a total of 1,048 students participating (19 classes, 317 students in FY 2014, 23 classes with 319 students in FY 2015, and 24 classes with 412 students to date in FY 2016). The LCHI is strategically expanding the reach of the program beginning Fall 2016. LCHI staff is conducting outreach to correctional facilities, adult day centers, low-income residential housing, and adult learning centers to increase participation.⁴² The *Healthwise* program has been updated to specifically address needs

identified throughout the 2016 CHNA Community Health Forums.

Provide free health screenings statewide

The United States Preventative Services Taskforce recommends screening for high blood pressure in adults aged 18 years or older,⁴³ and recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese.⁴⁴ “Healthy People 2020” cites improving access to clinical preventative screenings as a key public health priority.⁴⁵ The LCHI provides free blood pressure and glucose screening to uninsured and low-income residents in the Lifespan service areas, with a focus on populations who are at higher risk for diabetes and cardiovascular disease. Over the past three years, 1,453 screenings have been conducted; 566 in FY 2014, 186 in FY 2015 and 701 to date in FY 2016.⁴⁶

Initiate Automated External Defibrillator (AED) Grant Program

AED devices can save lives when someone is suffering from cardiac arrest. Being able to rapidly access an AED device and provide cardiopulmonary resuscitation (CPR) can greatly increase chances of survival for someone in cardiac arrest.⁴⁷ In 2014, LCHI and Lifespan Community Training Center (LCTC) committed to making AEDs and education available through a community-based program. Lifespan distributed 48 AEDs, signage, training, and education kits across all 39 cities and towns in Rhode Island. As of FY 2016, all equipment has been distributed and LCHI conducts routine follow-up to ensure that AEDs are up to date and that additional training or assistance is provided as needed.⁴⁸

Expand the Reach of the LCTC

The LCTC, operated by LCHI, offers certified and non-certified CPR, AED, and First Aid classes. All classes are provided in English and Spanish. LCHI monitors and credentials CPR instructors who adhere to the American Heart Association Guidelines.⁴⁹ In FY 2015, LCHI trained 9,183 people on CPR and managed 268 instructors. In FY 2016, the LCHI held 92 classes training 888 students in CPR. Also in FY 2016, the LCTC expanded to offer other, non-cardiac skill-building courses, like Financial Literacy, Safe Sitter, Incredible Years Parenting Classes, and Food is Medicine. To date, there have been five classes with 17 trained in Financial Literacy, three classes with 21 trained in Food is Medicine, 17 classes with 167 youth trained in Safe Sitter, and two groups with 10 trained in Incredible Years.

In addition to TMH’s progress on improving population health by making strides in the following key areas, Lifespan as a

whole has committed to addressing barriers to accessing care system-wide by investing in Rhode Island’s healthcare workforce and enhancing access to primary care. In June 2013 Lifespan launched the Workforce S.T.A.T. (Solutions, Training and Teamwork) program to increase access to care by growing Rhode Island’s health care workforce. Recruiting participants from TMH service area, the S.T.A.T. program trains unemployed and underemployed, entry-level Rhode Islanders to become a prepared, focused and well-qualified Certified Nursing Assistant workforce to care for patients. Entering its fourth year, the Workforce S.T.A.T. program has graduated 171 students, 66% of whom identify as a racial or ethnic minority, with 130 currently working as Certified Nursing Assistants, 19 at TMH.

Cancer

Cancer is the second-leading cause of mortality in Rhode Island and nationwide. Fortunately, early detection can improve the outcomes for many of the most common cancers.⁵⁰ RIH and TMH are designated Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island (“Blue Cross”) and are the only two hospitals in the state to be so recognized. In 2013 CHNA participants prioritized the need for expanding access to cancer prevention, screening, treatment, education, and survivor services. Access to cancer services was identified as a key health priority across the Lifespan system, therefore we highlight both Miriam Hospital programs as well as system-wide initiatives to address cancer.

Expand the Comprehensive Cancer Center

In August 2013, Lifespan’s three cancer centers—TMH, Rhode Island Hospital and Newport Hospital — merged into one system-wide Comprehensive Cancer Center (CCC), providing greater access to cancer specialists, psychosocial screenings with referrals to social workers and support services, enhanced patient and family education, patient navigators, genetics counselors and complementary therapies.⁵¹ A multidisciplinary team of specialists from Rhode Island Hospital, TMH, and Newport Hospital provide patients diagnosed with cancer or hematologic disorders access to a full range of cancer services. A new location for adult oncology services in East Greenwich also opened in 2013, expanding the geographic availability of the CCC to southern Rhode Island.⁵² The CCC was awarded a three year renewed accreditation with commendation from the American College of Surgeons (ACoS), and the Commission on Cancer. In 2014, over 4,000 cases of cancer were diagnosed at the CCC, and for patients diagnosed and treated at the CCC, a lifelong follow-up rate of at least 90% is maintained. In 2015 the CCC conducted a Breast Cancer Patient Outcome Analysis to

improve breast cancer screening treatment throughout the program. The CCC also utilized results from the 2013 CHNA to better serve TMH patients and community.⁵³ The CCC underwent a number of quality improvements during this time:

- Developed and implemented a Breast Cancer Multidisciplinary Clinic to provide timely patient assessment and coordination of clinical care across the continuum;
- Developed and implemented a Lung Cancer Screening Clinic, which provides coordinated access to all resources available at Lifespan for the evaluation and management of lung cancer;
- Developed and implemented the “Good Catch” Program in Radiation Oncology to provide patient-centered care by improving quality, safety, and efficiency; and
- Developed and implemented a Care Transitions Team, which includes a 48-hour post discharge follow-up phone call by the oncology phone nurse, designed to reduce re-admissions.⁵⁴

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

- In February 2016, Lifespan announced an exciting and innovative partnership between Lifespan and the Dana-Farber Cancer Institute (DFCI) in Boston, MA for the purpose of expanding research collaboration, improving cancer care to the residents of Rhode Island, and advancing both organizations’ goals of optimizing value in managing populations of patients with cancer.
- To heighten awareness and encourage both consistency and excellence in all patient care and communications, all front-line staff had customer service training in the spring of 2016.
- Four new doctors and two physician assistants have been hired at TMH.
- The inaugural CCC “Rising Above Cancer” 5K Run/Walk

and Family Fun Day took place on Saturday, July 30, 2016 in Warwick, RI. This event was attended by nearly 500 participants and 40 vendors/volunteers, and it raised more than \$27,000 for the CCC patient care fund.

