The Chemistry for Strong Communities

Rhode Island Health Center Association
2020-2021 Annual Report

Community Health Centers

The Chemistry for Strong Communities
dear friends
and colleagues
The past year continued to provide unprecedented challenges to all of us, but most particularly to those who are engaged in providing comprehensive primary, behavioral and oral health care.

The COVID-19 pandemic has tested every provider and staff member in the health care environment as the effort to diagnose, treat and immunize individuals against the disease continues unabated. As I write this in October, I think of the optimism that we had in the spring – so hopeful that the end of the pandemic was in sight. To our dismay, the Delta variant has made this fall a time of continued determination on the part of providers and facilities to assure that individuals and families can access the care that they need, not only for COVID-19, but also for ongoing health care needs. Our members continue to meet these challenges each and every day.

The pandemic has brought challenges but also new opportunities to provide care through different modalities. The value of telehealth has certainly been recognized particularly in the provision of behavioral health services. In addition, the pandemic has demonstrated, once again, the value of the Health Center model, which includes innovation and creativity. In order to meet the needs of patients, health centers across the state have provided services in ways that have required flexibility, innovation, and creativity. From the establishment of respiratory clinics, testing sites, and subsequently vaccination clinics, our members have demonstrated their ongoing commitment to their communities. They continued to find ways to support their patients with chronic health needs. In addition, they have shown incredible resiliency in the face of unrelenting change in the midst of a pandemic.

This resiliency will serve them well as they face new changes in the health care landscape. The potential creation of an academic hospital system, including an affiliation with Brown University, may provide new opportunities for the communities in which the health centers are located. These opportunities may include new ways of collaborating, as well as economic opportunities for communities that have been most heavily impacted by COVID-19 or experienced significant health disparities.

I am hopeful that the year that lies ahead will provide the relief that we have all sought from COVID-19. Undoubtedly, the year will also provide additional unknown challenges that our members will meet with purpose. I have never been prouder to be associated with our members and to have the privilege to support their work. I am equally proud of the staff of the Association who work diligently each day to assure that our members have the support they need to accomplish their tasks.

Warm regards,

Jane A. Hayward
President & CEO
**RIHCA staff**

Jane Hayward  
President & CEO

Mary Evans  
Chief Operating Officer

Hannah Marston  
Senior Director of Finance & Accounting

Julie Lange  
OESP Program Manager/Trainer

Melissa Campbell  
Policy Manager

Der Kue  
Clinical Support Manager

Gail Stout  
Administrative & Information Technology Services Manager

Shelley Sousa  
CAC Trainer & Program Coordinator

**board of directors**

William Hochstrasser-Walsh  
Chair  
Comprehensive Community Action Program

Merrill Thomas  
Vice-Chair  
Providence Community Health Centers

Brenda Dowlatshahi  
Secretary  
Tri-County Community Action Agency

Ray Lavoie  
Treasurer  
Blackstone Valley Community Health Care

Jeanne LaChance  
Thundermist Health Center

Dennis Roy  
East Bay Community Action Program

Thomas Warcup, DO, MHA  
Block Island Health Services

Mary Marran, Interim  
The Providence Center

Peter Bancroft  
WellOne Primary Medical & Dental Care

Alison Croke  
Wood River Health Services

Sarah Fessler, MD  
East Bay Community Action Program

**mission**

Rhode Island Health Center Association works to support, sustain and strengthen community health centers so they can provide high-quality, patient-centered, integrated health care that addresses health disparities, social determinants of health and population health.

**vision**

Every Rhode Islander has equal access to affordable, high-quality, culturally sensitive, comprehensive health care that recognizes and responds to the needs of a diverse population.
the association

The Association continues to support the community health centers in their mission to provide affordable, high-quality health care to medically underserved Rhode Islanders.

We accomplish this by fostering health policies supportive of the health centers, providing training and technical assistance to health center clinicians and staff on pertinent program and clinical topics, and by coordinating health center efforts in key operational areas such as emergency preparedness.

The Association also promotes community involvement, most notably through the management of the Outreach and Enrollment Support Program under our contract with HealthSource RI and the Executive Office of Health and Human Services.

values

• We respect the worth of each individual and believe in the right to be treated with dignity, honesty, and integrity.

