

CDC issues interim public health recommendations for fully vaccinated people

On April 27th, the Centers for Disease Control issued a Summary of Recent Changes. This set of public health recommendations for fully vaccinated people will be updated and expanded based on the level of community spread of SARS-CoV-2, the proportion of the population that is fully vaccinated, and the rapidly evolving science on COVID-19 vaccines.

For the purposes of this guidance, people are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).

This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford).

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.

Fully vaccinated people can:

- Visit with other fully vaccinated people indoors without wearing masks or physical distancing
- Visit with unvaccinated people (including children) from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing
- Participate in outdoor activities and recreation without a mask, except in certain crowded settings and venues
- Resume domestic travel and refrain from testing before or after travel or self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
- Refrain from testing following a known exposure, if asymptomatic, with some exceptions for specific settings
- Refrain from quarantine following a known exposure if asymptomatic
- Refrain from routine screening testing if asymptomatic and feasible

For now, fully vaccinated people should continue to:

- Take precautions in indoor public settings like wearing a well-fitted mask
- Wear masks that fit snugly when visiting indoors with unvaccinated people who are at increased risk for severe COVID-19 disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease
- Wear well-fitted masks when visiting indoors with unvaccinated people from multiple households
- Avoid indoor large-sized in-person gatherings
- Get tested if experiencing COVID-19 symptoms
- Follow guidance issued by individual employers
- Follow CDC and health department travel requirements and recommendations ❖

Complete guidelines can be found at:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1619526673330

Neighborhood Health Plan, Thundermist Health Center, Algorex Health partner on food program

SMITHFIELD – Neighborhood Health Plan of Rhode Island (Neighborhood), Thundermist Health Center (Thundermist) and Algorex Health have partnered on an innovative food program to address extreme food insecurity in Woonsocket. The “Neighborhood-Thundermist Food Access Program” is a six-month pilot aimed at 140 Neighborhood Medicaid members who live in Woonsocket and access health care through Thundermist’s Woonsocket location. The program’s primary objective is to test whether supplemental groceries delivered to the homes of members with significant food access challenges have a positive impact, particularly when combined with the engagement of a clinical team, on the health and quality of life of participants. Rolled out over the December holidays, the pilot program will culminate in mid-June and use both quantitative and qualitative measurements to determine impact on participants’ health.

Participants in the program receive weekly or bi-weekly, depending on household size, boxes of shelf-stable foods delivered to their homes to address gaps in food access. The boxes also include face masks and hand sanitizer to support pandemic safety measures. The design of the program was informed by Social Determinants Of Health (SDOH) data and is unique compared to other food intervention programs in Rhode Island because of its integration of clinical engagement with participants.

“As one of the Nation’s top safety net health plans, Neighborhood’s number one goal is to ensure its members have access to the resources they need to live healthy lives,” said **PETER MARINO**, president and CEO of Neighborhood. “This program is an example of our commitment to that goal. We have terrific partners in Thundermist and Algorex Health, and our combined efforts will help address challenges that are often the most significant barriers to food access – economic stability, access to transportation and availability of healthy foods.”

As an early advocate for using SDOH data to inform and action programs to spur change, Neighborhood engaged Boston-based data science company Algorex Health to conduct an analysis of Neighborhood’s membership. Together, Neighborhood and Algorex Health identified Medicaid members living in a “food desert” in Woonsocket. The data showed that there are significant challenges to accessing healthy food in many parts of Woonsocket when taking into account income, proximity to retail outlets including supermarkets (Woonsocket has no supermarkets), and vehicle access among residents.

Neighborhood then collaborated with Thundermist to implement a new home-delivery food program. Thundermist is an ideal community partner

given its 50-year history of serving at-risk populations in Woonsocket and as one of Neighborhood’s 14 community health center founders more than 25 years ago.

“Access to healthy food is integral to improving overall health,” said **SAPNA CHOWDHRY, MD**, medical director at Thundermist. “If a patient goes to bed hungry or lacks access to nutritious food, it is difficult for them to focus on other aspects of health. Our partnership with Neighborhood will reduce barriers patients face in improving their health and wellbeing.”