Avenues of Healing

LCHI has partnered with the CCC to offer *Avenues of Healing*. This is a free educational conference about breast cancer prevention and treatment targeting a lay audience, offered each fall.⁵⁵ The program is designed specifically for women as a venue to learn about breast cancer prevention and treatment from experts in the field. Since 2013, 521 community members have attended the Avenues of Healing conference.⁵⁶

Cancer Survivors Day

LCHI has partnered with the CCC to celebrate Cancer Survivors Day. Free, community celebratory events were held at the Roger Williams Park Casino in 2014 and 2015, with over 350 attendees each year. Geared to individuals of all ages, the free event features activities and demonstrations, educational information about maintaining good health, and lectures from keynote speakers on various topics. Last year, Fred Schiffman, MD, Medical Director of the CCC, spoke about advances in the field while survivors, family, and friends shared personal survivorship experiences.⁵⁷

Kick Butts Day and Tobacco Prevention Programs

In Rhode Island, tobacco use claims 1,600 lives and costs \$506 million in health care bills each year. Cigarette smoking among Rhode Island high school students has decreased significantly in the past three years, from 8% reporting smoking cigarettes in the past 30 days in 2013 to 5% in 2016. However, many teens that report smoking cigarettes also report trying to quit.⁵⁸ This fact, along with increased use of other tobacco products such as electronic vapor products and smokeless tobacco, has heightened the need for tobacco-free education and advocacy. LCHI staff have partnered with the local public school departments, United Health Foundation and Tobacco-Free Kids, to deliver fun, educational programs each year in recognition of national Kick Butts Day. Kick Butts Day is a national day of activism that empowers youth to stand out, speak up, and seize control against Big Tobacco.⁵⁹ Kick Butts Day recognizes over 1,000 events in schools and communities across the United States each year. Approximately 102 Rhode Island public school students participated in Kick Butts Day in 2014. The next Kick Butts Day is March 15, 2017.⁶⁰

Smoking cessation counseling continues to be a need of the community. Since 2013, the LCHI and TMH, in partnership with the Rhode Island Department of Health offer smoking cessation counseling and treatment services to uninsured and underinsured people who might not otherwise be able to access or afford treatment. TMH's adult outpatient behavioral medicine services help individuals improve health through behavior change. Services are available to help individuals with behavioral and psychosocial management of behavioral interventions including smoking cessation.

LCHI provides ad hoc tobacco prevention programs in local schools upon request, and TMH continues to support an array of school-based programs that convey the "no smoking" message.⁶¹ In FY 2014, 278 students participated in school-based programs, in FY 2015 186 students participated, and in FY 2016 250 students have participated to date.

Tobacco Prevention Programs were also offered in conjunction with community events, such as the Annual Billy Taylor Day in the Mount Hope neighborhood of Providence, adjacent to TMH.⁶²

Lectures about smoking, smoking cessation, and cancer

Fewer than 5% of smokers who try to quit by themselves are successful, but there are several smoking cessation programs and studies available within Lifespan hospitals to give smokers the support they need.⁶³ TMH offers smoking cessation research studies and programs to the community. Smoking and smoking cessation lectures were presented at local schools and community events. Cancer lectures were also delivered at community events.

Research opportunities and the BreathEasy program were highlighted in community activities participating in the Hope Street Merchant Association Festivals and Summit Neighborhood Association Summer Concerts. Smoking cessation lectures were presented at local schools and community events. Cancer lectures were also delivered at community events and a new support group was established in January 2016 at TMH for deaf and hard of hearing cancer survivors, the only group of its kind in the region, at which monthly education sessions are held.⁶⁴

Sun Smarts

The goal of Sun Smarts is to reduce the increasing number of melanoma cases and prevent late stage disease. LCHI partnered with the CCC, local news station ABC 6, University Dermatology, and the Rhode Island Department of Health to offer free skin cancer screening events to the community. The events utilized the American Academy

of Dermatology Melanoma/Skin Screening Form along with enhanced educational materials.⁶⁵ There were five screening dates each year in 2014 and 2015, resulting in 769 people screened. Each person screened receives follow-up consultation to ensure each person receives the proper referrals and care, regardless of insurance status. Through this program, several melanomas have been identified and treated. In FY 2014, 336 individuals were screened, resulting in 26 biopsy referrals, in FY 2015, 433 individuals were screened, resulting in 45 biopsy referrals and 2 diagnoses of melanoma, and in FY 2016, 404 individuals have been screened to date.⁶⁶

Healthier Weight

Risk factors associated with maintaining healthy weight were a major concern among stakeholders in the 2013 CHNA. Nutrition, overweight and obesity, diabetes, heart disease and stroke were all predominant concerns in TMH service area. TMH is renowned for its bariatric surgery services and its weight control and diabetes research. Stakeholders made recommendations for improving access to services.

Expand collaborative arrangements for Weight Management Program patients

The Center for Weight and Wellness opened in East Greenwich in 2016 to expand services in the community. The Center for Weight and Wellness at East Greenwich is a fully integrated, comprehensive weight management program, combining TMH's Weight Management Program with its Center for Bariatric Surgery. The Center offers patients a full range of services – including dietary counseling, behavior therapy, and surgical treatments – in one comprehensive and convenient setting.

Leverage the Weight Control and Diabetes Research Center

Referrals from the Center for Weight Management Program support ongoing studies and research at the Weight Control and Diabetes Research Center (WCDRC). The WCDRC promotes research in the field of obesity prevention and treatment. The WCDRC aims to expand knowledge into the causes and consequences of obesity, develop treatments for weight loss and weight management, gain knowledge, and help the community through clinical trials and provide training to the medical community in obesity research. Director Rena Wing, PhD, is well known for her research in effective strategies for long-term weight loss and preventative weight gain prevention in children and adults.⁶⁷

The WCDRC continues to refer eligible patients to these

research studies. In turn, study participants are regularly referred back to the Weight Management Program for more comprehensive care beyond the scope of the research projects.