• We believe that diversity of culture, talent, and experience in the workforce enhances performance and strengthens our organization and our member organizations.

• We are committed to excellence in everything we do and within our member organizations.

• We respect individual talent and contribution as well as the synergy of team work.

• We recognize the value of community collaborations to meet the needs of our members and enhance the well being of their patients.
rhode island community health centers
Every health center in Rhode Island continues to focus on what is unique to their community and their patients in leading healthier lifestyles.

Each community in Rhode Island is distinct and targeting services to a given community’s known health determinants allows each health center to positively impact their patients’ quality of life. Over the past several years, the demand for primary medical, oral, and behavioral health care has increased dramatically.

Since the release of our last annual report, the community health centers have continued to provide the Chemistry for Strong Communities. Noted below are some of the examples of continued collaboration, new initiatives, and efforts to expand services we have seen at individual community health centers in the past year:

• Breaking ground on a new health center site which will serve 14,000 additional patients annually
• Breaking ground for renovations on an existing health center site which will provide care to 4,000 additional patients
• Hiring a full-time pediatric hospitalist dedicated to visiting newborns and parents in the hospital in the days following birth, ensuring newborns and families have the best possible care
• Expanding a swimming and water safety program, allowing 40 children to take swim lessons
• Adding a new dental operatory which will provide 1,200 more dental visits each year
• Establishing a medical assistant training/externship program with Three Rivers Community College and Lincoln Tech
• Partnering with Johnnycake Center for the statewide Back to School backpack giveaway
• Expanding in-house specialty clinics and services in dermatology, lactation support, asthma/allergy, psychiatry, nephrology, Multidisciplinary Oncology Survivorship Treatment (MOST) and infectious disease
• Collaborating with One Neighborhood Builders to house three families and 11 homeless persons
• Developing Safe Stations where a recovery coach is dispatched to four fire stations in East Providence, Warren, and Bristol
• Developing an integrated behavioral health walk-in model, providing immediate access to behavioral health and substance use disorder treatment
• Initiating same day medication assisted treatment and Narcan distribution
• Implementing a HRSA-sponsored hypertension initiative providing 1,000 remote patient monitoring blood pressure cuffs to at-risk patients
• Engaging in a community health team and Health Equity Zone collaboration to support a diabetes Health Equity Challenge Program
• Re-engineering workflows to decrease patient visit time by 21%
• Hosting HHS Secretary Xavier Becerra and the RI Congressional delegation for a roundtable discussion on the ACA and its beneficial effects
Since the beginning of the COVID-19 pandemic, the health centers have continued their innovative and creative approaches to meeting the evolving needs of their entire communities while still providing high-quality care to their current patients.

In addition to continued testing, treatment, and telehealth services, noted below are some of the new initiatives individual community health centers developed to help meet the needs of the communities they serve:

- Serving as surveillance sites for the RI Department of Health
- Creating separate entrances to safely route potentially infectious patients directly into negative pressure exam rooms
- Tracking COVID-19 test results for all patients regardless of test site in the state. Regularly tracking data to detect early trends among inner city populations, as well as racial and ethnic disparities in COVID-19 infections and vaccinations
- Conducting neighborhood vaccine campaigns and holding public vaccine clinics with community partners
- Expanding “negative pressure” capacity across clinical sites
- Through the efforts of community health workers, delivering several thousand pounds of food to quarantined COVID families
- Placing temporary trailers for testing and vaccine administration
- Adding behavioral health offices to meet the increased demand for mental health and substance use issues
- Using a Health Equity Zone mobile team to visit hard-to-reach communities to provide COVID-19 testing, vaccinations, case management and quarantine/isolation support services
RIHCA has continued its work as the network manager for the Outreach and Enrollment Support Program (OESP) through its contract with HealthSource RI (HSRI). As the network manager, the Association trains and supports a network of assisters that help individuals and families in Rhode Island to enroll in health insurance through HSRI, the state’s health insurance exchange.

RIHCA OESP staff and the network of assisters have experienced many changes throughout 2020 and 2021 as the COVID-19 pandemic made it necessary to change delivery of the OESP program. The network of assisters was recertified virtually via Zoom webinars in the fall of 2020, and open enrollment events were also held virtually. Prior to the pandemic, the network of assisters always provided in-person assistance to individuals and families that needed help with applying through HSRI. The network of navigators and certified application counselors have been able to continue to provide free and unbiased enrollment assistance by transitioning their work to a virtual format.

