

Community Health Needs Assessment for Martha's Vineyard August 2022



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NEED

The geographic service area for this SAC proposal – Dukes County, MA (also known as Martha’s Vineyard Island) – has been the subject of important health care access and need assessments specifically focused on the low-income, un- and under-insured, chronically underserved, and multiple other vulnerable year-round residents of the Island. Martha’s Vineyard Hospital (MVH) is a designated Critical Access hospital (CAH) and aims to reduce financial vulnerability and improve access to healthcare for the underserved populations of the community.¹ Dukes County continues to be a designated primary care Health Professional Shortage Area (HPSA) with a Medically Underserved Population (MUP) which enhances our opportunities for recruitment of much needed medical, mental health, and dental health care providers in our rural, underserved community.² The service area (Dukes County – 1254120742 HIPSA ID) was updated as a HRSA HPSA for Primary Care on 5/11/2022. Island Health Care’s HPSA status was updated for Primary Care, Dental Care and Mental Health on 9/12/2021.³

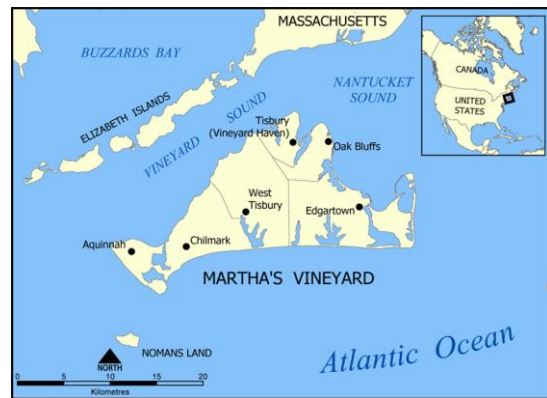


Figure 1 Map of Martha's Vineyard

SERVICE AREA ASSESSMENT

Determination of the Service Area: Martha’s Vineyard Island’s service area lies seven miles off the south coast of Massachusetts (see Appendix 1 Service Area Map and Table). The service area’s four census tracts (2001, 2002, 2003, 2004) are all rural. Zip codes include 02535, 02539, 02557, 02568, 02575, and 02713. There are seven separate municipalities in Dukes County: Gosnold, Tisbury (also known as Vineyard Haven), West Tisbury, Edgartown, Oak Bluffs, Chilmark and Aquinnah (formerly known as Gay Head).

Continual Review of Service Area: IHC annually reviews its service area through the UDS zip code assessment of services provided to patients of the health center; the primary zip codes for care include 02535, 02539, 02557, 02568, 02575, and 02713.

Continual Review of Health Needs in the Service Area: Additionally, the health center completes or updates a needs assessment of the current population at least once every three years for the purposes of informing and improving the delivery of health services.

¹ Rural Health Information Hub. (2021). Critical Access Hospitals (CAHs). <https://www.ruralhealthinfo.org/topics/critical-access-hospitals>

² Health Resources Services Administration. (2021). What is Shortage Designation? <https://bh.w.hrsa.gov/workforce-shortage-areas/shortage-designation>

³ Health Resources Services Administration. (n.d.). HRSA Find. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Utilizing Service Area Assessments to Improve Service Delivery: Island Health Care’s Quality Improvement Committee monitors, tracks, and reports on 35 metrics. These metrics are conveyed to the clinical staff to enhance frontline involvement and improve key quality priorities through team discussion and problem solving. Progress and specifications of each measure are reported quarterly to the Board for review. We report annually on clinical measures for the Health Resources and Services Administration (HRSA) Uniform Data System, to the Community Care Collaborative (C3) Accountable Care Organization we are a part of, and for our annual Patient Centered Medical Home (PCMH) renewal process. IHC participates on the countywide Public Health Check-in, a monthly meeting of all the health and human services providers and emergency management for the population of Dukes County. This provides a real-time approach to collaboratively meeting the needs of our service area. IHC staff also attends various health-related coalition meetings and reports on activities of our collaborating community partners.