Community BMI Screenings

Since the 2013 CHNA was conducted, national recommendations regarding community BMI screenings has changed. The United States Preventative Services Task Force (USPSTF) determined that further research is needed to examine the direct effects of screening for obesity on long-term weight and health outcomes. The USPSTF also concludes that BMI screening for both adults and children should occur in the clinical setting where a provider can discuss its implications in depth.^{68,69} Because of these new considerations, the LCHI no longer performs community BMI screenings, and instead directs patients to see their primary care provider for concerns regarding BMI.

Nutrition Lectures from TMH and LCHI

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

The LCHI has also partnered with Dr. Flynn and the University of Rhode Island Food and Nutrition Education Program to offer nutrition classes at multiple community locations targeting low income and food insecure persons since 2014.⁷¹

Sharing Lessons Learned from the Workforce Healthy Rewards Program

WAVE, a study out of TMH is designed to help Lifespan Healthy Rewards members achieve their weight loss goals and to examine the factors that impact success at weight loss and maintenance. All participants in the study are given access to the same Internet-based weight loss program, and enrollment is free. Participants are compensated for electronically tracking their progress and attending follow-up appointments.⁷² Lessons learned from the study

findings about barriers and facilitators to weight loss and management will be shared with community and clinical-based healthy weight programs.

Employees from TMH participating in exercise programs such as the *Couch to 5k* have partnered with local walking and running programs in the Summit Community.

Collaborate with the Providence Public School District

TMH and the LCHI continue to partner with the Providence Public School District in many ways that can support healthy weight among youth and children. In FY 2016, LCHI launched the Lifespan Mentoring Program which pairs Providence high school students interested in health careers with Lifespan health professionals in a one-to-one relationship for a commitment of two years. TMH began with one mentor and plans to grow from there in FY 2017. Staff from the LCHI collaborate with the Providence School Department in five additional ways: (1) sponsoring the Providence Parent Academy in 2015 and 2016 (a semester-long “parent university” covering health & wellness, academic success, and professional preparation topics), (2) providing presentations on health topics to students and parents such as physical activity and nutrition, (3) arranging for guest speakers by specialists, upon request, (4) participating in health events hosted at the schools, and (5) arranging for Power Lunch Readers at three elementary schools (teams of volunteers who once a week read with students who need extra literacy support during a lunch hour).

Partnership with Overeaters Anonymous

In the 2013 CHNA, stakeholders cited the need for greater support group services for patients struggling with healthy weight issues. Overeaters Anonymous (OA) is designed to work in partnership with clinical care to support patients who are dealing with weight management. OA members provide this support through sharing their experience, strength, and hope with one another. Historically, TMH hosts OA meetings.⁷³

Mental Health

Mental Health remains a major concern among the community that TMH serves. Since the 2013 CHNA, opioid addiction and overdose has become a public health crisis in Southeastern New England and many other regions. Accidental drug-related overdose deaths are rising; 139 deaths were reported in 2009, while 258 were reported in 2015.⁷⁴ TMH has responded to this need by devoting research and programs towards stymieing opioid addiction and death. The hospital participates in the electronic

Prescription Monitoring Program (PMP) across the state in detecting and reducing painkiller abuse.⁷⁵ Significant progress has been made to expand existing mental health initiatives and to create new ways to address mental health needs in the community. Rhode Island Hospital, TMH, and Newport Hospital have partnered with The Providence Center's Anchor Recovery Community Center to create AnchorED to provide peer-to-peer recovery supports to people with substance use disorders who are admitted to the emergency department surviving an opioid overdose.⁷⁶

Expanding collaborations to increase access to mental health services

TMH is engaged in ongoing efforts to collaborate with Behavioral Medicine Clinical Services as well as community based services through Gateway Healthcare, Inc. (Gateway). Plans are underway to develop additional services to address behavioral or lifestyle factors that co-exist with certain medical conditions.

Expand the Geriatric Psychiatry Department and supporting programs

TMH serves a large senior population in the city of Providence. To help address the mental, emotional, and behavioral problems that occur later in life, TMH has programs in geriatric psychiatry uniquely geared to geriatric patients.⁷⁷ TMH's geriatric psychiatry outpatient services are provided by two psychiatrists with subspecialty board certification in geriatric psychiatry, a geriatric psychiatric clinical nurse specialist, and a licensed independent clinical social worker. Services include psychiatric evaluations, medication management, and psychotherapy, including a focus on dementia caregiver issues, stress management, and grief counseling.

The services at TMH Geriatric Psychiatry Department have expanded since 2013 to include:

- Nursing Home Psychiatry Consultation
- Neuropsychology
- Psychiatric Consultation
- Geriatric Outpatient Services⁷⁸

Explore strategies to reduce Opioid Misuse, Overdose and Death

Drug overdose is the leading cause of injury death in the United States. TMH participated in the development of the statewide task force on the Opioid epidemic in September 2015 under the direction of Governor Gina Raimondo.⁷⁹ Additionally, Dr. Josiah D. Rich, M.D., M.P.H., Infectious Disease Physician at TMH and Professor of Medicine at Brown University, has provided weekly clinical care to

prisoners at the Rhode Island Department of Corrections for addiction, with special focus on opioid use. The Center for Prisoner Health and Human Rights at TMH has been critical in the discussion and research for opioid use among prisoner populations and supports for re-entry into the community.⁸⁰

Recognizing the potential for pharmacies to expand the reach and impact of critical public health interventions, pharmacists are being educated about opioid addiction, overdose risk, and the benefits of appropriate use of naloxone. Researchers from Boston Medical Center, TMH, and the University of Rhode Island College of Pharmacy developed protocols for pharmacies to supply, order, and provide naloxone to patients.⁸¹ This study will track and analyze data from the participating pharmacies to develop best practices for a national pharmacy-based naloxone rescue kit program.