Developing solutions to food insecurity, like other Social Determinants of Health, is particularly challenging given the range of underlying causes and their connectedness to one another. Issues such as poverty, unemployment/under-employment, lack of transportation and inconsistent access to enough healthy food are often deeply interconnected. By collaborating with partners mutually vested in the health of Rhode Island’s vulnerable populations, Neighborhood, Thundermist and Algorex Health aim to make a difference. Together, they aspire to achieve improved clinical and health outcomes for the individuals and their families in the program, as well as improve use of primary care services at Thundermist.

The unique aspect of the “Neighborhood-Thundermist Food Access Program” is the consistent engagement by Thundermist’s Community Health Team (CHT) with participants of the program. As part of the enrollment process



of patients who met the criteria for the program, CHT staff provided assistance with selecting a food box type – vegetarian, non-vegetarian, and ready-to-eat options – that would best meet the distinctive health needs of the patients and their families. At the same time, they administered a short survey about food security status to serve as a benchmark for follow up surveys. For the duration of the program, CHT staff will connect with patients each month as well as conduct mid- and end-campaign surveys to assess for changes.

Following the program's conclusion in June, Neighborhood will analyze its impact and consider expansion. Evaluation criteria will include improvements in self-reported food insecurity, levels of access to food, health status including stress levels and adherence to primary care provider and CHT appointments, plus reduced overall financial strain.

To date, participant feedback about the program has been positive, indicating the program's design may be effectively addressing the barriers to food access in Woonsocket. Participant comments include how helpful the program is due to lack of transportation, limited financial resources and Supplemental Nutrition Assistance Program (SNAP) benefits falling short at the end of the month.

Marino remarked, "Given the impact food insecurity has on families, we are committed to supporting our members in need through a home delivery program in partnership with Thundermist. We also aim to use the learnings from this pilot program to expand our efforts to address this issue. Our goal, over time, is to make a collective difference in tackling food insecurity." ❖

Medical students, physicians launch nationwide COVID-19 vaccination study

Hoping to determine beliefs, perspectives among country's diverse populations

PROVIDENCE – As millions of people continue to roll up their sleeves each and every day to get vaccinated against COVID-19, researchers at the Alpert Medical School of Brown University are conducting a study to gauge perspectives about the vaccine and to determine if there are significant differences in opinion about it among varying populations in the United States.

Brown University's Institutional Review Board approved the study, which consists of an anonymous online survey. It aims to determine if there are significant differences in participants' vaccination perspectives along racial, geographic, socioeconomic, linguistic, and political bounds. The study is being conducted by the SURGE Lab, which is focused on research related to Social Determinants of Health and healthcare disparities. **DR. CARLA MOREIRA** – a vascular surgeon with Brown Surgical Associates – established the SURGE lab in 2019 and is overseeing the students conducting the research project.

"This study is an opportunity to gain valuable information on the different



Pictured from left:
Skenda Jean-Charles, Dr. Carla
Moreira, and Kiara Corcoran Ruiz.

research after having conversations with her own close family members about vaccinations.

"It got me thinking about what wider vaccination perspectives may be and how those perspectives can shift across different communities. Kiara and I felt that a national, multilingual survey on these perspectives could help us to understand community concerns with

vaccination," Jean-Charles said. "Ultimately, we have all seen the negative impact of COVID-19 on the lives of so many and the disproportionate effects on historically marginalized communities. We hope that this survey can serve as a launch point for interventions that are aimed at reaching our most vulnerable communities, particularly when it comes to being vaccinated."

The COVID-19 survey can be found online and is open to anyone 18 years old or above residing in the United States. ❖

SKENDA JEAN-CHARLES, who is conducting the study along with **KIARA CORCORAN RUIZ** and **GIANCARLO MEDINA PEREZ**, conceptualized the

factors that may influence a person's decision to get vaccinated," said Dr. Moreira, who is also an assistant professor at the Warren Alpert School of Medicine. "We hope to recruit study participants from every community but specifically from communities of color which have been disproportionately affected by the COVID-19 pandemic."