To gather ongoing patient feedback to improve service delivery, all patients are sent a patient experience survey after each visit that asks standard questions and gives an opportunity to provide additional written feedback. There is also a locked feedback box in our waiting room with a notice posted in two languages (English and Portuguese) inviting patients to give input on the care they received and their overall experience with IHC. Our Patient Feedback Committee follows up on

In addition to health center review of needs, recent studies and surveys have been conducted by community partners to assess the health status of Martha’s Vineyard (MV) residents. These efforts include:

DCHC* Rural Health Scholars Project – Food Insecurity in Three Populations on MV	2020
Healthy Aging Martha’s Vineyard’s ⁴ “State-of-the-Island Older Adult Overview” ⁵	2020
Rural Health Scholars Project Homelessness on Martha’s Vineyard. ⁶	2015
Rural Health Scholars Project Addiction and the Vineyard Community ⁷	2016
Martha’s Vineyard Hospital Community Needs Health Assessment ⁸	2019
HUD Point-in-Time Annual Homelessness snapshot ⁹	2022
Martha’s Vineyard Commission “Housing Needs Assessment” ¹⁰	2021

⁴ Dukes County Health Council. (2020). Addressing Food Insecurity on Martha’s Vineyard. https://www.dchcmv.com/files/ugd/2b75b9_d16f62eded17403e9ae919cfe4211e7c.pdf

⁵ Healthy Aging Martha’s Vineyard. (2021). State-of-the-Island Older Adult Overview. https://www.hamv.org/files/ugd/c951bb_8037e560ce284d9ba3f2dc455ecae7dd.pdf

⁶ Dukes County Health Council. (2015). Homelessness on Martha’s Vineyard. https://www.dchcmv.com/files/ugd/2b75b9_9fd2dd4337814d648040f432718b522d.pdf

⁷ Dukes County Health Council. (2016). Addiction and the Martha’s Vineyard Community. https://docs.wixstatic.com/ugd/2b75b9_ddf0201e7fd949618f2a0188cfa7588a.pdf

⁸ Martha’s Vineyard Hospital. (2020). Martha’s Vineyard Hospital FY2019 Community Health Needs Assessment. <https://mvhospital.org/wp-content/uploads/2020/10/MVH-FY19-CHNA-FINAL-Report-7.17.19.docx-1.pdf>

⁹ Hufstader, J. (March 14, 2022). Children Numbered Among Homeless Islanders. *Vineyard Gazette*. <https://vineyardgazette.com/news/2022/03/14/children-numbered-among-homeless-islanders-annual-count-found#:~:text=At%20least%20two%20children%20and,of%20Martha's%20Vineyard%20last%20month.>

¹⁰ Martha’s Vineyard Commission. (December 2020). Martha’s Vineyard Housing Needs Assessment. <https://www.mvcommission.org/sites/default/files/docs/MV%20Housing%20Needs%20Assessment%202020%20Update%201-20-21.pdf>

*Dukes County Health Council

In aggregate, our target groups/populations include people who are (or have):

Low-income	Uninsured
Underinsured	Disabilities
Without a primary care home	Limited English-proficiency
Older adults	Seasonally unemployed
Homeless	Barriers due to social determinants of health
Experiencing Mental Health Disorders	Affected by Substance Use Disorders
LGBTQIA+ population	Veterans
Incarcerated	

FACTORS ASSOCIATED WITH ACCESS TO CARE AND HEALTH CARE UTILIZATION

Geography and Transportation: More than 99 percent of the population in Dukes County lives on the largest island, Martha’s Vineyard, an international tourist destination.¹¹ The Elizabeth Islands (town of Gosnold) numbers approximately 53 year-round residents. No change in the service area has occurred or is reflected in this SAC application.

Martha’s Vineyard Island is 100 square miles of varied land and seascapes. There are thousands of acres of woodland and farms with stone walls built in the seventeen and eighteen-hundreds still running through them, miles of beaches (mostly private) and windswept hills rising above, and six very small towns, each with its unique character, each independently governed. Some Island families have long roots in their communities, a few going back twelve generations or more. Many residents live in secluded areas that are accessible only by dirt roads and lack access to convenient public transportation.