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

Since 2013 the development of the enhanced care team was formed to identify repeat emergency department patients with mental health issues. In the past year, Lifespan has made strides in efforts to fully integrate mental health and substance abuse treatment with primary medical services, making mental health care services even more accessible. Lifespan Outpatient Psychiatry and Urgent Care opened a new clinic in Lifespan's Ambulatory Care Center in East Greenwich, bringing together Gateway's trained behavioral health professionals with other Lifespan clinicians to provide prompt urgent care services for behavioral health needs, in addition to offering outpatient appointments.

Expand Mental Health First Aid offered by Gateway Health

Mental Health First Aid is an eight-hour, award-winning training program designed to educate individuals on how to help someone in a mental health crisis. This program has proven to increase knowledge, reduce stigma, and most importantly increase supportive actions. Trainings are for mental health first responders, teachers, social service providers, primary care workers, and even businesses.⁸² Gateway has provided 30 courses in the Providence community, training a total of 676 individuals in the past three years (145 in FY 2014, 348 in FY 2015, 183 in FY 2016 to date).⁸³

Provide Free Community Lectures and Workshops

LCHI works with TMH to host *Parenting Matters* and *Temas Familiares* (*Parenting Matters* in Spanish) workshops and

conferences each year. LCHI staff conduct outreach to TMH patients and families for these programs each year. The conferences are free, half-day programs presented in English and in Spanish that teach parenting topics through keynote speakers, discussion panels, and workshops. From 2013-2015, a total of 552 parents and professionals attended conferences. LCHI also arranges for guest speakers to speak on other topics related to mental health at community programs upon request.⁸⁴

Assessment of Health Needs of The Miriam Hospital Community

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

Community Health Forms

Qualitative data was collected using Community Health Forums (CHF's). Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. According to Berg, et al, this approach "endorses consensual, democratic and participatory strategies to encourage people to examine reflectively their problems or particular issues affecting them or their community."⁸⁵ True action research takes into account the population of interest's history, culture and emotional lives, and seeks to collaborate with, instead of impose upon, the study population for best results.⁸⁶

Five CHF's were held between May 9 and May 23, 2016 across TMH service area, with 63 participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to hospital patient populations, and forums were held in the

evenings. Childcare, dinner and beverages were provided, and translation services were available upon request. LCHI staff accommodated participants to the best of their ability, to ensure that the forums were accessible and suitable for a diverse audience. TMH forums were held in the city of Providence at community centers, places of worship, and a library. All forums were open to the public. See *Appendix B*.

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

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

Rhode Island State Strategic Plan and Health Equity Zones CHNAs

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the state's strategic priorities around population health.⁸⁷ The TMH CHNA incorporated the states goals as they pertain to the communities served by the hospitals. The RIDOH Strategic Plan highlights the states' *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.⁸⁸ The Centers for Disease

Control, in partnership with RIDOH, has funded ten HEZ regions across Rhode Island. LCHI leadership has convened with RIDOH stakeholders to ensure that statewide HEZ activities are coordinated with Lifespan affiliate strategies. TMH's implementation strategy incorporates findings from the HEZ CHNA's conducted in 2015 that overlap with TMH's primary service areas. A full list of HEZ locations and priority areas can be found in Appendix D.⁸⁹

The Miriam Hospital patient data, 2013-2015

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

Key Informant Interviews

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

Secondary Data Sources

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

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

The Behavioral Risk Factor Surveillance System – Rhode Island, 2014

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

Kaiser Family Foundation State Health Facts – Rhode Island, 2014

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

County Health Rankings – Providence County and RI, 2015

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

Commonwealth Fund Report Card – Rhode Island, 2016

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

2015 RI Kids Count Factbook, 2016

Published annually since 1995, The Rhode Island Kids Count Factbook is the primary publication of Rhode Island Kids Count. The Factbook provides a statistical portrait of the status of Rhode Island's children and families, incorporating the best available research and data. Information is presented for the state of Rhode Island, including each city and town, and an aggregate of the four core cities (Providence, Central Falls, Pawtucket and Woonsocket). The Factbook tracks the progress of 71 indicators (below), across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

Rhode Island Department of Health Statewide Health Inventory, 2015

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

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

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

Identification of The Miriam Hospital Community Significant Needs

These significant needs reflect community feedback, key stakeholder interviews, and national, local, and hospital-level data from a range of selected sources. Current state frameworks being used to improve population health and health equity, including the RIDOH Strategic Plan and the

State Innovation Model, were used to inform these needs. Needs are prioritized in their order of significance to the community.

1.) Access to Care and Health Literacy

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

- Lack of availability
- High cost
- Lack of insurance coverage⁹⁰

Being able to access and afford health care when needed is a fundamental element of our health care system. Health insurance rates are one measure of access to health care. Health insurance protects individuals and their families from burdensome costs in the case of an accident or illness. In 2014, the Affordable Care Act expanded access for many millions of Americans by creating health insurance marketplaces and allowing states to expand Medicaid eligibility for residents. Nationwide, since the Affordable Care Act's coverage expansion began, about 16.4 million uninsured people have gained health insurance coverage - the largest reduction in the uninsured in four decades.⁹¹ A Gallup survey recently announced that the uninsured rate in Rhode Island in 2015 was 5.6%, down from 13.3% in 2013.⁹² In 2014, 3.3% of Rhode Island's children under age 18 were uninsured.⁹³ Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and CHIP. According to the Commonwealth Fund report, Rhode Island ranked #4 nationally in 2015 for affordability and accessibility. This rating is based on overall performance and also percent change of improvement on indicators related to health care access.⁹⁴ However, much improvement can still be made. In the 2015 Statewide Health Inventory, when asked to rank community health issues, the majority of respondents reported that making health care more affordable (79.5%) and increasing access to health care (69.9%) were of extreme importance.⁹⁵

Having a primary care provider (PCP) as the usual source of care is also an important measure of access to care. Having a usual PCP is associated with increased likelihood that patients will receive appropriate care. The total full-time equivalents (FTE) of primary care physicians in Rhode Island was 602.7 in 2014, which according to national

recommendations, is 10% fewer than the current demand.⁹⁶ Rhode Island will need to grow its provider workforce to meet increased demand for primary care, especially among vulnerable populations.⁹⁷ Increasing access to primary care can improve long-term population health outcomes and health equity.