Due to COVID-19 challenges, there were changes made at the federal level that Rhode Island’s state exchange also adopted. These changes provided additional help related to health insurance enrollment for individuals and families. A new enrollment period was opened for six months in 2021 and it allowed Rhode Islanders to enroll in coverage or make plan changes without needing a qualifying life event. And in March of 2021, the American Rescue Plan Act (ARPA) was signed into law and created public health and economic benefits. ARPA brought many changes to health insurance eligibility and enrollment through HSRI and allowed Rhode Islanders better access to health care coverage. Some of these changes included increased advanced premium tax credits and cost sharing reductions, all designed to help people pay for their health insurance and have lower out-of-pocket costs when getting health care services.

These changes that had a very positive impact for Rhode Islanders were also a major change for the OESP network of assisters. Multiple trainings were held so that the navigators and certified application counselors were well-versed in the eligibility and enrollment differences. RIHCA’s OESP team has worked to provide additional support to the network through all these changes.

Navigators continue to use a telephonic consent process when holding a phone or video appointment for health insurance enrollment, and all navigator and certified application counselor trainings as well as enrollment events are being held virtually while we still work through this pandemic. RIHCA and our network of assisters throughout the state of Rhode Island are committed to continuing this important work of helping individuals and families with their enrollment needs.
Training & technical assistance
RIHCA provides training and technical assistance (T/TA) to health center clinicians and staff on pertinent operational and clinical topics. This page highlights some of the T/TA activities that RICHA provided to the FQHCs and other strategic partners throughout the year.

- Providing executive development trainings for health center board members
- Convening and facilitating meetings of the FQHC CFO Workgroup
- Providing support to the health centers in their emergency preparedness efforts, including convening and facilitating quarterly Emergency Preparedness Team meetings, as well as hosting a COVID-19 conference and table-top exercise
- Convening and facilitating Dental Director and Manager Workgroup meetings
- Facilitating the Cancer Screening and Clinical Quality team, focusing on improving cancer screening rates in addition to other clinical quality initiatives
- Hosting a virtual summit on cancer screening in Rhode Island, which provided an understanding of risk factors for cervical, colorectal and bladder cancers, as well as a review of recommended guidelines and standardized screening activities that support cancer detection and prevention
- Facilitating and supporting the FQHCs in their work related to the Rhode Island Department of Health’s Care+Community+Equity (CCE) initiative, with the goal of improving population health outcomes and quality of care for people with diabetes, prediabetes, high blood pressure and high blood cholesterol
- Facilitating a Mental Health First Aid training for FQHC staff, which focused on how to identify, understand and respond to signs of mental illness and substance use disorders
- Training and recertification of health care enrollment navigators and certified application counselors
- Preparing and providing FQHCs with a report on HIV resources for linkage to care to help address delays in preventive health care and chronic disease management, including HIV diagnosis and subsequent care, which have been exacerbated by the COVID-19 pandemic.
- Hosting Uniform Data Systems (UDS) reporting training
- Facilitating T/TA focused on supporting the re-opening of dental practices: 1) redefining dental program goals and the plan for success; 2) maximizing dental program success; and, 3) creating a new paradigm of care
- Supporting FQHCs in their navigation and completion of the Readiness to Train Assessment Tool (RTAT), which is part of Health Resources & Services Administration’s (HRSA) expanded workforce T/TA activities within the Health Professions Education & Training (HP-ET) initiative. This initiative is designed to enhance health centers’ capabilities to recruit, develop and retain their workforce by exposing health and allied health professions students, trainees, and residents to education and training programs at health centers
- Providing continued support to FQHCs on efforts around COVID-19 recovery and stabilization, including the roll out of T/TA on COVID-19 funding, an overview of the federal grant system and program requirements for tracking and reporting
Overdose deaths by drug type

- ILLICIT DRUGS
- COMBINATION
- PRESCRIPTION DRUGS

Overdose deaths caused by opioids

Ri
rhode island
opioid crisis
Rhode Island experienced the highest number ever recorded of lives lost to the opioid crisis in 2020. According to the Rhode Island Department of Health (RIDOH), 76 additional lives were lost to opioids despite three prior years of progress, bringing the total number to 384 confirmed fatal overdoses last year.