Each town has its own school, fire department, police department, health department and Select Board (as well as numerous other municipal services that in most of the United States fall under County government, i.e., property tax assessment and collection). While County government exists, it is limited in scope, as is generally the case throughout the state of Massachusetts and other parts of the New England area. There is one superintendent for the school system, comprised of two districts (the Martha’s Vineyard Regional High School District and the Up-Island Regional School District (K-8)) and four separate town-run elementary (K-8) schools (Edgartown, Oak Bluffs, Tisbury and Gosnold).

Access to Martha’s Vineyard is limited to public ferry or private boat, or commercial or private planes. Time-consuming travel and cost have long been barriers for our target populations. Travel anywhere includes ferry or air travel, and roundtrip airfares to Boston are cost prohibitive at an average round-trip cost of \$455.00.¹¹ Thus, the ferry is the most accessible option for many Island residents, but takes 45 minutes each way not including the requirement to be in queue 30 minutes ahead, or incidences of cancellation/delay. The cost for a roundtrip car ferry ticket for residents is currently \$118.00 in off-season, \$182.00 for in-season; a

¹¹ *United States Census Bureau.* (2020). Economic Characteristics of Dukes County - Table. <https://data.census.gov/cedsci/table?q=economic%20characteristics%20of%20dukes%20county,%20massachusetts&g=0500000US25007>

roundtrip walk-on ticket is \$19.00 for adult and \$10.00 for children 5-12 years of age; responsibly, fares for children less than five years old are free.^{12, 13}

While transportation to the mainland operates year-round, weather frequently disrupts both plane and ferry access to and from the Island, especially in the late fall and winter months when wind, rain, and storms happen frequently. Locally, public transportation serves many locations on Martha’s Vineyard but services decrease during the off-season and winter months, which adds to the limitations for residents living in wooded areas that are off the main roads.

The physical barriers to healthcare presented by the Vineyard’s geography are significant for several reasons. The local health care infrastructure in our small isolated island community is unavoidably limited. When certain emergent medical situations occur, air transport is necessary. Additionally, in acute but non-emergent situations where tertiary care is required, ambulances must travel first by ferry and then potentially up to two hours to Boston or to a somewhat closer Cape Cod-area hospital.

Population: The 2020 Census counted 20,600 residents in Dukes County. This figure was adjusted to 21,097 in 2021. The year-round population of the Vineyard is growing and aging.¹⁴

Table 1. Population

Population	Estimate	Percent
Male	8,407	48.5%
Female	8,925	51.5%
Ages < 5	623	3.6%
Ages 5 – 19	2,288	12.9%
Ages 20 – 64	10,187	5.9%
Ages > 65	4,234	24.4%

In 2019, the MV Commission population estimate of summer visitors (using 2010 ACS) projects that on any given summer day there may be as many as 89,000 people on the Vineyard. The transients (defined as room rentals, AirBnB, boats, campers, day-trippers and cruises) can reach 14,346. Seasonal residents and vacationers can be projected at 53,529, and guests of ‘year-rounders’ at 4,272.¹⁵ With the year round residents accounting for 24.6% of the population and with more summer residents taking up year-round residency, the “carrying” capacity of the Island is under discussion. This drastic influx of summer visitors, when year-round residents may only make up 24.6% of the population, strains our already stretched healthcare resources.

¹² Steamship Authority. (2022). Fare Information. <https://www.steamshipauthority.com/reservations/fares>

¹³ Cape Air. (2022). Martha’s Vineyard to Boston. <https://flights.capeair.com/en/flights-from-marthas-vineyard-to-boston>

¹⁴ United States Census Bureau. (2022). QuickFacts Dukes County, Massachusetts; United States. <https://www.census.gov/quickfacts/fact/table/dukescountymassachusetts.US/PST045221>

¹⁵ Martha’s Vineyard Commission. (2019). Martha’s Vineyard Statistical Profile. https://www.mvcommission.org/sites/default/files/docs/web01_MVSP%20FINAL%20PRINT%202019-03-21-3.pdf

The County’s population is rapidly aging: over the past 4 years the median age for full time residents has increased from 46.5 years to 49 years. The 2020 Healthy Aging Survey enjoyed responses from nearly 2,500 seniors (which amounts to 30% of residents over 65 years of age, with 15 respondents over 95 years). These folks want to age-in-place.¹⁶ There are considerable health care and system utilization implications with our increase in aging population. Aging increases the possibility of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation’s leading drivers of illness, disability, death, and health care costs.

