



Helping local healthcare providers reach their goals.

Washington Trust is actively lending to local healthcare providers throughout the region, financing solutions that allow them to provide exceptional quality client care and remain competitive, just as we have done for more than 200+ years. For more information, call us at 401-348-1200 or 401-331-5090.

Arrowhead Dental Associates



delivering exceptional and comprehensive dental care out of South County, Rhode Island for over 39 years

Blackstone Valley Community Health Care



committed to providing high quality, accessible, affordable, comprehensive health care to the residents of the lower Blackstone Valley

Brentwood By The Bay Assisted Living



Assisted Living
providing compassionate, comprehensive nursing care and physical rehabilitation for a seamless senior living and care solution

Saint Antoine Community



Saint Antoine Community
THE ULTIMATE IN ASSISTED LIVING AND EXCELLENCE IN NURSING CARE
a caring community serving the physical, social, emotional, and spiritual needs of older adults and their families

Saint Elizabeth Community



Saint Elizabeth Community
Where RI seniors come first
a non-profit, non-sectarian, charitable organization that provides a full spectrum of quality care to older adults and people with physical disabilities

The Branches of North Attleboro



new assisted living and memory care community scheduled to open in Fall 2017
EOEA certification pending

Thundermist Health Center



a Federally Qualified Community Health Center, serving three communities -- Woonsocket, West Warwick, and South County -- for 45 years

University Orthopedics



Healers. Innovators. Teachers.
a regional referral center for patients with back and neck pain, joint pain, sports medicine problems, shoulder pain, hand problems, hip and knee pain, and foot and ankle injury

Visiting Nurse of Hope Health



Touching Lives
an independent, non-profit, community-based home health care provider providing high-quality care to residents of Rhode Island and Massachusetts



WASHINGTON TRUST®

www.washtrust.com



DAVID DELGADO FOR ALPERT MEDICAL SCHOOL

Match Day 2017: Primary care programs top choice among Alpert students

PROVIDENCE – St. Patrick’s Day 2017 coincided with the biggest Match Day yet at Brown, with 115 Alpert Medical School students learning where they’ll begin practicing medicine after they graduate this spring.

This year saw big numbers of Alpert students – 42 in all – matching to primary care programs, which include family medicine, internal medicine and pediatrics. Emergency medicine drew another dozen students. Obstetrics and gynecology, with 11 matches, and radiology, with nine, rounded out the most popular specialties this year.

Most of the medical school’s Class of 2017 graduates will stay in the Northeast, with 15 training at Brown-affiliated programs in Rhode Island. One student participated in the military match and will complete his residency at the Eisenhower Army Medical Center in Georgia. ❖

Link to the complete 2017 match: <https://www.brown.edu/academics/medical/about-us/facts-and-figures/md-2017-match-list>

Paper shows promise, risks of trans-cranial stimulation treatment for psychiatric disorders

PROVIDENCE – A recent paper published online in the *American Journal of Psychiatry* finds that a new type of stimulation in psychiatry has promise, but also potential pitfalls, and shows a need for more high-quality studies.

Low-intensity transcranial electrical current stimulation, or tCS, is a form of neurostimulation that uses a low power current delivered to the brain.

“This is the first comprehensive review of low-current stimulation in psychiatry,” said **DR. NOAH PHILIP**, a psychiatrist and researcher at the Providence VA Medical Center, lead author of the paper. “Low current stimulation has the potential to revolutionize how we deliver non-invasive brain stimulation through small, portable devices, but there are risks, and we want to help clinicians and researchers understand this rapidly growing field.”

The review supports application of one type of tCS for major depression: transcranial direct current stimulation, known as tDCS. However, tDCS devices are not approved for treating medical disorders, evidence was inconclusive for other therapeutic uses, and use is associated with both physical and psychiatric risks. The complete paper can be found on the American Journal of Psychiatry’s Psychiatry Online website at: <http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2017.16090996>.

“If eventually proven safe and effective, the ease of use and accessibility of the devices could render tCS a broad-reaching and important advance in mental health care, both for veterans and the general population,” concluded Dr. Philip. ❖



PROVIDENCE VA MEDICAL CENTER PHOTO BY KIMBERLEY DIDONATO

Dr. Noah Philip, psychiatrist and researcher at the Providence VA Medical Center, is the lead author of a recent paper published online in the *American Journal of Psychiatry* which finds that low-intensity transcranial electrical current stimulation, known as tCS, has promise in psychiatry, but also potential pitfalls, and shows a need for more high-quality studies.

