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Department of Health Holds First Health Equity Summit to Examine Disparities

WARWICK – On May 7 nearly 400 community members and representatives from the fields of public health, healthcare, and academia gathered at the Crowne Plaza in Warwick to participate in the first Health Equity Summit of the Rhode Island Department of Health (HEALTH). They were joined by **ELIZABETH ROBERTS**, Secretary of the Executive Office of Health and Human Services, and **NICOLE ALEXANDER-SCOTT, MD, MPH**, Director Designee of the Department of Health.

The event, which featured nationally renowned keynote speakers, breakout session discussions, and music and dance performances, was called to examine health disparities in Rhode Island and to consider ways to make Rhode Island a more equitable state.

"Despite the great work being done by our healthcare providers, educators, community groups, and many more, we still see inequalities in health outcomes in Rhode Island," said Dr. Alexander-Scott. "Rhode Island is a stronger, more vibrant place when all of our residents have the opportunity to attain their full potential."

During the event, HEALTH released new data from the 2015 Minority Health Fact Sheets, highlighting health disparities by race and ethnicity for African Americans, Hispanics/Latinos, Asian/Pacific Islanders, and Native Americans.

Data show that in Rhode Island, certain racial and ethnic groups often feel the burden of health disparities. For example, the infant mortality rate for African-American Rhode Islanders is almost double the state average (11.2 vs. 6.6 per 1,000 live births), and the diabetes rate for Hispanic adults is 11.3%, compared to 7.2% for white adults. In addition, many health disparities exist that are not based on race or ethnicity. For example, almost a third of Rhode Island adults who did not graduate high school are considered obese.

Secretary Roberts focused on how the State's reinventing Medicaid process ties in to the themes of the summit. "As important as paying for medical services is, so much of what drives health is what happens outside of a hospital or doctor's office," said Roberts. "It's about our neighborhoods, the quality of our housing, safety in our communities, health literacy, and community support. We in Medicaid need to be a part of that. We must connect what we're doing here today to healthcare reform."

National experts from a variety of disciplines provided the keynote presentations. **EDUARDO SANCHEZ, MD, MPH, FAAFP**, Chief Medical Officer for key-note presentations for the American Heart Association gave an address titled "Health Equity: Work to Do Beyond Affordable Care." **MINDY THOMPSON FULLILOVE, MD**, a Professor of Clinical Psychiatry at the College of Physicians and Surgeons at the Mailman School of Public Health (Columbia University), talked about links between the environment and mental health. **CLINT SMITH**, teacher, poet, and doctoral candidate in Education at Harvard University with a concentration in Culture, Institutions, and Society, spoke about empathy across lines of difference.

VIDEO – Health Equity Summit 2015

Local speakers utilized breakout sessions to bring the national discussions to the community level and study ways to link these strategies to Health Equity Zones, local investments of HEALTH. Health Equity Zone projects are 11 federal, state, and local partnerships that support innovative approaches to prevent chronic disease, improve birth outcomes, and improve the social and environmental conditions of our neighborhoods. Health Equity Zones will help move the Summit agenda forward to achieve health equity in Rhode Island.

HEALTH also unveiled Community Connections RI, an online directory designed to facilitate relationships and connections among community organizations and to help them leverage local resources to advance the health equity agenda. Local organizations are encouraged to share their information through this online tool. ❖

David Edmonson, MD, introduces MarginProbe™ System in lumpectomy to RI

WOMEN & INFANTS HOSPITAL

PROVIDENCE – Women & Infants Hospital is the first in the state to offer breast cancer patients access to the MarginProbe™ System, which is three times more effective in identifying cancer on the margin of a breast mass during a lumpectomy than traditional methods.

DAVID EDMONSON, MD, a surgeon in the Breast Health Center, part of the Program in Women's Oncology at Women & Infants, has been trained to use the new device, which provides him with real-time positive cancer detection for breast cancer patients during a lumpectomy. Two additional breast surgeons – **DRS. ASHLEY STUCKEY AND JENNIFER GASS**, co-director of the Breast Health Center and chief of surgery at Women & Infants – will also be trained to use the technology.

"During surgery, we always want to remove all of the cancer, but until this technology was developed, we couldn't know for sure that we'd gotten it all until pathology tests were done after the procedure," DR. Edmonson says. "Now, we are in the operating room and we are better able to assess whether or not we've gotten clean margins around the cancer and that we are not leaving any cancer behind."

With MarginProbe, however, there has been a 56-percent reduction in reoperation versus the standard of care.