Providence air shows progress, Lung Association reports

Three counties receive failing grades for ozone level

PROVIDENCE – This year’s “State of the Air” report from the American Lung Association finds that Rhode Island reported progress on air pollution throughout its counties and metro areas. The Providence metro area (including Boston and Worcester Massachusetts) was among the cleanest cities for short-term particle pollution and showed improvement for year-round particle pollution. Counties within the metro area also recorded fewer unhealthy days for ozone pollution. Particle pollution and ozone pollution are two of the most harmful and widespread types of air pollution. (See the full report at Lung.org/sota.)

“In many ways, Rhode Island’s report tells the story of air quality throughout the nation. The American Lung Association’s 2021 ‘State of the Air’ report demonstrates long-term and gradual progress in the state, and the critical need to continue our work to improve air quality for Rhode Island residents,” said American Lung Association Director of Advocacy in Rhode Island **DANIEL FITZGERALD**. “The report also reinforced that people of color are significantly more likely to breathe polluted air. Our elected officials must continue to act boldly to recognize climate change, understand and move forward the cause of environmental justice, and acknowledge air pollution as a serious public health concern.”

Emissions, climate change

Overall, the report reinforced the fact that emissions from factories, power plants, diesel- and gasoline-powered motor vehicles (cars and trucks) and equipment play a role in forming ozone and generating dangerous fine particle pollution. Together, with the rising temperatures due to climate change air quality in the United States is in danger of being degraded, and residents across the country are at an increased risk of air pollution harming health. In addition, studies show that air pollution exposure is linked to greater risk of respiratory infections, including some evidence that suggests that exposure to air pollution may make people more vulnerable to COVID-19 infection.

RI legislation

The Lung Association recently applauded Rhode Island for joining the Transportation and Climate Initiative (TCI) Program and passing the Rhode Island Act on Climate. These initiatives represent big, bold and necessary steps forward for public health. Together they will reduce transportation pollution, improve air quality, reduce the carbon pollution that causes climate change, improve health and invest in cleaner, faster and more reliable public transportation. They stand to make a significant impact throughout the state for the coming years, but especially for Providence and other heavily trafficked metro areas.

“The report also reinforced that people of color are significantly more likely to breathe polluted air. Our elected officials must continue to act boldly to recognize climate change, understand and move forward the cause of environmental justice, and acknowledge air pollution as a serious public health concern.”

— *Daniel Fitzgerald,*

American Lung Association Director of Advocacy, RI

Notable County grades on ozone

- All three reporting counties, Kent, Providence and Washington, maintained failing grades from last year’s report
- Despite failing grades, **each county reported decreased levels of ozone pollution**
- All other counties did not collect this data

Notable county grades on particle pollution

- All three reporting counties maintained A grades for short-term particle pollution
- All counties continued to meet the national standard for year-round particle pollution
- All three reporting counties reported improved levels of year-round particle pollution
- Providence county ranked as the most polluted for year-round particle pollution in the Boston-Worcester-Providence metro area
- All other counties did not collect this data

Fitzgerald continued, “We know that during the COVID-19 pandemic, people across the country are facing multiple threats to their lung health at once, including from unhealthy air pollution. It’s critical to keep looking at the state of our air quality and the things that impact it – like climate change and emissions. We simply must do more to protect and preserve everyone’s right to breathe clean, healthy air and protect themselves from harmful air pollution.”

In Rhode Island, more than 200,000 residents are living with lung diseases like asthma, COPD and lung cancer, as well as heart disease. They are already at risk, making them more vulnerable to the effects of air pollution.

The Lung Association’s annual air quality “report card” tracks and grades Americans’ exposure to unhealthy levels of particle pollution (also known as soot) and ozone (smog) over a three-year period – this year’s report covers 2017–2019. ❖

LUNG FORCE Walk Providence to support lung health, COVID-19 Action Initiative to take place in June

PROVIDENCE – The American Lung Association in Rhode Island announced that its LUNG FORCE Walk Providence will take place on June 12, 2021 at Roger Williams Park Temple of Music. The event will support research, advocacy and education for lung diseases, lung cancer and COVID-19. All participants will be required to follow current Centers for Disease Control (CDC) guidelines.