LEAVE YOUR FINANCIAL SPRING CLEANING TO US!

This is not an April fools joke---

The moment we have been waiting for is finally here!!
SPRING!!!

As everyone gets ready for spring cleaning
the house, yard, garage, basement or
anything that's due- what about spring
cleaning for your accounts receivables?

If your putting off cleaning up
your past due accounts here's
what to do:

**CALL DEBT MANAGEMENT
LET US DO IT FOR YOU !!!.**



Let us be your trained professionals when it
comes to collecting your money.

Visit our Facebook page

<https://www.facebook.com/DebtManagementInc/>



RHODE ISLAND
MEDICAL SOCIETY



Carmella Beroth
508-553-1916 or visit
www.debtmanagementinc.com

Remember-It's your money & that's a lot to lose.

RI releases nation's first statewide standards for treating overdose and opioid use in hospitals and emergency settings

Naloxone distribution, discharge planning, and opioid-use screenings now required

PROVIDENCE – Leadership from hospitals and emergency departments throughout Rhode Island joined Governor Raimondo's Overdose Prevention and Intervention Task Force today to release a first-in-the-nation set of statewide guidelines to save lives by ensuring consistent, comprehensive care for opioid-use disorder in emergency and hospital settings in March.

In addition to establishing a common foundation for treating opioid-use disorder and overdose in Rhode Island hospitals and emergency departments, the standards establish a three-level system of categorization that defines each hospital and emergency department's current capacity to treat opioid-use disorder. All emergency departments and hospitals in Rhode Island will be required to meet the criteria for Level 3 facilities. As a facility's capacity to treat opioid-use disorder develops, that facility can apply for a higher designation.

Hospitals and emergency departments will be categorized based on initial self-assessments and follow-up evaluations by the Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

Sample requirements for a Level 3 facility

(all Rhode Island emergency departments and hospitals):

- Dispense naloxone to all patients at risk
- Educate all patients who are prescribed opioids on safe storage and disposal
- Provide comprehensive discharge planning to people who overdose
- Screen all patients for substance-use disorder
- Report all overdoses within 48 hours to RIDOH
- Offer peer recovery support services

Sample requirement for a Level 2 facility:

- Maintain capacity for the evaluation and treatment of opioid-use disorder

Sample requirement for a Level 1 facility:

- Maintain a "Center of Excellence" where patients can receive buprenorphine treatment for opioid-use disorder

The standards were developed by members of Governor Raimondo's Overdose Prevention and Intervention Task Force, which is co-chaired by **REBECCA BOSS**, Acting Director of BHDDH, and **NICOLE ALEXANDER-SCOTT, MD, MPH**, Director of Health. The standards were also developed with input from hospitals and emergency departments throughout the state. Leadership from several hospitals, including Butler Hospital, the Miriam Hospital, and Kent

Hospital, attended the March Task Force meeting to show their support for the standards.

"The hallmarks of quality patient care in any individual healthcare facility are consistency, continuity, and coordination," said **GARY BUBLY, MD, FACEP**, Medical Director of the Miriam Hospital's Department of Emergency Medicine. "Rhode Island is applying these principles at a statewide level in a way that will profoundly shift how opioid-use disorder is treated. These standards are a model that can be replicated in states across the country that we hope will prevent overdoses and save lives."

"The development of these standards by Governor Raimondo's Overdose Prevention and Intervention Task Force will ensure that best practices in the treatment of opioid use disorder are replicated at Butler and at each hospital throughout Rhode Island," said **LAWRENCE PRICE, MD**, President and Chief Operating Officer of Butler Hospital. "A public health issue as significant as the overdose crisis demands this kind of careful coordination throughout the state."

The requirement that all Level 3 hospitals and emergency departments provide comprehensive discharge planning stems from the 2016 Alexander C. Perry and Brandon Golder Law. The structure and support included in a discharge plan are intended to help an individual who has overdosed not do so again.

At least 329 Rhode Islanders died of drug overdoses in 2016. Although Rhode Island has seen a steady decline in the number of overdose deaths caused by prescription medication, the state has seen sharp increases in overdoses caused by the synthetic opioid fentanyl. In 2016, approximately 57% of Rhode Island's overdoses involved fentanyl, compared to 47% in 2015 and 35% in 2014.

