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## Symposium Examines Racial, Ethnic Barriers to Health Care; Implicit Biases

MARY KORR  
RIMJ MANAGING EDITOR

PROVIDENCE – Dr. Jeffrey Borkan opened a symposium on race, ethnicity and the Patient Centered Medical Home (PCMH) June 16th at the Alpert Medical School by saying racial and ethnic barriers in the PCMH and health care need to be examined and strategies developed to address them.

“Questions on this topic haven’t been asked, the discussion hasn’t happened. African Americans, Latinos, and the poor are sicker and die at a younger age. We need to focus on the health and well being of the populations we serve and prioritize that for our most underserved,” he said.

Dr. Borkan is chair of the Department of Family Medicine and assistant dean, Primary Care-Population Medicine Program Planning, at Brown.

Keynote speaker M. Norman Oliver, MD, chair of the Department of Family Medicine at the University of Virginia, addressed implicit biases in health care, among many other topics. He said a 2002 report by the Institute of Medicine (IOM), “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” showed that minorities were less likely to be given appropriate cardiac medications or to undergo bypass surgery, and were less likely to receive kidney dialysis or transplants.

“We are members of the communities we serve. We are leaders and we should be joining with policy makers and other members of the community to address the social determinants of health,” Dr. Oliver said.

Dr. Pablo Rodriguez, an ob-gyn physician, who moderated a roundtable discussion at the event, related an incident in his office which highlighted implicit biases. The patient he was seeing had a thick African accent and, to his ultimate

chagrin, he began speaking very slowly and in basic terms to her. She listened politely and then informed him she was a physician trained in England.

“Well, we all have human experiences like this. It’s part of the learning experience,” Dr. Rodriguez said.

The IOM study recommended collecting data on patients’ race, ethnicity and preferred language (REL) as one avenue to eliminate disparities by using EMR records to develop strategies to offer appropriate preventive care. The Affordable Care Act (ACA) expands and standardizes data collection about race, ethnicity and language. Several health care providers at the event questioned how this data can be used most effectively.

On the academic level, Jabbar Bennett, PhD, associate dean of recruiting and professional development at Brown, spoke of the Race and Medicine Task Force at the medical school, established to re-envision how medical students are taught about race, as one example of examining these issues. He also spoke of efforts at Brown to recruit medical students, faculty and fellows who are members of underrepresented groups.

The symposium was hosted by the medical school, the Brown Primary Care Transformation Initiative and supported by the Care Transformation Collaborative of Rhode Island and PCMH-Kids.

The planning committee included Joanna Brown, MD, MPH; Victoria Adewale, MSc; Robert Alleyne, Anne Pushee, RN; Jeffrey Borkan, MD, PhD; Roberta Goldman, PhD; Maria Sullivan and Kelli Landry. ❖



A symposium on Race, Ethnicity and PCMH: Ensuring Everyone Has a Voice, was held June 16 at the Alpert Medical School. Dr. Pablo Rodriguez at podium moderated a policy roundtable discussion.

## Cancer Research at RIH Gets \$5.8M NIH Grant

*Five-year grant helps fund research activities at the Center for Cancer Research Development*

PROVIDENCE – The National Institutes of Health (NIH) has awarded Rhode Island Hospital \$5.8 million to support the hospital's cancer research program. It is the third phase of an Institutional Development Award (IDeA) Center of Biomedical Research Excellence (COBRE). Originally established at Rhode Island Hospital in 2002, the Center for Cancer Research Development (CCRD) has supported research conducted by a talented pool of cancer researchers. The center previously earned two NIH grants of \$8,617,015 and \$10,853,821, which supported the first two phases of activity, respectively. With this additional support in funding, the CCRD will launch several pilot programs and extend the sustainability of its programs beyond Phase III. The funding will be spread over five years.