The LUNG FORCE Walk PROVIDENCE is in its 7th year, with participants completing a just over 2-mile route, around the park. In addition to the walk, the event will include a kick-off celebration where LUNG FORCE Heroes will share their stories, and information and resources on lung health

will be available. Social distancing and mask wearing will be required throughout the event.

“Through events like the LUNG FORCE Walk Providence, we are able to continue our work to improve air quality, educate residents on lung health and COVID-19, and support people who live with lung disease,” said **KAREN WHITEFIELD**, executive director for the Lung Association in Rhode Island. “This mission has never been more important than it is today, and we are looking forward to masking up and rallying our Rhode Island based LUNG FORCE community to advance this work that makes people’s lives better every day.”

Money raised at the LUNG FORCE Walk will fund the Lung Association’s efforts to end lung cancer and lung disease, as well as support the Lung Association’s COVID-19 Action Initiative. The COVID-19 Action Initiative is a \$25 million investment to address COVID-19 and protect against future respiratory virus pandemics. The initiative works with public and private entities to increase research collaboration and develop new vaccines, detection tests and treatment therapies.

There is no registration fee for the LUNG FORCE Walk Providence but donations are encouraged. More information and registration are available at LUNGFORCE.org/Providence. ❖

Fentanyl-contaminated drugs continue to accelerate state’s overdose crisis

PROVIDENCE – As data from the Rhode Island Department of Health (RIDOH)’s Office of the State Medical Examiners (OSME) indicate a continued increase in overdose deaths involving fentanyl, the State is working to expand community-level access to resources and supports to prevent overdoses and save lives.

During the first 11 months of 2020, 256 Rhode Islanders lost their lives to a fentanyl-involved overdose, accounting for 73% of all overdose deaths during this time. These data compare to 69% in 2019. (It can take up to 90 days for the OSME to confirm a decedent’s cause and manner of death. For this reason, Rhode Island’s 2020 overdose death data is not yet final.)

This increase in fentanyl-related overdose deaths has contributed to an increase in overall drug overdose deaths. There were 356 accidental drug overdose deaths between January 2020 to November 2020 in Rhode Island, more than any year on record to date. In addition to the increased presence of fentanyl and fentanyl analogs, other contributing factors could include COVID-19-related social isolation and people using drugs alone.

In addition to fentanyl, methamphetamine is becoming an emerging drug threat in New England.

State-level initiatives

A number of efforts are currently underway to address the drug overdose crisis in Rhode Island:

Community-based organizations have increased street outreach presence in overdose hotspots across the state. Certified peer recovery support specialists (CPRSs) distribute naloxone, sterile syringes, and fentanyl test strips, and provide wrap-around services and basic needs to people who use drugs.

- Project Weber/RENEW conducts outreach in Providence’s Kennedy Plaza in partnership with the Downtown Providence Community Overdose Engagement (CODE) Collaborative.
- Rhode Island’s 10,000 Chances Project has distributed more than 10,000 free kits of intranasal naloxone to Rhode Islanders who are at risk of overdose and families and friends of people who are at risk.
- Increased housing supports have been made available for people in Woonsocket and Providence through the West Elmwood 02907 and Woonsocket CODE Collaborative projects, key initiatives of the West Elmwood and Woonsocket Health Equity Zones (HEZ).
- Strategic placement of Substance Abuse and Misuse Teams (SMART) at Rhode Island and Landmark Hospital Emergency Departments. Trained ED staff are ready to connect patients who have recently experienced an overdose to local treatment and recovery support services. ❖

Thrive Behavioral Health, CODAC partner to launch MAT program

WARWICK – Thrive Behavioral Health and CODAC Behavioral Healthcare have partnered to provide medication-assisted treatment (MAT) for opioid use disorder in Kent County. The program, which recently launched at Thrive's 50 Health Lane location adjacent to Kent Hospital, will increase treatment options for adults seeking support for substance use disorders.