The complete standards, titled Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder, are available online. ❖



OFFICE SPACE AVAILABLE

The Rhode Island Medical Society has 442 square feet of newly renovated office space (3 contiguous offices of 200 sq ft, 121 sq ft and 121 sq ft), complete with convenient sheltered parking and the opportunity for tenants to share three well-equipped meeting spaces, break room, office machinery, etc. on the western edge of downtown Providence. Suitable for a small non-profit organization, boutique law firm, CPA firm or other office-based small business.

Inquiries to Newell Warde, nwarde@rimed.org

New IDSA guideline on ventriculitis and meningitis

New IDSA guidelines recommend a team approach for the successful diagnosis and treatment of complex neurological infections related to placement of devices in the brain, or as a result of neurosurgery or head trauma. The first comprehensive guidelines on healthcare-associated ventriculitis and meningitis are now available in the journal *Clinical Infectious Diseases*.

The guidelines provide parameters regarding when clinicians should consider the possibility of ventriculitis or meningitis in patients who have cerebrospinal fluid shunts and drains, intrathecal drug pumps, deep brain stimulation hardware, or who have undergone neurosurgery or suffered from head trauma. Due to the complexity of these infections, they need to be managed by a multidisciplinary team most often featuring infectious diseases

specialists, neurologists, neurosurgeons and neurocritical care specialists.

The guidelines help clinicians determine when to suspect ventriculitis or meningitis and start patients on appropriate antimicrobial therapy while awaiting culture results to confirm the infection and organism causing it. Additionally, the guidelines recommend when a device should be removed and replaced.

The guidelines also delve into various ways these infections may be prevented, such as using prophylactic antibiotics during placement of the devices, as well as employing “practice bundles,” specific steps neurosurgeons should take when placing shunts and drains.

In addition to lead author, **ALLAN R. TUNKEL, MD, PhD**, the guidelines panel includes: Adarsh Bhimraj, MD, FIDSA; Thomas P. Bleck, MD, FIDSA;

Karin Byers, MD; Hugh J.L. Garton, MD; Rodrigo Hasbun, MD, FIDSA; Sheldon L. Kaplan, MD, FIDSA; W. Michael Scheld, MD, FIDSA; Diederik van de Beek, MD, PhD; and Joseph R. Zunt, MD, MPH. The panel represents pediatric and adult ID specialists, those who specialize in neurosurgery, neurology, neurocritical care and infection prevention and, in addition to IDSA, organizations whose members care for these patients, including the American Academy of Neurology (AAN), American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), Neurocritical Care Society (NCS) and the Society for Healthcare Epidemiology of America (SHEA). The guidelines were endorsed by the NCS and SHEA, and their value and educational content affirmed by AAN, AANS, and CNS. ❖



**FOR
LEASE**

285 GOVERNOR STREET PROVIDENCE, RI 2,000 to 4,000 sq. ft.

Signature 3-story ❖ Newly Remodeled Office building on Providence's East Side

(between Angell Street & Waterman Avenue)

- ❖ New HVAC
- ❖ Gas heat
- ❖ Voice/Data lines
- ❖ 55 Parking Spaces
- ❖ Fire alarm
- ❖ Sprinklers
- ❖ Handicap accessible with elevator

Brokers Protected

CONTACT
DR. MICHAEL FOLLIICK
(401) 527-7527



One Call Does It All!
401-354-7115

Rhode Island's Medical Staffing Experts!

As a Valued Sponsor of the Rhode Island Medical Society, Favorite Healthcare Staffing provides a comprehensive range of staffing services at preferred pricing to RIMS members.

Serving the Rhode Island healthcare community since 1981, Favorite sets the standard for quality, service, & integrity in medical staffing. Call today and let us show you why we are ***The Favorite Choice*** of Physician Practices and Healthcare Professionals across the US!



Favorite Healthcare Staffing is a Valued Sponsor of the Rhode Island Medical Society



One Call Does It All!