In addition to affordability and accessibility, health care access requires health literacy. People need information they can understand and use to make the best decisions for their health. Health literacy helps prevent health issues and helps better manage health problems. The Rhode Island Health Literacy Project was started in 2004 in reaction to an Institute of Medicine report, which stated that 47% of adults in the United States are disconnected from the healthcare system because they don't have sufficient health literacy.⁹⁸ TMH already implements strategies to improve health literacy among their communities, such as *Healthwise* workshops and community lectures, and will continue to expand access to new and existing programs.

2.) Cardiac Health

Cardiovascular Disease, including heart disease and stroke, is the leading cause of death and disability in Rhode Island and across the country. In 2013, 2,364 people in Rhode Island died of heart disease and 397 people in Rhode Island died of stroke.⁹⁹

There are many different forms of cardiovascular disease. The most common heart disease in the United States is coronary heart disease, which can lead to heart attack. The 2013 BRFSS reported that 4.9% of Rhode Island adults have had a heart attack, and 33.8% have high blood pressure, which is a major risk factor for cardiovascular disease.¹⁰⁰ The most common cause of heart disease is narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is called coronary artery disease and happens slowly over time.

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

- Control of blood pressure
- Lowering of cholesterol
- Prevention of smoking
- Adequate amounts of exercise¹⁰¹

In general, treatment for heart disease usually includes lifestyle changes such as eating a low fat, low cholesterol diet and exercising regularly, medications to control heart disease and symptoms, or medical procedures or surgery.¹⁰²

There are many ways that health systems and hospitals can support good cardiac health. TMH has been a leader in cardiovascular care for over four decades and provides the highest level of care, whether the patient's needs are consultative, diagnostic, interventional, surgical, or rehabilitative. TMH cares for approximately 15,000 cardiac patients a year. The CVI of TMH, Rhode Island Hospital, and Newport Hospital provides diagnostics, surgery, intervention, and rehabilitation at multiple locations in the region. The CVI also provides services for people to help manage hypertension and prevent cardiovascular disease.

TMH supports patients in maintaining a healthy weight through its many diet, nutrition and weight management programs and services. Nutrition and physical activity work to help control risk factors for cardiovascular disease and other comorbidities. TMH is committed to expanding access to programs that promote cardiac health to prevent disease such as screening initiatives, free education and awareness programs, and community activities.

3.) Cancer

Cancer is the second leading cause of death among Rhode Islanders, and is the first among Asian and Pacific Islanders in the state.¹⁰³ The age-adjusted cancer incidence for Rhode Island was 479.4 per 100,000 in 2013.¹⁰⁴

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

Lung cancer is the leading cause of cancer death and the second most common cancer among both men and women in the United States. Annual counts of new lung cancers remained stable between 2009-2013 in Rhode Island (873 cases in 2013), despite prevention efforts and decreased tobacco use. The age-adjusted incidence for lung cancer in Rhode Island in 2013 was 69.5 per 100,000.¹⁰⁵

Breast cancer is the most common cancer among American women. Nationally, breast cancer increased significantly by 0.8% per year among black women and increased by 1.1% per year among Asian/Pacific Islander women.¹⁰⁶ Women who get regular screening mammograms can lower their risk of dying from breast cancer substantially. The age-adjusted incidence for female breast cancer among Rhode Islanders in 2013 was 130.4 per 100,000.¹⁰⁷ In 2013, 85.6% of women aged 50-74 had a mammogram in the past 2 years.¹⁰⁸

Prostate cancer is the most common cancer among Rhode Island men and men in the U.S. overall. The age-adjusted incidence for Rhode Islanders in 2013 was 117.4 per 100,000, and the average annual count was 685 cases, which represents a decrease during the 5-year period between 2009-2013.¹⁰⁹

Cancer of the urinary bladder (“bladder cancer”) is the fifth most common cancer to be diagnosed in Rhode Island. The age-adjusted incidence for Rhode Islanders in 2013 was 27.0 per 100,000.¹¹⁰ Preventing environmental exposures could prevent most bladder cancer cases in Rhode Island.

Skin cancer (also known as Melanoma of the skin) is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet light. Skin cancer prevention strategies include protecting skin from the sun and avoiding indoor tanning.¹¹¹

4.) Healthy Food Access

“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.¹¹² In 2014, Providence County had a slightly higher food insecurity rate (15.1%) than the state as a whole (14.0%).¹¹³ Federal Supplemental Nutrition Assistance Program (SNAP) participation enrollment expanded significantly over recent years - from 80,138 in 2007 to 174,000 in 2014.¹¹⁴ Many families in Rhode Island have trouble feeding their families consistently, which makes eating healthy foods much more difficult. Benefits of a healthy diet are immense, especially for children, who are still developing. A healthy diet can prevent heart disease, high blood pressure, type 2 diabetes, and some types of cancer. A healthy diet also helps to lower stress.¹¹⁵

Although much of healthy food access comes from addressing physical and structural barriers to accessing food such as high cost, lack of transportation or time, or cultural differences, education is also essential. National dietary guidelines have changed over the years which can be confusing for families to navigate when trying to choose the right foods. However, some of the most important components have remained the same – strive for a diet that is low in fat, sodium, and sugar, and aim for a well-balanced variety of fruit, vegetables, grains, protein, and dairy.

Improving access to healthy food is a complex issue that involves state and local political leadership, the people who produce the food - agriculture, farmers and gardeners, and the people who sell the food - distribution and retail sectors, and the community. Fortunately, Rhode Island is making healthy food access a priority. The Rhode Island Food Policy just produced an updated Rhode Island Food Assessment in July 2016.¹¹⁶ Many of the ten Health Equity Zones found that access to healthy foods is a key priority in their communities. The Pawtucket and Central Falls HEZ and the City of Providence HEZ, which are adjacent to TMH, have announced initiatives to increase access to healthful food. These community-based programs are one important avenue of bringing access by reducing physical barriers to food access and education, and by making the right choices easier. See *Appendix D*.