As a Certified Community Behavioral Health Clinic (CCBHC), Thrive provides a comprehensive range of services that increase access, stabilize individuals in crisis, and treat children, adults and families facing serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure its approach to healthcare emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration. Thrive has partnered with CODAC, a leader in medication-assisted treatment (MAT), to better serve individuals in the Kent County area who are living with a substance use disorder.

"When Thrive applied for the CCBHC grant, we were charged with identifying gaps in services and creating solutions to those gaps that would break down treatment barriers," stated **DAWN ALLEN**, CCBHC Project Director. "We determined that there was a need for medication-assisted treatment in Kent County. Together with CODAC, we are connecting our community members to high quality treatment, decreasing their risk of experiencing a fatal overdose, expediting their transitions into long-term recovery, and providing support for them to live healthy, fulfilling lives."

"We wanted to partner with CODAC not just because they are a statewide leader in the field of opioid use disorder treatment, but because their staff employ a service model that seeks to provide both follow-up and multiple avenues of support to better ensure the longevity of recovery," stated **DAN KUBAS-MEYER**, President & CEO of Thrive.

CODAC's President and CEO **LINDA HURLEY** stated, "We are proud to partner with Thrive Behavioral Health on this important initiative. Together, we are moving forward in treating individuals struggling with addiction as patients, just like those facing diabetes or cancer, and offering them the most comprehensive, evidence-based therapeutic approaches available." Founded in 1971, CODAC has provided MAT services in Rhode Island for more than 40 years, and is the state's longest-running not-for-profit outpatient opioid use disorder treatment provider.

While CODAC will administer the MAT Program, additional clinical support will be offered to participants through Thrive's Adult Outpatient Program. It offers wraparound services including individual, group, and family counseling; psychiatric medication evaluation and management; case management services, and an Intensive Outpatient Program for substance use and co-occurring substance use and mental health disorders. ❖

Butler program reports positive outcomes on MRI-Guided Laser Surgery for OCD

PROVIDENCE – New research by Butler Hospital Psychiatric Neurosurgery Program shows positive results into the use of a new lesion surgery to treat severe obsessive-compulsive disorder (OCD).

The research focused on assessing the clinical outcomes and safety profile in 10 patients who underwent bilateral ventral capsulotomy, which is carried out using magnetic resonance imaging-guided laser interstitial thermal therapy (LITT). LITT is a minimally invasive ablative technique performed with precise targeting and use of thermography under magnetic resonance guidance. In prior studies, lesions of the ventral anterior limb of the internal capsule using other techniques (e.g. gamma knife) have been effective.

Led by **NICOLE C. McLAUGHLIN, PhD**, neuropsychologist, Butler Hospital, Assistant Professor (Research) at the Alpert Medical School of Brown University, the psychiatric neurosurgery team followed the patients for six months to two years.

"This is the largest sample published thus far showing positive outcomes using this new method, LITT, to treat patients with treatment-resistant OCD. We hope that adding a new technique will provide more treatment options for these severely ill patients," said McLaughlin.

McLaughlin added that the results were positive, with seven of the nine patients considered full responders, with a change of $\geq 35\%$ on the Yale-Brown Obsessive-Compulsive Scale. Two patients showed transient apathy/amotivation after surgery; one patient had a small hemorrhage along the tract where the laser fiber crossed the cerebral cortex, as well as persistent insomnia post-surgery. One individual died after a drug overdose seven months after the surgery, which was not considered related to the surgery.

"Overall, LITT ventral capsulotomy was generally well tolerated, with promising evidence of effectiveness in the largest such series to date," McLaughlin said. "Results were comparable to those after gamma knife ventral capsulotomy, as well as deep brain stimulation." ❖

Women & Infants Hospital launches donor milk program with Mothers' Milk Bank Northeast

PROVIDENCE – Women & Infants Hospital launched a new donor milk program, in partnership with Mothers' Milk Bank Northeast, a nonprofit community milk bank operating under the guidelines of the Human Milk Banking Association of North America (HMBANA).