"This award will strengthen Rhode Island Hospital's biomedical research infrastructure, support research projects in innovational scientific areas, and provide mentoring and training activities to increase the ability of junior investigators to compete independently for NIH or other external, peer-reviewed support," said **BHARAT RAMRATNAM, MD**, medical director of Lifespan's Clinical Research Center and the head of CCRD. Dr. Ramratnam will serve as the principal investigator of the grant, and he explained that a portion of the federal monies is designated for a new program that fast-forwards cancer-related research initiated by junior investigators. Additionally, funds will be used to support state-of-the-art core facilities in proteomics and molecular pathology. By propelling usage of these core services, the center will provide critical support to the clinical and research programs of cancer investigators in Rhode Island.

"In addition to the founding grants,

we have secured more than \$23 million in federal funding for COBRE plus \$240 million in external grant funding at Lifespan since 2013," said **PETER SNYDER, PHD**, senior vice president and chief research officer for Lifespan. "The fact that NIH has entrusted Rhode Island Hospital with three coincident COBREs underlines the confidence they have in our research facilities and talent. That investment enables us to attract and support scientists and clinicians who work at the leading edge of their fields and who have the scientific vision to transform patient care. As we expand our pursuits at the Coro Building, the nucleus of our research activities, so too will our network of new partners, and that in turn will diversify our funding resources."

"The Warren Alpert Medical School of Brown University is extremely pleased that the COBRE Center for Cancer Research Development (CCRD) at Rhode Island Hospital, under the leadership of Dr. Bharat Ramratnam, has received funding for another five years," said **EDWARD HAWROT**, associate dean for biology at Brown University. "Previous CCRD studies have aimed at elucidating the cellular and molecular pathways leading to cancer, especially cancers of the liver, intestine, pancreas, and colon. Such efforts are in complete alignment with the medical school's priorities, which include a major focus on the advancement of research in translational science. Jack A. Elias, MD, dean of medicine and biological sciences at Brown, envisions that the newly established Brown Institute for Translational Science will work closely with the CCRD at Rhode Island Hospital over the next five years to help translate fundamental discoveries in basic science into new diagnostics and therapeutic approaches that

will benefit the community at large."

"COBREs like this one are thematic, multidisciplinary programs that enhance faculty and institutional research capabilities in states that historically have had low levels of National Institutes of Health funding," said **W. FRED TAYLOR, PHD**, who directs the IDeA program at NIH's National Institute of General Medical Sciences. (NIGMS) "This final phase of funding will enable Rhode Island Hospital to sustain the cancer research program it developed during earlier stages of funding and prepare the scientific cores for the transition from IDeA support to independent support."

The mission of the COBRE CCRD is to create, interpret and apply new knowledge based on original, collaborative, multidisciplinary laboratory studies to uncover the cellular and molecular pathways leading to cancer arising in the liver, intestine, pancreas and colon. Rhode Island is ranked thirteenth in the nation for cancer mortality rates. Cancer and cancer-related disease cost the state approximately \$900 million per year in combined losses from medical care and decreased productivity and place a heavy emotional and mental burden on patients and their families.

"Thanks in part to researchers here in Rhode Island, major advancements are being made in the fight against cancer. The folks here at the center do outstanding work and these federal funds will help them upgrade their biomedical infrastructure and continue cutting-edge research that is unlocking cures and improving treatment options," said U.S. Sen. Jack Reed, a senior member of the Senate Appropriations Committee, who has helped direct over \$47 million in fiscal year 2015 NIH funding to Rhode Island. ❖



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## NIH Awards Women & Infants \$5M Grant to Study Perinatal Biology

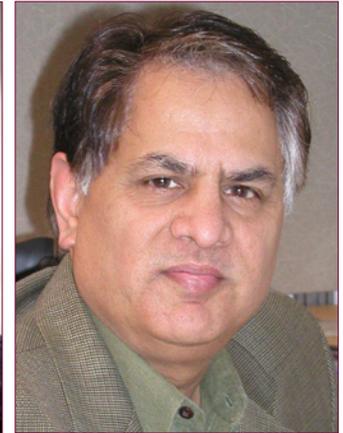
PROVIDENCE—Women & Infants Hospital has recently received a nearly \$5 million grant from the National Institutes of Health (NIH) to support an Institutional Development Award (IDeA) Center of Biomedical Research Excellence (COBRE) for Perinatal Biology. Of the more than 100 COBRES across the country, Women & Infants is the only one specifically focused on developmental research. The IDeA program builds research capacities in states that historically have had low levels of NIH funding by supporting basic, clinical and translational research; faculty development; and infrastructure improvements.