Additionally, there is a troubling rise in the number of fentanyl-related overdose deaths. Where once prescribed painkillers were the main contributor to overdoses, illicit synthetic opioids have taken their place; 70% of deaths were shown to involve fentanyl in 2020.

The COVID-19 pandemic, and its compounding factors, are thought to be the main contributor to the rise in fatalities due to opioids and other illicit drugs, particularly for individuals with substance use disorders (SUD) and opioid use disorders (OUD). Job loss and other economic hardships may have triggered those fighting addictions, coupled with emergency shutdowns; many with SUD/OUD were cut off from usual supports that helped to keep them sober. Federal and state agencies did respond to the crisis by eliminating barriers to medication-assisted treatment (MAT). However, there was a notable disruption in the availability of post-overdose counseling and Naloxone kit distribution in the first half of 2020 in RI, when the pandemic was at its height, which left many battling SUD vulnerable.

Health inequities suffered by minority populations during the pandemic appear to echo the trends of opioid-related overdose deaths. Black/African American and non-White Hispanic communities’ rates continue to increase faster than their White counterparts. Perhaps this rise reflects the more extensive systemic failing where cultural differences in prevention, treatment, and recovery programs are largely ignored, or are due to the previous punitive approaches to SUD in Black/African American communities.

Health centers use a multi-disciplinary approach to support patients of all ages who struggle with SUD/OUD, including community-based response teams, integrative behavioral health care, and MAT for individuals. Telehealth remains a vital component for health centers to continue to deliver behavioral health care for patients. Health centers are also supporting community education and Naloxone distribution efforts across the state to help reduce opioid-related overdose death.

Rhode Island continues to work to increase investments to combat the opioid crisis. In 2019, The Opioid Steward Fund was established and created an estimated $5 million annual fund. Derived from fees paid by licensed entities who distribute or manufacture opioids in the state, the fund provided $4.5 million for recovery housing, behavioral health, and MAT programs. Additionally, the state will receive $2.59 million to combat the opioid crisis from a recent federal lawsuit. The dollars will be spread over five years; nearly half will be received in the first year.
primary care

Our members provided primary care services to 151,865 patients in 2020. This included 548,516 patient encounters done both virtually and in person. These services were rendered by 679 full-time equivalent (FTE) medical care professionals including physicians, nurse practitioners, physician assistants and certified midwives as well as nurses and other medical professionals.

Health center providers deliver primary care including preventive services such as well child visits and cancer screening. They also manage patients with chronic conditions including hypertension, diabetes, heart disease and asthma.

In addition to primary care services, the FQHCs assisted over 9,000 patients through more than 19,000 visits for enabling services such as case management, health education and outreach services. During the COVID-19 pandemic, our members adeptly turned toward telemedicine to provide primary care when in-person visits were not practical or possible. Additionally, many members maintained respiratory clinics and all provided testing for the virus.

oral health

A healthy mouth is an essential part of an individual’s overall physical and mental health, but for some, the cost, or fear, of a dental visit may keep them from receiving the care they need. Rhode Island’s eight Federally Qualified Health Centers (FQHCs) are here to help.

Nearly 51,000 patients received safe and affordable dental care from a health center in 2020. With over 130 operatories combined, FQHCs employed 173 dedicated oral health professionals last year, including 40 dentists, 32 dental hygienists, and over 100 support staff. The COVID-19 pandemic restrictions impacted FQHCs dental clinics, but they persevered and continued to deliver emergency and teledentistry care; the FQHCs’ dental patient visits totaled over 104,000, with close to 10,000 being virtual visits.

Over the past year, health centers have worked diligently to renovate operatories, revise workflows and work with consultants, allowing them to increase oral health care operations to pre-pandemic levels for the medically underserved adults and children who rely on health centers as a source of care.

behavioral health

Over 18,000 individuals received behavioral and mental health services from a health center in 2020. Combined, 134 mental and behavioral health providers and support staff worked at an FQHC last year. Virtual visits continued to be on the rise, comprising 93,695 of the 128,723 total visits. In addition to the behavioral health services provided by the FQHCs, our associate member, The Providence Center, served 12,566 patients with 222,682 visits.