"Lumpectomy and radiation are as effective in combating breast cancer as mastectomy, but only if there is a clean margin with no remaining cancer cells at the edge of the removed tissue," Dr. Edmonson explains. "Unfortunately, the rates of reoperation if there is a positive margin in the breast can be as high as 30 percent."

Using MarginProbe to ensure clean margins in the initial surgery helps reduce emotional distress for the patients, potential for scarring and deformation at the surgery site, and eliminates the increased cost of an additional surgery.

To ensure the clean margins, the surgeon uses the head of the disposable MarginProbe along the edge of the cancer site. The head contains the proprietary Fringe Field Sensor (FFS), which can detect minute differences in bioelectric properties in tissue when the surgeon presses the probe to the specimen. This allows the sensor to capture the tissue's electromagnetic signature, which is either healthy or cancerous. The surgeon runs a series of measurements on each margin, collecting data for the entire specimen. With such real-time results, the surgeon can extend the margins to remove additional tissue if needed.

"This takes three to five minutes but makes a tremendous difference in the results and, ultimately, the patient's satisfaction," Dr. Edmonson says. ❖

Comprehensive Cancer Center launches Lung Cancer Screening Clinic

Multidisciplinary clinic offers timely, convenient access of care to patients who have a positive lung cancer screening CT scan

PROVIDENCE – The Comprehensive Cancer Center of Rhode Island, The Miriam and Newport hospitals has introduced the Lung Cancer Screening Clinic. The multidisciplinary clinic, which is staffed with experienced radiologists, pulmonologists and behavioral medicine staff, provides accurate interpretation of low-dose CT scans and coordinates treatment options for patients who need additional care.

"Lung cancer is the leading cause of cancer death in the U.S. and accounts for nearly 30 percent of all cancer deaths or more than 150,000 a year," said **TERRANCE T. HEALEY, MD**, director of thoracic radiology at Rhode Island Hospital. "Early and accurate detection is essential and through the Lung Cancer Screening Clinic, we are able to utilize the most advanced diagnostic imaging technology to accurately interpret low-dose CT scans of those patients who have had an abnormal or positive scan."

He added, "While an abnormal or positive screen does not mean a patient has cancer, there could be other conditions that warrant treatment. For those who do have cancer, early detection before symptoms appear is critical to successful lung cancer treatment."

Early screening is especially important for those most at risk for developing lung cancer. Research has shown that when compared to chest X-ray, CT scans reduced lung cancer deaths among older heavy smokers by 20 percent. Low-dose CT is recommended for people who are current or former smokers, are between the ages of 55 and 74, and who smoke or had smoked one pack of cigarettes a day for 30 years or more.

"The Lung Cancer Screening Clinic is an important resource for people who are at risk for developing lung cancer because of how successful low-dose CT is in detecting an abnormality," said **MELISSA TUKEY, MD**, director of interventional pulmonology at The Miriam and Rhode Island hospitals. "Once referred to the clinic, patients will be seen by our staff within two weeks where we will interpret their scan and have the patient evaluated by a pulmonologist and a behavioral medicine staff member, who can help patients who are smokers find the right smoking cessation program. Our goal is to facilitate timely care for our patients and their families, while working closely with each patient's primary care physician." ❖

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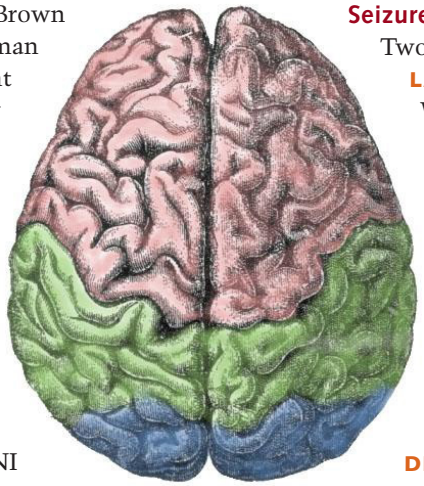
Brain science researchers embark on year-long studies of autism, epilepsy, pain, stroke

Funded by 'New Frontiers' awards from the Brown Institute for Brain Science and the Norman Prince Neurosciences Institute



PROVIDENCE — With four new grants, the Brown Institute for Brain Science and the Norman Prince Neurosciences Institute have brought together teams from the Brown University campus and affiliated hospitals to study key questions in autism, epilepsy, pain and stroke.

"A great strength of our academic medical center is the ability to bring together expertise that stretches from the lab to the patient," said **JOHN ROBSON**, BIBS associate director for medical research and clinical programs and NPNI administrative director. "The New Frontiers Award program of BIBS and NPNI is to encourage and support innovative new projects of basic and clinical teams so they can succeed."