Another key component to increasing access to healthy food is to improve the health of food at our institutions – schools, workplaces, and hospitals – where many Rhode Islanders spend a great deal of time.¹¹⁷ The implementation strategies offered in this CHNA reflect what TMH can do to improve healthy eating for its patients, its staff and its community.

5.) Substance Use Disorders

In 2015, 259 lives were lost to drug overdose in Rhode Island, and over 85% of the screened cases involved at least one opioid drug and/or opioid medication, according to the Rhode Island Department of Health. This number represented more deaths than the number of homicides, motor vehicle accidents, and suicides combined.¹¹⁸ The Centers for Disease and Control and Prevention estimates that 114 lives are lost every day to drug overdose, and opioid overdose is the leading cause of accidental death for adults in the U.S.¹¹⁹ A recent national study from Stanford University led by Michael Yokell, formerly a researcher at TMH, identified 135,971 ED visits that were coded for opioid overdose in 2010 with a cost of \$2.3 billion for both inpatient and ED care.¹²⁰ With the onset of increased overdoses due to fentanyl-laced heroin, these numbers are certain to be significantly higher today. For example, 37% of Rhode Island’s overdose cases screened for fentanyl (225) in 2014 tested positive.¹²¹

For over a decade, opioid use disorder (or opioid dependence or addiction) and accidental drug overdose has been on the rise, likely because of a dramatic increase in the amount of opioids being prescribed.¹²² “Illicit” refers to use of illegal drugs, including marijuana according to federal law, and misuse of prescription drugs, such as opioids. In 2013, Rhode Island had the highest rates of illicit drug use in the

nation, as well as the highest rate of drug overdose in New England.¹²³ According to KFF State Health Facts, 23,000 adults and 3,000 youth reported needing but not receiving treatment for illicit drug use between 2013-2014.^{124,125} Other than risk of overdose and death, substance use disorders can lead to other chronic diseases such as diabetes and heart disease. Substance use can also lead to behaviors that put the individual at higher risk for communicable and infectious diseases. People with a mental health diagnosis are more likely to use alcohol or drugs than those not affected by a mental illness. In 2014, 18.2% of adults with mental illness had a substance use disorder, while those adults with no mental illness only had a 6.3% rate of substance use disorder in the past year.¹²⁶ Addressing substance use treatment and prevention cannot be done without considering mental health.

The Rhode Island Strategic Plan on Addiction and Overdose reports that although Rhode Island has an electronic Prescription Monitoring Program (PMP) and some of the strongest clinical guidelines for the treatment of chronic pain in the country, provider participation is low and is 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.¹²⁷

Many of these deaths can be prevented with proper intervention. There is a wealth of services available for treatment of substance use disorders and addiction, including community-based programs, inpatient detoxification centers, outpatient services, and residential programs. Diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.

Implementation Strategy

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

1.) Access to Care and Health Literacy

In addition to its many current efforts to expanding capacities in many clinical programs to meet demand, TMH will implement the following strategies to improve access to care.

- A.** Continue to invest in high-quality primary care in partnership with LPG and Metacom Medical Associates. Metacom Medical plans to establish NCQA Patient Centered Medical Home quality standards and to expand the practice in the very near future to meet demand for primary care. TMH will support these practices as they grow their capacity and seek NCQA PCMH designation;
- B.** Continue to explore collaborations with PCHC, which provides quality primary health care services that are affordable, comprehensive and culturally sensitive to more than 50,000+ residents of Providence in the TMH community;
- C.** Strategically expand the reach of the Healthwise health literacy program to correctional facilities, adult day centers, low-income residential housing, and adult learning centers;
- D.** Continue to offer and increase participation in the free community lecture series at TMH, and prioritize topics specifically mentioned in the 2016 CHNA;
- E.** Continue to provide free lectures at community sites like community centers, churches, and schools on topics related to health access and health literacy;
- F.** Educate the community on hospital charity care and financial assistance policies and procedures, so that those who require it receive quality medical care regardless of their ability to pay;
- G.** Explore establishing an 'Ask the Doctor' panel to incorporate at community events, quarterly, focused on addressing issues of access to care and health literacy;
- H.** Continue to offer community-based biometric screenings and flu clinics for low income and uninsured residents, in partnership with LCHI, to promote primary prevention, with appropriate referrals to treatment; and
- I.** Continue to provide CPR & First Aid training in partnership with the LCTC.

2.) Cardiac Health

TMH has a commitment to continuing to promote cardiac health, and to provide a range of services and support for those suffering from heart disease, stroke and other cardiovascular issues. TMH plans to expand many of its existing programs, such as promoting the Food as Medicine program and reviving the Couch to 5k, and also developing new opportunities like the newly opened Center for Weight & Wellness. TMH will implement the following recommendations to improve cardiac health.

- A.** Provide Working Healthy Lectures that focus on cardiac health. Working Healthy is part of Lifespans employee benefit program;
- B.** Create a “Couch to 5K” program for patients and community members who are interested in increasing their physical activity to improve cardiac health;
- C.** Continue to provide community-based CPR (both certified and non-certified) and AED training through the Community Training Center at the LCHI;
- D.** Continue to provide free blood pressure screening for low income and uninsured residents, with appropriate referrals to treatment;
- E.** Continue to provide and promote tobacco prevention and cessation programs;
- F.** Continue to host Overeaters Anonymous group meetings on site at TMH; and
- G.** Consider providing additional bike racks for patients and staff to encourage active commuting and participate in annual Bike to Work Day activities each May.

3.) Cancer

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

- A.** Continue to provide community-based education programs like Avenues of Healing, tobacco cessation programs, Kick Butts Day, and Cancer Survivors Day events;
- B.** Expand community partnerships to reach underserved

populations and improve access and screening through programs like *See, Test & Treat*, and partners like the American Cancer Society;

- C.** Continue to host the state’s only support group for deaf and hard of hearing breast cancer survivors;
- D.** Expand the capacity of the Breast Health Navigator Initiative of the CCC. Consider providing navigator services at community health events twice a year;
- E.** Strengthen disease site expertise through recruitment and retention of clinicians;
- F.** Improve patient access, patient experience, and communications, including establishing a CCC Telephone Triage Center to serve as “one-stop shopping” for medical oncology and infusion patients; and
- G.** Work with Lifespan Research Department to increase the recruitment of underserved populations to research trials.