Throughout the COVID-19 pandemic, telemedicine has become a lifeline for many who struggle with mental and behavioral health issues. Recently passed state legislation now requires health insurers and Medicaid to cover primary and behavioral health telemedicine visits, and will allow patients to continue receiving care virtually. Rhode Island’s FQHCs remain dedicated to delivering integrated, accessible, and quality behavioral health care to patients.
without a sense of caring, there can be no sense of community.

— Anthony J. Dangelo
RIHCA has ten member organizations, including eight federally qualified health centers (FQHCs), an island-based health center, Block Island Health Services, and one associate member, The Providence Center.

In early 2021 the FQHCs submitted required 2020 data to the Bureau of Primary Health Care (BPHC) via the Uniform Data System (UDS). UDS is a standardized reporting system that provides consistent information about the performance of BPHC funded grantees. All the data in this publication are based upon 2020 UDS reports from our eight member FQHCs. Unless otherwise noted, this report does not include data from Block Island Health Services or The Providence Center, neither of which submit UDS data. Therefore, these data underreport the volume of services delivered collectively by all ten of our member organizations.

In 2020, the eight FQHCs served 179,301 patients with 814,334 visits. 381,313 of those visits were virtual and 433,021 visits were in person.
### Income as a % of Poverty

<table>
<thead>
<tr>
<th>2020 Patients</th>
<th>2020 % of Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% and below</td>
<td>44,605</td>
</tr>
<tr>
<td>101-150%</td>
<td>10,969</td>
</tr>
<tr>
<td>151-200%</td>
<td>6,757</td>
</tr>
<tr>
<td>Over 200%</td>
<td>7,023</td>
</tr>
<tr>
<td>Unknown</td>
<td>109,947</td>
</tr>
</tbody>
</table>

*may not equal 100% due to rounding*

### Patients by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>2019</th>
<th>2020</th>
<th>2020 % of Known</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pac Island**</td>
<td>1,675</td>
<td>1,602</td>
<td>1.16%</td>
<td>-73</td>
</tr>
<tr>
<td>Asian**</td>
<td>5,272</td>
<td>5,116</td>
<td>3.70%</td>
<td>-156</td>
</tr>
<tr>
<td>African American**</td>
<td>18,682</td>
<td>18,608</td>
<td>13.46%</td>
<td>-74</td>
</tr>
<tr>
<td>American Indian/Alaska Native**</td>
<td>1,211</td>
<td>1,038</td>
<td>0.75%</td>
<td>-173</td>
</tr>
<tr>
<td>White**</td>
<td>104,960</td>
<td>99,557</td>
<td>72.00%</td>
<td>-5,403</td>
</tr>
<tr>
<td>More than one race**</td>
<td>13,625</td>
<td>12,355</td>
<td>8.94%</td>
<td>-1,270</td>
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<tr>
<td>Refused to Report</td>
<td>46,047</td>
<td>41,025</td>
<td></td>
<td>-5,022</td>
</tr>
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</table>

*may not equal 100% due to rounding*

### Patients by Service

<table>
<thead>
<tr>
<th>Service</th>
<th>2019</th>
<th>2020</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>900,000</td>
<td>877,669</td>
<td>-22,331</td>
</tr>
<tr>
<td>Dental</td>
<td>160,002</td>
<td>143,652</td>
<td>-16,350</td>
</tr>
<tr>
<td>Mental Health</td>
<td>530</td>
<td>530</td>
<td>0</td>
</tr>
<tr>
<td>Enabling*</td>
<td>-2,458</td>
<td>-2,458</td>
<td>0</td>
</tr>
<tr>
<td>Vision</td>
<td>-2,047</td>
<td>-2,047</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>-238</td>
<td>-238</td>
<td>0</td>
</tr>
<tr>
<td>Other Professional Services</td>
<td>-67</td>
<td>-67</td>
<td>0</td>
</tr>
</tbody>
</table>

*THE CHEMISTRY FOR STRONG COMMUNITIES*
national health center week

Each year in August, RIHCA and Rhode Island’s community health centers mark National Health Center Week, a week-long national campaign to celebrate the mission and accomplishments of America’s community health centers since they were first established over 50 years ago.
This year, the theme of National Health Center Week was “Community Health Centers: The Chemistry for Strong Communities”

The celebration, held at WellOne Primary Medical and Dental Care, marked the legacy of community health centers nationally and in Rhode Island by honoring the state’s congressional delegation and the people that work at the health centers every day to keep Rhode Island’s communities healthy. This year, each community health center nominated one individual from their staff who is committed to building strong communities.