"I'm a pediatrician, but more importantly, I'm also the father of a former premature baby, and I can tell you firsthand that I feel extremely confident that if my family needed to use donor breast milk, it would be the best for my son," said **ROBERT M. INSOF, MD, FAAP**, Medical Director of Mothers' Milk Bank Northeast, Senior Vice President of Medical Affairs and Quality and Chief Medical Officer at Women & Infants Hospital of Rhode Island.

A neonatologist and Professor of Pediatrics at the Alpert Medical School, Dr. Insoft previously served as Medical Director of the Neonatal Intensive Care Unit (NICU) and Neonatal Respiratory Services at Brigham and Women's Hospital, where he was also the quality officer in the NICU, and Assistant Professor of Pediatrics at Harvard Medical School.

Human milk can be lifesaving for preterm infants. It is especially protective against a life-threatening condition called necrotizing enterocolitis (NEC), which affects one in ten of the smallest preterm infants. Human breast milk is estimated to lower the risk of this condition by 79%. It also lowers hospital costs by reducing costs for care and shortening hospital stays.

Donor milk is rapidly becoming the standard supplement to mothers' milk for preterm infants in neonatal intensive care units (NICUs). In addition, an increasing number of community hospitals with regular and special care nurseries use donor milk when babies need a supplement to their mothers' own milk.

The milk bank providing donor milk to the hospital collects milk from mothers who have more than their babies need; screens, pasteurizes, and tests the milk; then dispenses it by prescription or physician order to babies whose mothers do not have enough milk for them. Milk donor screening, modeled after blood donor screening, includes health history, physician approval, and a blood test. Milk from mothers who pass the screening is also pasteurized and tested by an independent lab to ensure safety before being dispensed to hospitals or families.

About Mother's Milk Bank Northeast

Mothers' Milk Bank Northeast is a nonprofit community milk bank accredited by the Human Milk Banking Association of North America (HMBANA). The milk bank has been screening donors, pasteurizing milk, and dispensing to over 90 hospitals and to families throughout the Northeastern United States since 2011. Families and healthcare providers seeking more information on receiving or donating milk can check the milk bank's website at <https://milkbankne.org/>. ❖

Lifespan, CNE file Hospital Conversion Act application with RIDOH, AG

PROVIDENCE – Lifespan and Care New England began the next step in their plans to bring the two organizations together by filing the Hospital Conversion Act application with the state Department of Health and the Attorney General's office. On April 14, Lifespan and Care New England submitted the Hart-Scott-Rodino Act antitrust filing with the Federal Trade Commission. It is anticipated the regulatory approval process will take several months.

"The uniting of Lifespan and Care New England in partnership with Brown University will be the catalyst for care transformation for the state. It will provide greater access for patients, enhance population health, and will address the social determinants of health. The collaboration means clinical care, education, and research will be intertwined and advanced like never before. This leading-edge system will allow Rhode Island to continue to attract and keep the best doctors and researchers, through a strong, unified health care system, supporting jobs and powering Rhode Island's economy," said Lifespan President and CEO **TIMOTHY J. BABINEAU, MD**.

Brown has committed to provide a minimum of \$125 million over five years in support of the development of the new academic health system with Lifespan and Care New England. Brown will participate on the governing board of the newly merged health system and play a key role in integrating medical education and research with clinical practice across the system's hospitals.

"The reaction that we have had from the community, within our organization, and beyond, since announcing the intent to merge and talking about this very real vision for the future has been outstanding. It is easy to understand the logical reasons that an integrated academic health system makes a very tangible difference for the people of the region. Speaking with the researchers and clinicians about their excitement over the ability to advance their work and share it more broadly, more quickly, allows everyone to benefit from the bench to bedside approach. Additionally, we are learning more each day about how communities that are intentional about their health care system can see substantial uptick in so many economic metrics beyond those that seem solely health-related. Bringing jobs, families, and therefore the amenities they need into the region encourages other businesses to flourish and becomes just as much an important aspect of these conversations as the increased level of care quality and access through the creation of seamless continuum of care for our patients," said **JAMES E. FANALE, MD**, Care New England President and CEO. ❖

Funding opportunity on impact of structural racism and discrimination on minority health and health disparities

The National Institute of Minority Health and Health Disparities (NIMHD) is leading an initiative to support observational or interventional research to understand and address the impact of structural racism and discrimination on minority health and health disparities.