Race and Ethnicity, Country of Origin: Dukes County is a primarily white community with growing Black/African American and Hispanic/Latino populations. Using as a proxy the ‘South American-born’ sub-table from the US Census, 10% or ~1,900 of the Dukes County population are Brazilian nationals.¹⁷ It is well-accepted by key informants in schools, municipal government, and law enforcement that this is an undercount, and that there are as many as 2,100 residents who are not included in the count. Additionally, approximately 156 members of the Wampanoag Tribe of Gay Head (Aquinnah) live on recognized Aquinnah tribal land, with another ~150 tribal members living in the greater community. This constitutes 1.3% of Dukes County population.¹⁸

Between 2010 and 2019, the Brazilian immigrant population in the United States rose from 340,000 to 502,000, growing nearly 50%¹⁹ and now constitutes about 13% of the MA population.²⁰ Massachusetts hosts the second-largest Brazilian immigrant population (65,000) with the densest population is in Middlesex County, MA (34,000). Migrant social networks bring new Brazilian nationals to Dukes County where family and friends already have employers and work, or places to live.

Table 2. Race and Ethnicity, Country of Origin²¹

Race and Hispanic Origin	Percent
White alone	89.9%
Black or African American alone	4.7%
American Indian or Alaskan Native alone	1.3%
Asian alone	1.1%
Native Hawaiian and other Pacific Islander alone	0.1%
Two or more races	3.0%
Hispanic or Latino	3.9%
White alone, not Hispanic or Latino	86.9%

¹⁶ *Healthy Aging Martha’s Vineyard.* (2020). MV Older Adult 2020 Survey Results. <https://www.hamv.org/2020survey>

¹⁷ *United States Census Bureau.* (2020). Economic Characteristics of Dukes County - Table.

<https://data.census.gov/cedsci/table?q=economic%20characteristics%20of%20dukes%20county,%20massachusetts&g=0500000US25007>

¹⁸ *United States Census Bureau.* (n.d.). My Tribal Area. <https://www.census.gov/tribal/?aianihh=4530>

¹⁹ *Migration Policy Institute.* (2022). Brazilian Immigrants in the United States. <https://www.migrationpolicy.org/article/brazilian-immigrants-united-states>

²⁰ *Migration Policy Institute.* (2022). Migration Policy Institute. <https://www.migrationpolicy.org/>

²¹ *United States Census Bureau.* (2022). QuickFacts Dukes County, Massachusetts; United States. <https://www.census.gov/quickfacts/fact/table/dukescountymassachusetts,US/PST045221>

Industry/Occupations: As shown in Table 3 below, the Island’s economic/employment picture is largely one of a rural, tourist-based economy. According to the 2020 US Census, there are 7,261 employed residents living and working in Dukes County. Another 337 live in the county and work elsewhere. The largest number of these are the 43 who work in Barnstable County (on the other side of the ferry), 41 in NYC and 40 in Suffolk County (Boston).²²

Table 3. Industry/Occupations²³

Industry	% Employed over age 16
Agriculture, forestry, fishing, hunting, and mining	1.7%
Construction	15.1%
Manufacturing	3.3%
Wholesale Trade	1.6%
Retail Trade	8.6%
Transportation and warehousing, and utilities	4.1%
Information	1.5%
Finance and insurance, and real estate/rental, and leasing	5.5%
Professional, scientific, management, administrative, and waste mgmt.	15.2%
Educational services, health care, and social assistance	23.7%
Arts, entertainment, recreation, accommodation, and food service	7.8%
Other services, except public administration	7.9%
Public administration	3.9%

The large employers are the Martha’s Vineyard Hospitals, the local public schools, and Stop and Shop Supermarkets. Characteristic of their employee demographic are workers with a significant commuter/seasonal component (hospital and S&S). Teachers and school staff tend to reside locally, but some school staff do commute. The hospital relies heavily on traveling nurses and technicians year-round, and more so in the summer. MV Hospital also brings in rotations of providers, physician assistants, and specialty care. Stop and Shop relies on the J-1 visa program, hiring international students, as do many shops and food establishments. Our largest volume of non-native workers are Brazilian nationals. They often work multiple jobs and many send money home, some fleeing an unstable political and economic situation in their country of origin. Many lack the immigration documentation to work legally, so they work as day laborers for cash, or as contractors. While these (mostly cleaning, building trades and landscaping) workers are not technically migrant agricultural workers, they are seasonal in that they staff a seasonal, episodic, tourism industry.