The following individuals were recognized at the celebration:

Scott Hewitt, Blackstone Valley Community Health Care
Arthur Taylor, Comprehensive Community Action Program
Laura Voller, East Bay Community Action Program
Patricia Terceira, RN, Providence Community Health Centers
Sapna Chowdhry, MD, Thundermist Health Center
Amanda DiSimone, Tri-County Community Action Agency
Kathleen Keable, WellOne Primary Medical & Dental Care
Heidi Simmons, MSN, RN, Wood River Health Services
patients by age and gender

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19+ under</td>
<td>28,772</td>
<td>24,398</td>
<td>-4,374</td>
</tr>
<tr>
<td>20-44</td>
<td>24,762</td>
<td>24,261</td>
<td>-501</td>
</tr>
<tr>
<td>45-64</td>
<td>19,473</td>
<td>18,734</td>
<td>-739</td>
</tr>
<tr>
<td>65+</td>
<td>6,935</td>
<td>6,669</td>
<td>-266</td>
</tr>
<tr>
<td>FEMALES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19+ under</td>
<td>29,748</td>
<td>25,570</td>
<td>-4,178</td>
</tr>
<tr>
<td>20-44</td>
<td>44,328</td>
<td>43,307</td>
<td>-1,021</td>
</tr>
<tr>
<td>45-64</td>
<td>26,564</td>
<td>25,991</td>
<td>-573</td>
</tr>
<tr>
<td>65+</td>
<td>10,890</td>
<td>10,371</td>
<td>-519</td>
</tr>
<tr>
<td>TOTALS</td>
<td>191,472</td>
<td>179,301</td>
<td>-12,171</td>
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</tbody>
</table>

encounters by service type

<table>
<thead>
<tr>
<th>Service Type</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabling</td>
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<tr>
<td>Substance Use Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Professional Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
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<td></td>
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</tbody>
</table>

RIHCA 2020-2021 ANNUAL REPORT
community health centers provide economic benefits

According to the RI Department of Labor and Training, Rhode Island’s seasonally adjusted unemployment rate for August 2021 was 5.8%. During the COVID-19 pandemic, this rate jumped as high as 17.4% as compared to just prior to the pandemic when the rate was 4%.

Investing in community health centers produces significant economic benefits for our cities and towns. Rhode Island’s community health centers are small businesses that create 1,811 full time equivalent (FTE) positions throughout the state including medical, dental, behavioral health providers along with enabling services staff and other facility and non-clinical support staff.

<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th>2020 Patients w/ PD</th>
<th>2020 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>29,127</td>
<td>93,762</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>14,728</td>
<td>59,108</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>4,749</td>
<td>9,917</td>
</tr>
<tr>
<td>Asthma</td>
<td>11,141</td>
<td>22,444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>2020 Patients w/ PD</th>
<th>2020 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Test</td>
<td>5,747</td>
<td>12,131</td>
</tr>
<tr>
<td>Mammogram</td>
<td>385</td>
<td>387</td>
</tr>
<tr>
<td>HIV Test</td>
<td>10,817</td>
<td>33,716</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>2020 Patients w/ PD</th>
<th>2020 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression &amp; other mood disorders</td>
<td>20,053</td>
<td>100,866</td>
</tr>
<tr>
<td>Anxiety Disorder include PTSD</td>
<td>24,664</td>
<td>117,155</td>
</tr>
<tr>
<td>ADD/Disruptive Behavior Disorder</td>
<td>5,109</td>
<td>22,099</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>2020 Patients w/ PD</th>
<th>2020 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>14,740</td>
<td>19,868</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>31,905</td>
<td>38,287</td>
</tr>
<tr>
<td>Prophylaxis - adult &amp; child</td>
<td>26,176</td>
<td>32,166</td>
</tr>
<tr>
<td>Sealants</td>
<td>3,126</td>
<td>3,309</td>
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<tr>
<td>Fluoride - adult &amp; child</td>
<td>10,937</td>
<td>12,575</td>
</tr>
<tr>
<td>Restorative Services</td>
<td>13,421</td>
<td>20,974</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>7,768</td>
<td>9,321</td>
</tr>
<tr>
<td>Rehabilitative Services</td>
<td>2,269</td>
<td>2,819</td>
</tr>
</tbody>
</table>
new england
insurance coverage source