Prior research has focused on the health consequences of structural racism and discrimination exposures (e.g., interpersonal racism or residential segregation) and not on community strategies to reduce or mitigate those exposures. Intervention research has rarely emphasized reduction of structural racism and discrimination as a strategy to improve health and reduce disparities. Research on mitigation is needed to inform health care and social policies at all levels.

NIMHD and participating NIH institutes and centers have issued a funding opportunity announcement for projects that use approaches that encompass multiple research domains (e.g., behavioral, socio-cultural, health system) and multiple levels (e.g., community, societal) to understand and address the impact of structural racism and discrimination in order to improve minority health, promote health equity, and eliminate health disparities (see the NIMHD Research Framework).

Projects must address structural racism and discrimination in one or more NIH-designated health disparity populations in the U.S. and discuss documented disparities in health outcomes. Applications should provide a justification for 1) why the specific types of discrimination constitute structural racism and discrimination, such as how the racism or discrimination is structural rather than reflecting individual-level behavior and 2) how the structural racism and discrimination results in differential treatment or outcomes for less advantaged individuals, groups, or populations. The due date is August 24, 2021. ❖

With variants on the rise in RI, delegation announces \$1.48M in federal funding to RIDOH to track COVID mutations

WASHINGTON, DC – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and Congressmen **JIM LANGEVIN** and **DAVID CICILLINE** announced in April that the Rhode Island Department of Health (RIDOH) has been awarded \$1,481,992 from the Centers for Disease Control and Prevention (CDC) to expand COVID-19 genomic sequencing. The funding, which was included in the American Rescue Plan, will allow RIDOH to expand and improve activities to sequence genomes and identify mutations in SARS-CoV-2. Sequencing efforts in Rhode Island are coordinated by RIDOH's State Health Laboratories.

Specifically, the funding will support collection of COVID specimens, sequencing of COVID viruses, and data sharing. This initial funding will be distributed in early May. Additional funding for genomic sequencing will be invested over the next several years. ❖

NIH funding for research on impact of structural racism on biomedical career progression

The National Institute of General Medical Sciences (NIGMS) has issued two notices of special interest (NOSIs) to study and/or address the impacts of structural racism and discrimination on biomedical career progression. NIGMS provides leadership in training the next generation of scientists, in enhancing the diversity of the scientific workforce, and in developing research capacity throughout the country. Many NIGMS training and capacity building programs focus on enhancing diversity in the biomedical research workforce through greater opportunities for individuals from diverse backgrounds, including those from underrepresented populations and underserved regions.

The first NOSI includes three funding mechanisms to support research aimed at promoting and enhancing inclusive, safe, and supportive research environments. This Notice applies to due dates on or after May 17, 2021 and subsequent due dates through October 4, 2022.

- Science of Science Policy Approach to Analyzing and Innovating the Biomedical Research Enterprise (SCISIPBIO), a collaborative program with the National Science Foundation
- Research to Understand and Inform Interventions that Promote the Research Careers of Individuals in the Biomedical Sciences (R01)
- Maximizing Investigators' Research Award (MIRA) (R35) for established and early stage investigators

The second NOSI calls for applications to create training modules that impact individuals from a broad range of scientific disciplines and career stages and cover material not typically taught as part of current institutional coursework. The modules can take many different formats and approaches and should be timely, informative, engaging, easily accessible, and free to everyone. Applications must specify the skills and knowledge that will be gained by the audience and how the module will help the audience address the structures and ways of thinking that are barriers to success. The due date is June 18, 2021. ❖

Reed, Whitehouse & McKee announce \$840,000 grant for RI Veterans Home to provide COVID-19 resources

BRISTOL – Recently, U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** joined Governor **DANIEL J. MCKEE** and Rhode Island Office of Veterans Services Director **KASIM YARN** to announce a new \$840,000 federal grant for the state-run Rhode Island Veterans Home. This federal aid stems from a \$100 million emergency payment to State Veteran Homes nationwide that Senators Reed and Whitehouse supported in the Coronavirus Response and Relief Supplemental Appropriations Act, which was signed into law in December.