Unemployment: The highly cyclical seasonal unemployment seen in Dukes County is reflected in Table 4. These data are consistent with historical unemployment swings.

²² United States Census Bureau. (2022). Employment. <https://www.census.gov/topics/employment.html>

²³ United States Census Bureau. (2020). Economic Characteristics of Dukes County - Table. <https://data.census.gov/cedsci/table?q=economic%20characteristics%20of%20dukes%20county,%20massachusetts&g=0500000US25007>

Many of our patients who are seasonally employed are unable to afford health insurance at some point throughout any given year.

Table 4. Unemployment²⁴

Unemployment	Dukes County	Massachusetts
July 2021	4.1%	5.7%
January 2022	9.1%	4.8%
June 2022	3.2%	3.7%

Educational Attainment: The 2020 Census showed 95.7% of Dukes County residents had graduated from high school, with 44% having gone on to a bachelor’s degree. Of residents who go on to higher education, 24.3% attain a Bachelor’s degree and 19.7% get a Graduate or Professional degree. The regional school district works with significant challenges to traditional education in its student population. In the 2021-2022 school year 26.9% of students are English-language learners; 58.8% are in a high need category; and 43.8% are low income.

Uninsured: There are 971 people without health insurance in Dukes County, or about 5.26% of the population counted in 2020.²⁵ This is an increase from the 4% uninsured in 2018.²⁶

A 2021 MA Health Insurance Survey reported the state uninsured rate was 2.4% compared to 9.2% nationally. Those who were uninsured reported family income below 300% FPL, with the primary reasons for not having insurance being (1) cost too high (43.7%) and (2) loss of MassHealth eligibility (39%). The highest uninsured rates were among those who are aged 19-64 (93.5%), male (73.3%), and Hispanic (44.4%).²⁷ Certain health services are more expensive locally, especially hospital services, which exacerbates the problem of affordability that exists for those who are uninsured.

Some uninsured are not able to enroll as they fall outside of eligibility and program requirements or are unable to obtain needed documentation. Others are unable to afford premium and co-payment costs and seek exemptions from the Health Connector. Therefore, there is an ongoing need for special efforts and funds to connect these low-income, uninsured, and publicly insured adult immigrant patients with essential primary and preventive health care services.

Income/Poverty: Nearly 1,600 residents, or 7.5%, of Dukes County live in poverty. The county’s median annual household income is \$77,318.00.²⁸

²⁴ Bureau of Labor Statistics. (August 2022). BLS Data Viewer – Unemployment Statistics, Dukes County, MA. <https://beta.bls.gov/dataViewer/view/timeseries/LAUCN250070000000003>

²⁵ United States Census Bureau. (2020). Selected Economic Characteristics of Dukes County. https://data.census.gov/cedsci/table?q=economic%20characteristics%20of%20dukes%20county,%20massachusetts&g=0500000US25007&tid=A_CSDP5Y2020.DP03

²⁶ County Health Rankings & Roadmap. (n.d.) Massachusetts – Dukes County. <https://www.countyhealthrankings.org/app/massachusetts/2018/rankings/dukes/county/outcomes/overall/snapshot>

²⁷ Center for Health Information and Analysis. (July 2022). Findings from the 2021 Massachusetts Health Insurance Survey. <https://www.chiamass.gov/assets/docs/r/survey/mhis-2021/2021-MHIS-Report.pdf>

²⁸ United States Census Bureau. (2022). QuickFacts Dukes County, Massachusetts; United States. <https://www.census.gov/quickfacts/fact/table/dukescountymassachusetts,US/PST045221>

Many year-round residents are routinely unemployed in the winter months on the Island - 22.1% of those in poverty live below 200% of the FPL.²⁹ Families and especially seniors living significantly below the federal poverty level rely on assistance in the form of free/reduced school lunches, weekend back-pack school food programs and nutrition support programs such as senior center giveaways, the Food Pantry and church grocery distribution initiatives. Notably, the number of SNAP Program recipients is heading sharply back to 2012 highs.³⁰ The economy of the Island centers on tourism. As previously described, employment for full-time residents is typically in the retail, service, and construction industries and seasonal unemployment, low wages, and lack of health insurance benefits characterize such jobs. As an isolated island, the cost of living is also extraordinarily high.