Notably, TMH implementation plan is also consistent with the goals of the Rhode Island Department of Health 2013-2018 Cancer Prevention Strategic Plan, which include reducing tobacco use, mitigating environmental exposures, promoting healthy weight, and promoting screenings and early detection of cancers. The RIDOH plan also calls for increased access to optimal treatment for all Rhode Islanders diagnosed with cancer and to promote the health of cancer survivors.¹²⁸

4.) Healthy Food Access

As an employer of almost 3,000 people, and as a place where patients come to improve their health, it is essential that TMH is a part of the effort to improve access to healthy food. TMH will expand access to programs that have been successful in bringing healthy food to more people, such as the Veggie Box program, and will promote and expand educational programs such as Food as Medicine, and will explore new opportunities, such as partnering with the HEZ programs and joining the RI Healthcare Local Food Challenge. TMH will implement the following recommendations to improve healthy food access:

- A.** Increase the number of participants in Food is Medicine classes, and begin offering classes in Spanish;
- B.** Continue to provide free community lectures on nutrition and healthy weight;
- C.** Join the *RI Healthcare Local Food Challenge*, which en-

courages RI hospitals and health centers to purchase and provide local sourced, healthy food options along with consumer education in their cafeterias;

- D.** 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; and
- E.** Continue to partner with Farm Fresh RI to bring the Veggie Box program to TMH and its surrounding community. Veggie Box is a vegetable subscription program that sources food locally to support local farmers and increase access to fresh, healthy foods.

5.) Substance Use Disorders

TMH is invested in working to address the overdose epidemic in Rhode Island. TMH physician Josiah Rich, MD, was a member of the Governor's Overdose Prevention and Intervention Task Force and an expert contributor to the Task Force's strategic plan issued in 2016. The strategies below reflect health system opportunities consistent with the state's strategic plan. In addition to continuing to participate in the efforts of the statewide task force and meeting the increasing demand for services through treatment programs, TMH will implement the following recommendations to reduce substance use disorders.

- A.** Increase the proportion of people treated in the TMH emergency department for overdose who engage the services of a Certified Peer Recovery Specialist to seek treatment. TMH's emergency department sees 7.0% of the statewide total of overdoses that are referred to peer specialists. In 2016, through July 1, that amounted to 63 people. Since FY 2014, TMH has offered the services of Certified Peer Recovery Specialists to people who survive an opiate overdose, right at their point of entry in the emergency department. In 2016, 82.8% of overdose survivors who were seen by a recovery specialist engaged in recovery supports after discharge from the emergency department. In September 2015, in partnership with AnchorED, those services were extended to 24 hours a day, 7 days a week to meet the increasing demand.
- B.** As a teaching hospital, train residents to become approved prescribers of medication-assisted treatment, e.g. methadone and buprenorphine.
- C.** Work with the Rhode Island Department of Health and

Prevent Overdose RI to prepare and maintain a listing of free therapeutic groups available to the community.

- D.** Continue to provide free community lectures and conferences, like *Parenting Matters* and *Temas Familiares*, on topics related to substance abuse prevention, treatment, and mental health.
- E.** Begin offering Mental Health First Aid to the general public and first responders in the TMH service area. 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. Behavioral health and mental health disorders often co-occur, so it is important to address mental health concerns as a preventive technique with behavioral health disorders like substance abuse.

Conclusion

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

Acknowledgements

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Community Forum Host Sites

Abundant Blessing Church

Adult Correctional Institute, Rhode Island Department of Corrections

Bradley School South County

Common Fence Point Hall

Community College of Rhode Island, Newport Campus

Direct Action for Rights and Equality

Edward King House

Elmwood Community Center

Empowerment Temple of the International Central Gospel Church
John Hope Settlement House

Laurelmead

Lincoln Public Library

Met School/College Unbound

Middletown Fire Department

New Dimension Apostolic Church

Newport County YMCA

Olney Street Baptist Church

Pell Elementary School

Refugee Dream Center

Renaissance Adult Day Health Care Center

Rhode Island Parent Information Network

Riverside Public Library

Rochambeau Library, Providence Community Library

St. Michael's Church

Contact Information

For information regarding the 2016 Miriam Hospital 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

The Miriam Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
Urban Core Region	Providence, RI	3,186	3,319	3,534	31,769	30,001	32,630
	Cranston, RI	1,070	1,107	1,140	10,551	9,413	13,005
	Warwick, RI	537	591	593	5,383	4,476	8,295
	West Warwick, RI	174	157	156	1,445	1,275	2,355
	Central Falls, RI	355	425	445	4,056	4,175	4,296
	Johnston, RI	500	576	641	3,344	3,035	4,170
	North Providence, RI	320	318	301	2,061	1,781	2,525
	Pawtucket, RI	1,808	1,906	2,095	16,991	16,103	17,184
Region Total		7,950	8,399	8,905	75,600	70,259	84,460
East Bay Region	Barrington, RI	270	320	336	2,171	1,805	3,121
	Bristol, RI	280	344	345	1,484	1,508	2,961
	Warren, RI	192	206	247	1,133	958	1,901
	Fall River, MA	30	36	26	330	330	374
	Somerset, MA	11	18	11	148	131	165
	Swansea, MA	37	37	26	344	313	482
	Little Compton, RI	14	8	19	114	99	174
	Tiverton, RI	34	41	37	352	305	411
	Dartmouth, MA	4	8	10	115	112	162
	New Bedford, MA	5	7	3	102	131	112
	Westport, MA	14	5	12	125	126	160
	Jamestown, RI	19	19	33	193	137	274
	Middletown, RI	57	49	63	288	254	371
	Newport, RI	92	72	91	490	523	536
	Portsmouth, RI	61	57	49	408	391	545
Region Total		1,120	1,227	1,308	7,797	7,123	11,749
I95 Corridor Region	Attleboro, MA	150	150	150	963	850	1,204
	North Attleboro, MA	60	52	71	554	392	607
	Plainville, MA	10	18	12	92	79	94
	Wrentham, MA	5	2	3	30	35	50
	Cumberland, RI	801	776	758	3,958	3,518	4,829
	Lincoln, RI	595	692	653	3,427	3,008	4,070
	Smithfield, RI	466	499	468	2,209	1,968	2,652
	Dighton, MA	8	5	8	79	113	100
	Rehoboth, MA	117	124	132	768	742	1,180
	Seekonk, MA	237	270	271	1,302	1,207	1,923
	East Providence, RI	1,528	1,718	1,836	8,982	7,968	12,182
Region Total		3,977	4,306	4,362	22,364	19,880	28,891