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>RI</th>
<th>CT</th>
<th>ME</th>
<th>MA</th>
<th>NH</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>21.82%</td>
<td>11.01%</td>
<td>17.69%</td>
<td>12.92%</td>
<td>13.51%</td>
<td>13.13%</td>
<td>7.42%</td>
</tr>
<tr>
<td>Medicaid/SCHIP</td>
<td>46.33%</td>
<td>53.02%</td>
<td>59.13%</td>
<td>26.03%</td>
<td>43.87%</td>
<td>33.22%</td>
<td>28.38%</td>
</tr>
<tr>
<td>Medicare</td>
<td>10.40%</td>
<td>11.12%</td>
<td>7.47%</td>
<td>23.64%</td>
<td>11.90%</td>
<td>18.78%</td>
<td>23.70%</td>
</tr>
<tr>
<td>Other Public Insurance (CHIP and Non-CHIP)</td>
<td>0.89%</td>
<td>0.39%</td>
<td>0.03%</td>
<td>0.02%</td>
<td>1.90%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>20.56%</td>
<td>24.46%</td>
<td>15.68%</td>
<td>37.40%</td>
<td>28.83%</td>
<td>34.87%</td>
<td>40.49%</td>
</tr>
</tbody>
</table>

*May not equal 100% due to rounding.

RI FQHC
Uninsured Trends

![Uninsured Trends Chart]

2017  2018  2019  2020

Children 0-17  Adults 18+  Total Uninsured
alone we can do so little; together we can do so much

— Helen Keller
Blackstone Valley Community Health Care
39 East Ave, Pawtucket
1145 Main St, Pawtucket
42 Park Place, Pawtucket
*210 Main St, Pawtucket
9 Chestnut St, Central Falls
1000 Broad St, Central Falls
24 Summer St (Central Falls High School), Central Falls

Block Island Health Services
6 Payne Rd, Block Island

Comprehensive Community Action Program
1090 Cranston St, Cranston
226 Buttonwoods Ave, Warwick
2756 Post Rd, Warwick
191 MacArthur Blvd, Coventry

East Bay Community Action Program
6 John H. Chafee Blvd, Newport
100 Bullocks Point Ave, East Providence
**610 Wampanoag Trail, Riverside
**2 Old County Rd, Barrington
*19 Broadway, Newport

Providence Community Health Centers
530 North Main St (Co-located at TPC), Providence
355 Prairie Ave, Providence
*335R Prairie Ave, Providence
40 Candace St, Providence
239 Cranston St, Providence
1 Warren Way, Providence
100 Curtis St, Providence
160 Broad St (Crossroads), Providence
1 Randall Square, Providence
325 Public St (MET School), Providence

The Providence Center
**528 North Main St, Providence

Thundermist Health Center
1 River St, Wakefield
186 Providence St, W. Warwick
*1219 Main St, W. Warwick
450 Clinton St, Woonsocket
*25 John A. Cummings Way, Woonsocket
1219 Main St, West Warwick
777 Cass Ave (Woonsocket High School), Woonsocket
2 Webster Knight Dr (John F. Deering Middle School), W. Warwick

Tri-County Community Action Agency
1126 Hartford Ave, Johnston
33 Maple Ave, N. Providence

WellOne Primary Medical & Dental Care
36 Bridge Way, Pascoag
142A Danielson Pike, Foster
308 Callahan Rd, N. Kingstown
35 Village Plaza Way, N. Scituate

Wood River Health Services
823 Main St, Hope Valley
17 Wells St, Westerly

*Indicates stand-alone dental site
**Indicates stand-alone behavioral health site