ADDITIONAL UNIQUE HEALTH CARE NEEDS AND CHARACTERISTICS THAT IMPACT HEALTH STATUS

Social Determinants of Health: Our health is dependent on the quality of our homes and neighborhoods, social and community context, economic wellbeing, and access to education and health care – the Social Determinants of Health (SDOH).³¹ Recent local studies exploring SDOH needs in Dukes County have analyzed food and housing insecurity, the unique needs of our aging population, and the particular language challenges we have in reaching and delivering care to the Brazilian nationals that are a part of the Island community. A Quality of Life Survey conducted by Martha’s Vineyard Hospital in 2016 reported that 20% of respondents believed that access to health care was the most important factor to define a healthy community. In 2019, the Martha’s Vineyard Hospital Community Needs Assessment identified **housing** as a lead priority, followed by access to care and coordination of services, behavioral health concerns and aging related services. This reflects the community need.

The County Health Rankings note that Dukes County’s outside air quality, drinking water quality, and commute are all at or better than the state average.³² Severe housing environment is 6 points higher (worse). Incomplete plumbing or facilities are noted in both the MV Commission Housing report and the MV Point in Time Homeless count. Further, individuals who live in sub-standard housing are certainly living with other environmental concerns such as pests, water damage, and mold. IHC screens patients for substandard housing environment and, if indicated, refers the patient to our team of Community Health Workers who provide information and referral services.

Housing Crisis: In 2019, the Island’s average weekly wage of \$1,094 was 70% of the state average and the median home price was more than double the state’s, clearly signaling the

²⁹ *United States Census Bureau.* (2020). Poverty Status in Dukes County, MA. <https://data.census.gov/cedsci/table?q=dukes%20county,%20Massachusetts%20federal%20poverty%20level&g=0500000US25007&tid=ACSSST5Y2020.S1702>

³⁰ *Federal Reserve Bank of St. Louis.* (Dec. 2021) SNAP Benefit Recipients in Dukes County, MA. <https://fred.stlouisfed.org/series/CBR25007MAA647NCEN>

³¹ *Healthy People 2030.* (2022). Healthy People 2030. <https://health.gov/healthypeople>

³² *County Health Rankings & Roadmap.* (n.d.) Massachusetts – Dukes County. <https://www.countyhealthrankings.org/app/massachusetts/2018/rankings/dukes/county/outcomes/overall/snapshot>

disparity between what residents can afford and existing housing costs. The 2020 MV Commission Housing Needs Assessment Update demonstrated that the Island's median single-family home was \$807,000 in 2019 and rose to \$1,173,000 by November 2020 based on Banker & Tradesman. As of April 2022, the median sale price has risen to \$1.325 million. The affordability gap was \$781,500 for the Island as a whole in November 2020, up from \$225,000 in 2012, representing a 247% increase, way beyond the inflationary rate of 13.3% during that period.³³ At the average weekly wage of \$1,187, it takes 84 hours of work per week to pay for *affordable* housing in Dukes County.³⁴

A HUD report, based on special census tabulations for 2017, estimates that 2,529 households, or 41% of all households in Dukes County, were paying too much for their housing (more than 30% of their income). This includes 1,294 households, or 21%, who were paying more than half of their income on housing costs. The report also estimates that in Dukes County 2,530 or 41% of households had incomes at or below 80% of area median income (AMI) and of these, 68% had cost burdens, 45% with severe cost burdens. While affordability gaps between the costs of available housing and what many working residents can afford has always been high, the pandemic has taken extreme conditions into dire ones for many residents.³⁵ Currently, 42.4% of households are spending at least 30% of their income on housing.