Phone: 401-354-7115

Email: MedicalStaffing@FavoriteStaffing.com

Joint Commission Health Care
Staffing Services Certification



AA / EOE / M / F / V / D

Dana-Farber Cancer Institute, Lifespan sign long-term agreement to advance cancer treatment and research

PROVIDENCE – Dana-Farber Cancer Institute and Lifespan leadership are creating a strategic alliance to advance cancer treatment and research. The new agreement, signed March 21, 2017, will support the expansion of clinical trials, offer access for Lifespan physicians to cancer-specific disease expertise for complex cases, and create a program to coordinate the treatment of bone marrow transplant patients, with transplants provided in Boston at Dana-Farber/Brigham and Women's Cancer Center and care surrounding the transplant in Rhode Island at Lifespan. The two organizations already share patient information through their respective cancer-specific electronic health record systems and will use the same clinical trials management platform, resulting in better care coordination.

A top priority of Dana-Farber and Lifespan Cancer Institute's work together is to offer the latest and most advanced clinical trials to patients in Rhode Island. While many of these trials will be developed at and provided by Dana-Farber, there will also be opportunities for clinical trials developed at the Lifespan Cancer Institute to be offered to Dana-Farber patients. Increasing access to diverse patient populations is

a common research goal to help accelerate the development of new therapies.

"Clinical trials are essential to improving care, and they can offer great benefits to patients," said **ERIC WINER, MD**, chief strategy officer and chief of the Division of Women's Cancers at Dana-Farber Cancer Institute. "This alliance will mean more clinical trials will be available through the Lifespan Cancer Institute in Rhode Island. In addition, access to Dana-Farber in Boston for complex care will be seamless. Our breast cancer physicians from the two organizations have been meeting and we are very excited about ways we can collaborate to assure patients access to the latest treatments."

The most promising cancer treatments and research are in the areas of immunotherapy and targeted treatments, fields where Dana-Farber has been a pioneer. "By combining the skills of our doctors with the power of cutting-edge science, we are well-positioned to not only bring cancer care in Rhode Island to the next level but help push treatment breakthroughs that have global implications," said **DAVID WAZER, MD**, director of the Lifespan Cancer Institute.

HOWARD SAFRAN, MD, chief of the Division of Hematology/Oncology, at the Lifespan Cancer Institute said, "Our physicians look forward to collaborating with disease site experts at Dana-Farber and we have already started to hold meetings."

An immediate benefit to the agreement is offering Lifespan patients a bone marrow transplant program with local coordination and care seamlessly tied into Dana-Farber. "Dana-Farber has one of the largest and most respected bone marrow transplant programs in the world. With this new alliance, Lifespan patients will be offered the opportunity to have their transplants at Dana-Farber with coordinated post-care provided close to their homes by Lifespan physicians," said Dr. Safran.

Other areas to be explored include genomics and precision medicine, cancer disparities, innovation in the delivery of cancer care, and potential synergies in basic research. The two organizations have collaborated on a multi-site grant application for genomics with a health disparities component.

"Lifespan Cancer Institute's patients will continue to receive excellent cancer care in Rhode Island, but patients with rare and more complex cancers will benefit from seamless referrals and coordination of care with Dana-Farber. The new agreement gives us the ability to offer the latest and most cutting-edge clinical trials to patients from Rhode Island and surrounding areas. Successful cancer programs and new discovery depend on access to large populations of patients," said **TIMOTHY BABINEAU, MD**, president and CEO of Lifespan. "We are proud to be working with one of the leading cancer centers in the United States." ❖

Committed to helping and serving
our neighbors and communities.

AAA.com



INSURANCE • TRAVEL • FINANCIAL SERVICES
AUTOMOTIVE • DISCOUNTS & REWARDS

URI researchers receive pilot project funding from Advance-CTR

Collaborations with Brown University, Bradley Hospital target environmental and behavioral health issues

KINGSTON – Pilot Projects involving two researchers at the University of Rhode Island have been awarded federal funding through Advance Clinical and Translational Research (Advance-CTR), a statewide effort to support clinical research that can be translated into approaches and policies that improve the health of Rhode Islanders.

MARCELLA THOMPSON, assistant professor in the College of Nursing/Academic Health Collaborative, and Kunal Mankodiya, assistant professor in the College of Engineering, along with colleagues at Brown University and Bradley Hospital, will each receive one-year grants of \$75,000 through Advance-CTR's initial round of funding.

"We were delighted that URI faculty submitted many outstanding applications for the Pilot Projects awards," said **DR. SHARON ROUNDS** director of the Pilot Program at Advance-CTR, based at Brown University and comprising an equal partnership of Brown, URI, Lifespan, Care New England, the Providence VA Medical Center, and the Rhode Island Quality Institute. "The two URI investigators who submitted the funded applications do very interesting and impactful research in collaboration with other Advance-CTR partners."