Appendix A *continued*

The Miriam Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
South Region	Coventry, RI	161	177	182	1,350	1,323	2,699
	East Greenwich, RI	107	129	118	1,227	1,040	2,235
	Exeter, RI	24	14	19	216	190	297
	North Kingstown, RI	112	119	141	1,157	1,042	1,957
	West Greenwich, RI	16	31	32	236	228	435
	Charlestown, RI	14	17	16	109	82	188
	Hopkinton, RI	35	32	20	223	202	262
	Narragansett, RI	41	55	38	371	323	595
	New Shoreham, RI	5	14	6	35	23	28
	Richmond, RI	13	9	20	85	78	137
	South Kingstown, RI	72	61	66	724	619	1,082
	Westerly, RI	51	32	37	180	160	270
	Region Total		651	690	695	5,913	5,310
North West Region	Douglas, MA	1	1	0	56	39	48
	Uxbridge, MA	7	4	5	63	62	58
	Burrillville, RI	209	232	225	1,032	876	1,267
	Foster, RI	67	63	69	368	355	624
	Glocester, RI	116	100	110	712	634	861
	Scituate, RI	162	173	178	1,088	984	1,569
	Bellingham, MA	10	12	10	88	61	70
	Blackstone, MA	19	14	19	85	144	97
	Franklin, MA	5	4	5	73	59	59
	Millville, MA	2	1	0	13	6	18
	North Smithfield, RI	153	214	184	921	894	1,128
	Woonsocket, RI	264	281	256	2,000	1,806	1,753
Region Total		1,015	1,099	1,061	6,499	5,920	7,552
Other	Other MA Towns	109	113	118	1,258	1,353	1,500
	CT Towns	58	56	53	449	353	441
	Unknown	105	101	91	943	807	1,128
Other Total		272	270	262	2,650	2,513	3,069
TOTAL		14,985	15,991	16,593	120,823	111,005	145,906

Appendix B

The Miriam Hospital Community Health Forum Schedule

Monday, May 9

5:30 p.m. – 7:30 p.m.

Laurelmead Cooperative, Inc.

355 Blackstone Boulevard, Providence, RI 02906

Thursday, May 12

6:00 p.m. – 8:00 p.m.

Direct Action for Rights and Equality (DARE)

340 Lockwood Street, Providence, RI 02907

Monday, May 16

6:00 p.m. – 8:00 p.m.

New Dimension Apostolic Church

100 Niantic Avenue, Providence RI 02907

Friday, May 20

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

Olney Street Baptist Church

100 Olney Street, Providence RI 02906

Monday, May 23

5:30 p.m. – 7:30 p.m.

Rochambeau Library

708 Hope Street, Providence, RI 02906

Appendix C

The Miriam Hospital CHNA Community Liaison Profiles

Guerline Auréus is a realtor for both Rhode Island & Massachusetts. She is also an MBA Graduate from Providence College with over 10 years of banking, sales, business operations, and customer service experience, making her fervent about customer experience and satisfaction. Recently, she found her passion in working on different projects that aim to provide better housing benefits for the minority and Veterans communities. That same passion led her to join the “2016, Year of the Veterans” committee and to collaborate with West Elmwood Housing to assist in developing their first time homebuyer curriculum for 2016. Her company, TransFormCredit, was founded to help a niche of potential clients in RI & MA who dream of becoming homebuyers but have been denied such privilege because of their credit. She always says: “What I do is not my business, it is my calling.”

Kelsey Bala has been working within the community of the East Side of Providence over the past year. After obtaining her Bachelor of Science degree from Gordon College, she has invested her time in helping young adults develop leadership skills through the local organization, Developing Tomorrow’s Leaders Today. Kelsey has a passion for community health, and intends to further serve the community through public health research. As a Community Liaison, representing The Miriam Hospital, she hopes her efforts will help identify the health concerns of the neighborhood and find ways to mitigate those concerns.

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

Kormasa Amos is a first generation Liberian, born and raised in Rhode Island. She discovered upon graduation from Rhode Island College that she is an inventive force with the ability to mediate and interpret concepts through speech, sound, imagery and digital media. Her talents and ability to communicate artistically has always yielded results that make people take notice. She envisions that throughout her career she will be influential in making community partnerships that engage local residents in decision-making processes, sustain relationships and implement change through action. She is currently a Staff Advocate at HMEA and is attending Suffolk University to obtain her Master’s degree in Public Administration.

Appendix C *continued*

Community Liaison Position Description

Position Summary

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

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

Responsibilities

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

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

Qualifications and Competencies

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

Appendix C *continued*

Community Liaison Position Description

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

Desired Skills

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

Appendix D

Health Equity Zones Description

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

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

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

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

Health Equity Zones and Backbone agencies

Bristol HEZ: Citywide

Backbone agency: Town of Bristol

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

Newport HEZ: Citywide

Backbone agency: Women's Resource Center

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

North Providence HEZ: Neighborhood

Backbone agency: North Providence School Department

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

Pawtucket and Central Falls HEZ: Citywide

Backbone agency: Local Initiatives Support Corporation (LISC)

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

Providence HEZ: Citywide

Backbone agency: Healthy Communities Office

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

Appendix D *continued*

Health Equity Zones and Backbone agencies

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

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

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

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

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

Washington County HEZ: Countywide
Backbone agency: South County Health

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

West Warwick HEZ: Citywide
Backbone agency: Thundermist Health Center

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

Woonsocket HEZ: Citywide
Backbone agency: Thundermist Health Center

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

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