This round of grants, the program's fourth, launches three new projects and continues another. Each team will receive $40,000 from BIBS, NPNI, and their academic departments. The new projects will begin July 1.

Autism

BARRY CONNORS, chair of neuroscience, and **DR. BRIAN THEYEL**, a psychiatry resident, will use Brown-developed mouse models to test their hypothesis that disruptions in the connectivity between the thalamus and the cerebral cortex might contribute to some of the symptoms associated with autism, such as hypersensitivity to stimuli.

Seizures

Two neurology faculty members, **DR. CURT LAFRANCE** and **DR. ANDREW BLUM**, and Wilson Truccolo, assistant professor of computational neuroscience, will study whether nervous system measurements gathered by the MIT-developed "Q-sensor," which can be worn on the wrist, can be used to detect, distinguish, and possibly predict different types of seizures. If so, it could help streamline and improve seizure diagnosis and treatment.

Strokes

DEREK MERCK, assistant professor of diagnostic imaging, and **JAMES HAYES**, assistant professor of computer science, will work together to develop an automated method of analyzing CT scans to quickly detect and classify strokes. Their goal is to shorten the time required to diagnose and begin treating patients.

Chronic pain

The fourth grant continues a New Frontiers collaboration between **STEPHANIE JONES**, assistant professor (research) of neuroscience, and **DR. BEN GREENBERG**, professor of psychiatry and human behavior. They are exploring whether noninvasive electromagnetic stimulation that modulates alpha rhythms can reduce sensory sensitivity in people and be developed as a technique for reducing chronic pain where drugs, including opioids, are not effective. ❖

IMAGE: BROWN

CNE Cardiovascular participating in TEMPO clinical research trial

PROVIDENCE – Care New England Cardiovascular Care is taking part in the TEMPO clinical research trial to evaluate the effect of an investigational drug being developed for the treatment of heart rhythm problems. The study is specific to patients with Implantable Cardioverter-Defibrillators (ICD) or Cardiac Resynchronization Therapy-Defibrillators (CRT-D).

The purpose of the TEMPO study is to assure what effect the trial drug has on heart rhythm problems in patients who have an ICD or CRT-D, and also determine the safety profile of the drug in this phase II study.

Specific heart rhythm problems which the investigational drug is being developed for are ventricular tachycardia (VT) and ventricular fibrillation (VF), in patients with an ICD or CRT-D. VT and VF are major causes of sudden death relating to the heart. Patients who have a history of these conditions or are at risk for developing these conditions, are usually treated with an ICD which can stop VT/VF but does not prevent VT/VF.

"We are excited to be conducting the TEMPO clinical trial for the many patients who have heart rhythm problems and live with ICD and CRT-D devices," says **CHESTER HEDGEPETH, MD, PhD**, executive chief of cardiology, Care New England. "These patients could greatly benefit from drug therapy to reduce the frequency of VT/VF and defibrillator shocks."

Enrollment will occur over a 12-month period and the expected maximum treatment duration is approximately 18 months. Approximately 120 subjects will be randomized at about 120 study sites in North America, Europe and Israel. The study is open to male and female subjects, 18-80 years of age and is funded by Gilead Sciences, Inc. ❖

St. Joseph School of Nursing Graduates 113th Class

NORTH PROVIDENCE – The St. Joseph School of Nursing, located on the campus of Our Lady of Fatima Hospital in North Providence, held graduation ceremonies for its 113th class on May 15, 2015.

Family members and friends attended the celebration at the Cathedral of SS Peter and Paul in Providence with the Reverend Timothy Reilly, J.C.L., Chancellor, Diocese of Providence, Rhode Island, presiding over the presentation of 32 diplomas and pins to the graduating class of 2015.

LAURA FILIPPELLI-TEDESCHI, MA, RDN, LDN, St. Joseph School of Nursing Medical Nutrition Therapy Instructor, delivered the commencement address. Class Salutatorian **RYAN BONESIO** offered the welcoming address and **IAN DONAGHY**, Class Valedictorian, delivered the farewell address.

The St. Joseph School of Nursing is the state's only hospital-based, 3-year diploma program. Upon receiving their diploma, graduates are then eligible to take the national licensing exam for registered nurses. The school was recently granted an eight-year continuing accreditation by the National League for Nursing Accrediting Commission.

A list of graduates is available at www.nursingri.com ❖

ST. JOSEPH SCHOOL OF NURSING

The following awards were given to the members of the 113th graduating class:

The Faculty Certificate of Merit for outstanding scholastic achievements was awarded to **IAN DONAGHY**.