The federal funds may be used to help improve the care and treatment of veterans during the pandemic, including by enhancing cleaning services, purchasing additional personal protective equipment (PPE), temporarily expanding staffing levels, and other investments designed to enhance health, safety and well-being of residents. The U.S. Department of Veterans Affairs (VA) will issue guidelines on how the federal funds may be used for health care-related expenses or lost revenues attributable to COVID-19 and Senators Reed and Whitehouse are urging the VA to provide states with flexibility to put the federal funds to areas of greatest need that will protect veterans from COVID-19 and improve their care.

The Senators also note that more help is on the way for the Rhode Island Veterans Home and veterans across the state as a result of the American Rescue Plan. The new law directs \$17 billion in federal funding to help the VA support veterans, including \$14.5 billion for veterans' COVID-19 related health care. It also sets aside a total of \$750 million for State Veteran Homes around the country, including \$500 million for construction and \$250 million for direct payments. The State Veteran Homes funding will be awarded to states at a later date, but Senators Reed and Whitehouse estimate the Rhode Island Veterans Home should receive about \$2 million from this next round.

One of the provisions in the new law will also make federal funds available to Rhode Island to deploy nursing "surge teams" to respond to future COVID-19 outbreaks at long-term care facilities across the state. COVID-19 surge teams are composed of about eight to 10 members from among local emergency responders, medical workers, non-profits, private businesses, clergy, and sometimes members of the National Guard. If an outbreak hits a long-term care facility, the surge teams can bring more resources and personnel to the scene and can replace staff that is quarantining and provide safe, high-quality care for vulnerable residents.

Nursing "surge teams" have already been used with success in various states, including Massachusetts, to ramp up care in locations that have experienced high rates of COVID-19 cases.

The Rhode Island Veterans Home is a 110-acre complex on Mount Hope Bay in Bristol. The \$121 million long-term care facility opened in 2017, and about 200 veterans can call it home at any one time. The facility provides quality nursing and residential care to Rhode Island war veterans, including social, medical, nursing, and rehabilitative services. ❖

Coastal Medical joins Lifespan team

Coastal Medical and Lifespan have finalized an agreement for Coastal Medical to become part of the Lifespan health system. This action follows Coastal Medical and Lifespan signing a letter of intent to affiliate in February 2020 and more recently an asset purchase agreement in January 2021.

The two organizations have a long history of successful collaboration in caring for patients. Coastal is a national model for coordinated primary care, while Lifespan offers complementary strengths in specialty services, research, and education. Combining Lifespan's vast specialty care capabilities with Coastal's primary care expertise will benefit patients across the state, offering enhanced value through a continuum of coordinated, high-quality patient care.

"Coastal shares Lifespan's commitment to Rhode Island, fostering innovation and ensuring value, to deliver excellence in care," said **ALAN KUROSE, MD**, Coastal President and CEO. "As part of the Lifespan system, our practices and providers will help reach more patients, with a positive impact on healthcare. This is good for Rhode Island, the people who live here, and the quality and cost of health care."

"Bringing together these two organizations will be transformative for healthcare in our state," said **TIMOTHY J. BABINEAU, MD**, Lifespan President and CEO. "Coastal has a national reputation for delivering high quality, patient-centered care that has made a powerful impact on the health of our community. With Coastal, Lifespan can accelerate its journey to provide more value based care, which will advance quality, increase access and ensure patients receive care in the most appropriate setting. This is an exciting time in healthcare and we are truly pleased to welcome our colleagues from Coastal to the Lifespan team."

Coastal Medical is particularly known for its team-based and value-focused approach to providing high-quality care and improving patient wellness. All Coastal practices are recognized by the National Committee for Quality Assurance (NCQA) as patient-centered medical homes and have earned a NCQA distinction for Integrated Behavioral Health, while simultaneously lowering the overall cost of care delivery. ❖