Under the leadership of **JAMES F. PADBURY, MD**, pediatrician-in-chief and chief of Neonatal/Perinatal Medicine at Women & Infants Hospital and the William and Mary Oh-William and Elsa Zopfi Professor of Pediatrics for Perinatal Research at The Warren Alpert Medical School of Brown University, and **SURENDRA SHARMA, MBBS, PHD**, research scientist at Women & Infants and professor of pediatrics at the Alpert Medical School, the COBRE team will continue its research in perinatal biology, including studies of fetal and newborn development, placental biology, and reproductive diseases including preterm birth and preeclampsia.

“Our projects are focused on critical windows of devel-



James F. Padbury, MD



Surendra Sharma, MBBS, PhD

WOMEN & INFANTS

opment and reproductive life. Environmental disturbance or other influences during these critical windows can have lasting effects,” said Dr. Padbury. “Our overarching hypothesis is that understanding these effects during critical developmental periods informs the mechanisms of health and disease throughout life.”

Work supported by the COBRE in Dr. Sharma’s laboratory has identified novel new insights into the pregnancy disorder, preeclampsia, or pregnancy-induced hypertension. “We have recently demonstrated that preeclampsia originates from protein misfolding and aggregation. This leads to disturbances in placental function and many of the mother’s symptoms,” explained Dr. Sharma. “Remarkably, transthyretin, the protein we have identified that is misfolded in preeclampsia, is also disturbed in some cases of Alzheimers disease. Our current work is focused on the mechanistic similarities between preeclampsia and Alzheimers disease and whether preeclampsia may be a risk factor for later development of Alzheimers.”

Dr. Sharma and his colleagues are also working to develop a diagnostic test to confirm that preeclampsia can be identified much earlier in pregnancy. He said, “Identifying preeclampsia earlier will certainly lead to new and better treatments.”

This is a Phase III award intended to consolidate the formation of the Center for Perinatal Biology and support the administrative activities of the Center. It will also provide state-of-the-art equipment to support the Center’s Molecular Biology and Imaging Core. The Center and the COBRE researchers’ laboratories are located in Providence’s “Knowledge District” in the Kilguss Research Institute, the Laboratory for Molecular Medicine and the Coro Research building.

Other investigators include Sunil Shaw, PhD and Shibin Cheng, MD, PhD. Senior investigators also participating in the projects are Ulrike Mende, PhD; Walter Atwood, PhD; Qian Chen, PhD; Pamela Swiatek, PhD; and Karl Kelsey, MD. ❖

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## Bradley Hasbro Children's Research Center and Adoption Rhode Island launch COMPASS Clinic

*Pilot program, funded through a Rhode Island Foundation grant, will care for behavioral health needs of Rhode Island youth in foster care*

**PROVIDENCE** – The Bradley Hasbro Children's Research Center (BHCRC) and Adoption Rhode Island have partnered in a yearlong pilot project to develop a mental health clinic serving adolescents in the child welfare system. The COMPASS Clinic is funded through a \$64,665 pilot grant from the Rhode Island Foundation and will offer a program of integrated clinical care that will work to address the behavioral health needs of youth in foster care in Rhode Island.

Annually in Rhode Island, there are approximately 2,000 children in the Department of Children, Youth and Families' (DCYF) care. Current data indicates that nearly 50 percent of youth in foster care have significant mental health needs that require treatment. The COMPASS Clinic introduces another evidence-informed treatment model to the community to address the shortage of trauma informed and adoption competent services for this population.