The Faculty Certificate of Merit for outstanding clinical performance was awarded to **HANNAH JOUDREY**.

The Faculty Certificate of Merit for outstanding ability in Medical/Surgical Nursing was awarded to **IAN DONAGHY**.

The Faculty Certificate of Merit for outstanding ability in Clinical Achievement and Psychiatric Nursing were awarded to **IAN DONAGHY**.

The Faculty Certificate of Merit for outstanding ability in Parent Child Health Nursing was awarded to **JAMIE CAMPARONE**.

The Mother Mary Evangelist award given by the Alumni Association of St. Joseph School of Nursing in recognition of scholastic achievement, professional leadership and nursing performance was awarded to **MEREDITH GERMANI** and **DANIELLE PAROYIAN.**

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Department of Health announces $468,000 in federal funding aimed at preventing youth access to tobacco

Only four other states have received similar awards to conduct such studies

PROVIDENCE – The Rhode Island Department of Health (HEALTH) announced today that it will receive approximately $468,000 of new federal funding to conduct an in-depth evaluation of policies and practices within the state aimed at preventing youth access to tobacco. Through the study, if Rhode Island's practices are proven to lead to reductions in tobacco use among youth, the results may then be incorporated into national, evidence-based strategies. Rhode Island has seen a sharp decline in smoking rates among youth under the age of 18 since 2010, as promising tobacco-control initiatives involving youth have increased. Only four other states have received similar awards to conduct such studies.

"Rhode Island is proud to be recognized as an innovator and leader in tobacco-control practices that protect our youth from tobacco exposure, addiction, severe illnesses, and premature death," said **NICOLE ALEXANDER-SCOTT, MD, MPH**, Director Designee at HEALTH. "This evaluation project will give Rhode Island a strong voice in this critical, nationwide dialogue. A closer study of what has worked for Rhode Island can help keep the tobacco industry from preying on more youth in our state as well as across the country."

Rhode Island's 17.4% adult smoking rate is below the national average and the state has the second-lowest youth smoking rate in the country at 8%. However, there continues to be a need for these tobacco control efforts. Rhode Island is only one of four states where the rate for high school cigar use surpasses cigarettes. Additionally, more than 8% of Rhode Island youth reported using a hookah in the past 30 days, and a survey of Rhode Island youth found that more than 28% reported buying retail tobacco products, which stands among the highest of such rates in the U.S.

In addition to the new funding, Rhode Island has received $1million for core tobacco control program activities. This represents a 10% reduction for core tobacco control activities compared to previous years. Still, HEALTH remains committed to offering comprehensive programs and seeking innovative ways to raise public awareness about tobacco prevention and control.

The Rhode Island Department of Health Tobacco Control Program promotes and supports free services and clinical resources available to help Rhode Islanders quit smoking and to protect the public from the dangers of second-hand smoke exposure. For more information, visit health.ri.gov/healthrisks/tobacco or visit QuitNowRI.com. ❖

Rates of HIV, other STDs increasing in RI, nationwide

PROVIDENCE – The Rhode Island Department of Health (HEALTH) released data recently showing that the rates of HIV and several other STDs are increasing. In Rhode Island, from 2013 to 2014:

- The number of infectious syphilis cases increased by 79%.
- The number of gonorrhea cases increased by 30%.
- The number of newly-identified HIV cases increased by nearly 33%.
- New cases of HIV/AIDS and infectious syphilis continued to increase among gay, bisexual, and other men who have sex with men at a faster rate than in other populations.
- Infection rates of all STDs continued to have a greater impact on the African-American, Hispanic, and young adult populations.

"These data send a clear signal that despite the progress we have made in reducing STDs and HIV over the years, there is more work to do," said Nicole Alexander-Scott, MD, MPH, Director Designee at HEALTH. "We are fortunate in Rhode Island to have great partnerships among state agencies, community-based organizations, and healthcare providers to continue to educate, test, and treat for sexually transmitted diseases. This trend reminds us that we cannot become complacent."

During the 1980s and 1990s, key public health programs helped reduce the transmission of HIV and other STDs. Routine testing of pregnant women has almost eliminated the number of Rhode Island babies born to mothers with HIV. Likewise, needle exchange programs have drastically reduced transmission among injection drug users.

The recent uptick in STDs in Rhode Island follows a national trend. The increase has been attributed to better testing by providers and to high-risk behaviors that have become more common in recent years. High-risk behaviors include using social media to arrange casual and often anonymous sexual encounters, having sex without a condom, having multiple sex partners, and having sex while under the influence of drugs or alcohol. ❖