Thompson and co-principal investigator **DINALYN SPEARS** of the Narragansett Indian Tribe are collaborating with **ELIZABETH HOOVER**, **GREGORY WELLENIUS** and **ALISON FIELD** of Brown University to examine exposure to PCBs and mercury among members of the tribe, whose traditional diet includes locally caught fish. The project, "Community-Engaged Tribal Research to Assess Dietary Exposures to Mercury and PCBs," will send trained tribal members into their community to collect data on eating habits and the rate of local fish consumption. The analyses and survey findings will provide the community with information needed to weigh the benefits and risks of eating local fish.

"This is just one phase of our community engaged research with the tribe on a complex environmental health issue," Thompson said of the project.

Mankodiya is working with **DR. KERRI KIM** and **DR. DAN-IEL DICKSTEIN** of Bradley Hospital/Brown University on the project "Brain/Behavior Mechanisms in Emotional Dysregulation in Adolescents with Mood and Anxiety Disorders." It examines the effects of dialectical behavior therapy in teenage girls with significant mood disorders, including chronic suicidal thoughts and behavior. Specifically, the researchers are using fMRIs (which measure changes in blood flow in the brain) to examine the potential brain-based changes associated with completing treatment and in comparison to a control group. Participants will also wear smart watches to monitor their bodily responses – heart rate, skin response, temperature and activity level – to emotional stimuli throughout their typical day. Mankodiya will head this portion of the study, applying a data analysis platform that he and his team at URI have built that uses smart watches as real-world assessment tools. These findings will be compared to those revealed in the fMRIs.

"We can see when there are episodes that indicate they are experiencing anxiety or mood swings, determine the day of the week, the time of day, what they are doing and the number of incidents," he said. "This is very exciting for me. I like to solve problems, but not in the lab, in real life." ❖

Eleanor Slater Hospital joins HARI

PROVIDENCE – The Hospital Association of Rhode Island announced Eleanor Slater Hospital has joined its membership, effective April 1, 2017. HARI will provide the hospital with a variety of resources and services to support its unique mission in caring for Rhode Island patients.

The hospital will benefit from peer-to-peer learning, quality and patient safety initiatives, data analysis and reports, professional development opportunities and industry news and insights. In addition, **CYNTHIA HUETHER**, chief executive officer of Eleanor Slater Hospital, will join the HARI Board of Trustees as an ex-officio, non-voting member. ❖



Life's a challenge — take it

Aetna is proud to support the members of the Rhode Island Medical Society.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2016 Aetna Inc.
2016018

Research evaluates association between maternal mental health and discharge readiness in mothers of preterm infants

Each year, more than 450,000 babies are born preterm in the U.S., many of whom spend days, weeks or even months in a neonatal intensive care unit (NICU). The mothers of these infants are at increased risk for maternal mental health disorders including depression, anxiety and posttraumatic stress, which could impact their transition home to care for their infant.

New research indicates that mothers with a history of mental health disorders feel less ready for discharge from the NICU than with mothers without a mental health history.

The research, entitled “Maternal Mental Health and Neonatal Intensive Care Unit Discharge Readiness in Mothers of Preterm Infants,” has been published in *The Journal of Pediatrics*. The research team was led by **ELISABETH C. MCGOWAN, MD**, a neonatologist at Women & Infants Hospital of Rhode Island, and also includes **KATHELEEN HAWES, PhD, RN**; **RICHARD TUCKER, BA**; **MELISSA O'DONNELL, MSW**; and **BETTY VOHR, MD**; as well as **NAN DU, BS, MD**, from Yale New Haven Children's Hospital.

“Our primary objective was to evaluate the association between maternal mental health disorders and discharge readiness,” said Dr. McGowan. “We defined discharge readiness

as parental emotional comfort and confidence with infant care, in addition to attainment of skills and knowledge, with parent mental well-being critical to parenting readiness.”

For this study, 934 mothers of infants born preterm (earlier than 37 weeks gestation) between 2012 and 2015 and who were participating in a transition home program completed a discharge readiness questionnaire. The questionnaire measured perceptions of staff support, infant well-being (medical stability), maternal well-being (emotional readiness/competency), and maternal comfort (worry about her infant). Social workers obtained a history of mental health disorder.