"Currently, youth with emotional or behavioral mental health needs are often referred to community providers for more extensive evaluation and outpatient treatment, a process that can result in delays in services," said **WENDY HADLEY, PhD**, a staff psychologist from the BHCRC. "However, research has found that early identification and treatment of mental health problems can offset the negative outcomes associated with delays in treatment, such as school drop-out, substance abuse, early pregnancy, and later, unemployment or underemployment."

"Children who have been removed from their homes due to abuse or neglect are particularly vulnerable, at risk for psychiatric illness, at risk for more and higher doses of psychotropic meds, and have a harder time getting into appropriate outpatient treatment," said **ELIZABETH LOWENHAUPT, MD**, a psychiatrist from the BHCRC who helped develop the pilot program. "Many of these children end up in the hospital, at the Rhode Island Training School, or in out-of-state residential placement if they are unable to get enough mental health support for them and their families."

One of the priorities of the COMPASS Clinic is to address the current shortage of evidence-based clinical care for children in the foster care system and to meet the unique needs of this community. In this yearlong pilot project, adolescents in foster care experiencing mental health issues such as depression or anxiety will be paired with a mental health clinician from either Bradley Hospital or Adoption Rhode Island. Clinicians are cross-trained in best practice interventions for delivering adoption competent and trauma-informed mental health treatment.

"Many youth in foster care, certainly those who have experienced the most significant trauma, may become confused or ambivalent about their permanency goal, including that of adoption. This ambivalence can contribute to an array of complex and conflicting emotions, the negative of which include feelings of grief, loss, identity confusion, and urges to seek validation from others in ways that can be self-destructive," said **RITA CAPOTOSTO**, clinical director of Adoption Rhode Island. "For some youth, the drive to connect with birth families, and the sense of divided loyalty between one's birth family and current adult caretakers can be quite strong, which can contribute to ambivalent relationships and conflicts with current caregivers."

The COMPASS Clinic will address the sensitivity required for the complicated and unique aspects of caring for children in the foster care system. Clinicians in the treatment program will integrate these considerations within all aspects of treatment, starting from the point of assessment, in order to communicate empathy and to establish a strong therapeutic alliance with the youth.

The project aims to develop a model that can be sustained as an on-going treatment clinic for youth in the child welfare system. While this clinic model is the first in Rhode Island devoted to the evaluation and care of a foster care population, there are similar models in other areas of the country, including Dallas, Texas and Cuyahoga County, Ohio. ❖

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Sex Ed by Brown Med volunteers.

## Dr. Susanna Magee Leads Successful Sex Ed by Brown Med program

PAWTUCKET – **SUSANNA MAGEE, MD, MPH** is leading a group of 41 first- and second-year medical students who are hoping to lower teen pregnancy rates in Central Falls. Across Rhode Island, approximately one girl in 100 will give birth while she is between the ages of 15 and 19. But in Central Falls, that rate is quadruple the state average.

**NAOMI ADJEI, MD'17**, is working with four other Alpert medical students to create a better sex ed program for the city's middle schoolers. Sex Ed by Brown Med, which debuted in the 2014–2015 school year, is a collaboration between Alpert Medical School, the Rhode Island Department of Education,

and the Board of the Central Falls School District. Teams of medical students, after a comprehensive training program, taught sex ed classes to 168 seventh- and eighth-graders at Calcutt Middle School in Central Falls.

The idea for Sex Ed by Brown Med was conceived in 2013 after Adjei listened to a speech on teenage pregnancy by Susanna Magee, MD, MPH, the director of the Maternal and Child Health at Memorial Hospital. Dr. Magee encouraged the students to get into the community and start working for change, and they did just that.

With Dr. Magee serving as faculty advisor, the students designed a compre-

hensive sexual education curriculum using web-based, validated education modules. Topics include reproductive system anatomy, sexually transmitted infection, teenage pregnancy and parenthood, sexual decision making, abstinence, contraception, sexual violence, and gender identity.

Preliminary surveys showed how knowledge increased among the seventh graders and teachers loved the program.

Sex Ed by Brown Med hopes to show that the program not only increases students' knowledge, but also contributes to a decreased teen pregnancy rate in Central Falls. ❖