“We hypothesized that mothers with a history of mental health disorders would report decreased perceptions of NICU discharge readiness compared with mothers without a history,” explained Dr. McGowan. “We concluded that the one-third who reported a history of mental health disorder indeed had decreased perception of their infant well-being in addition to their own well-being during the critical time of NICU discharge. This indicates that there is an unmet need for provision of enhanced transition home services for the mother-infant dyad.” ❖



BRENTWOOD
BY THE BAY

Assisted Living

Congratulations to the
Rhode Island Medical Journal
on 100 years of publication

Research evaluates treatment of thyroid disease in pregnancy

Refutes need for universal screening

Observational studies over the past 30 years suggest that subclinical thyroid disease during pregnancy may be associated with adverse outcomes, including a lower-than-normal IQ in offspring. The results of these studies led several professional organizations to recommend routine prenatal screening for and treatment of subclinical hypothyroidism in pregnant women.

New research, however, indicates that universal screening for and subsequent treatment of subclinical hypothyroidism does not result in improved health outcomes for mothers or babies. The research was conducted through the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units (MFMU) Network and has been published March in the *New England Journal of Medicine*.

The research team concluded that, compared to no treatment, treatment for subclinical hypothyroidism or hypothyroxinemia during pregnancy did not result in significantly better cognitive outcomes in children through age five.

"The results of our study, the largest and most rigorous on this issue, do not support screening for subclinical hypothyroidism or hypothyroxinemia during pregnancy," said **DWIGHT ROUSE, MD**, one of the authors on the paper and the principal investigator for the MFMU at Brown University/Women & Infants Hospital of Rhode Island. "Our results do not apply to women with *actual* hypothyroidism during pregnancy – such women should be treated during pregnancy, as treatment benefits them and their babies."

The MFMU conducted two multi-center, randomized, placebo-controlled studies at its 15 centers, including at Women & Infants, a Care New England hospital. They screened women with singleton pregnancies before 20 weeks gestation for subclinical hypothyroidism, characterized by a mildly high thyroid-stimulating hormone (TSH) level and a normal thyroxine (T4) level, and for hypothyroxinemia, characterized by low maternal free thyroid hormone (fT4) concentrations with TSH in the normal range.

In separate trials, women were randomly assigned to receive levothyroxine, a commonly used medication to treat hypothyroidism, or placebo. Thyroid function was assessed monthly throughout the pregnancy, and children underwent developmental and behavioral testing for five years.

The research team found that treatment for subclinical hypothyroidism or hypothyroxinemia did not improve cognitive outcomes in children through five years and, moreover, did not improve obstetric or immediate neo-natal outcomes.

The findings of the MFMU study support current American College of Obstetricians and Gynecologists (ACOG) recommendations against universal thyroid screening during pregnancy. ❖

URI, South County Health sign memorandum of understanding

Institutions to work together to improve community health, educate health care professionals

KINGSTON – The University of Rhode Island and South County Health, a nonprofit health care provider in South Kingstown, have signed a memorandum of understanding to enhance education for health professionals and advance the well-being of local communities.

In 2016, URI created the Academic Health Collaborative – comprising the Colleges of Health Sciences, Nursing and Pharmacy – to further innovation across disciplines in the rapidly changing landscape of population health and health care. The Institute for Integrated Health and Innovation acts as the community engagement and research arm of the Collaborative and will implement joint efforts with South County Health, which operates South County Hospital and three other community health entities.

URI and South County Health already collaborate on the Healthy Bodies, Healthy Minds initiative. South County Health launched this effort to diminish disparities and improve the overall health of local residents through education, health care and social service. The new agreement formalizes this relationship and offers additional opportunities for collaboration.

The purposes of the new partnership are:

- Design and implement student experiences that advance the education of health professionals while providing service to the community;
- Seek funding for innovative community health programs that build on collaboration among URI, South County Health and community partners;
- Enhance educational opportunities for South County Health employees seeking to gain skills and knowledge in their health professions;
- Identify and pursue funding for clinical research that engages South County Health patients and marshals the expertise of URI faculty.

Specific initiatives, projects and collaborations are being developed as a result of this agreement, and details will be announced as they emerge.

"The University's academically robust programs related to health and health care make it a uniquely qualified partner for South County Health, as we work to advance our common goals of educating highly skilled health care professionals and improving the health of the communities where we live and work," said Bryan Blissmer, acting director of URI's Institute for Integrated Health and Innovation. ❖