Food Insecurity: The Rural Scholars report of 2020 explored food security issues for 3 at-risk populations – Brazilians, elders and the chronically ill. They reported that in 2018, the rate of food insecurity was 7.3%, and was on track to reach 12.3% in 2020. Across these populations, cost and physical access to healthy food were cited as access barriers. Elders and chronically ill respondents cited stigma as a common factor in food access.³⁶

Limited Technology Proficiency: While all health centers struggle with patients who are not comfortable with technology, there are some built-in barriers to the reliance on mobile/smartphone use. Financial barriers are a primary concern with tech adoption. Individuals with low income may not be able to afford a phone with video capacity and/or the data plan, rely on flip phones for minimal communication, or use cell phones/services not on a continuous data plan. Additionally, many will not answer calls from an unfamiliar number, take calls while at work, or have a mailbox set-up. Because many Brazilian Portuguese-speaking patients use mobile phones for international communication, and in order to limit data usage, they'd rather text than talk on the phone – using WhatsApp – a platform that is not supported by HIPAA.

³³ *Martha's Vineyard Commission*. (December 2020). Martha's Vineyard Housing Needs Assessment. <https://www.mvcommission.org/sites/default/files/docs/MV%20Housing%20Needs%20Assessment%202020%20Update%201-20-21.pdf>

³⁴ *U.S. News & World Report*. (n.d.) Dukes County, MA. <https://www.usnews.com/news/healthiest-communities/massachusetts/dukes-county#economy>

³⁵ *Martha's Vineyard Commission*. (December 2020). Martha's Vineyard Housing Needs Assessment. <https://www.mvcommission.org/sites/default/files/docs/MV%20Housing%20Needs%20Assessment%202020%20Update%201-20-21.pdf>

³⁶ *Dukes County Health Council*. (2020). Addressing Food Insecurity on Martha's Vineyard. https://www.dchcmv.com/files/ugd/2b75b9_d16f62eded17403e9ae919cfe4211e7c.pdf

Language Barriers: Nearly 47% of IHC patients seen in 2021 indicated they are best served in a language other than English. Our Language Line analytics demonstrate that our purchased language services are 97.5% Portuguese or Brazilian Portuguese, trailed significantly by Spanish (our next growing demographic), then very distantly by Mandarin, Thai, Korean, and Hmog). (IHC, UDS. 2021).

Intimate partner violence: The Island continues to have domestic violence issues, which were exacerbated by the isolation and stress of the COVID-19 public health emergency. Arrests and charges of domestic assault and battery as well as restraining order violations have increased.³⁷

In the past year, the Martha’s Vineyard Community Services program CONNECT to End Violence has served 463 unique clients; completed 1908 client contact appointments; and fielded 256 hotline calls. Trends reveal:

- Isolation, depression, anxiety
- Difficulty accessing services due to wait lists
- Complex cases where it was difficult for the child or family to disclose the need for help.
- Stigma of the Island
 - Insularity of the island (people know each other) breeds preconceived notions and affects how these children can be treated in society
- When children and teens are sent “off island” for treatment, there is a spotlight on them
- Multiple generations under one roof and exposure to age-inappropriate behaviors
- Continual presence of young adults at high school parties & general acceptance of this.³⁸

Chronic Care Management: In addition to the health needs described above, chronic care management including case and care management as well as patient education and self-management is a pressing need for our target population. The level of diabetes and its relentless increase as well as the high prevalence of cardiovascular disease points clearly to a need for chronic disease management incorporated into primary care. Unless Martha’s Vineyard Island residents are treated with a focus on the social determinants of health, little headway can be made against the ravages of these chronic diseases and their co-morbid conditions, often themselves fatal. Low-income, uninsured adult immigrants with little understanding of the complex American health insurance and health care systems experience uncoordinated, discontinuous care.

SPECIAL/TARGET POPULATIONS

The Brazilian Community: Due to language barriers, stigma, capacity constraints, and the itinerant nature of the Brazilian Community, limited local research existed related to the health

³⁷ Coleman, M. (January 14, 2021). Domestic Violence Sees Spike, Fueled by Pandemic Stressors. *Vineyard Gazette*.
<https://vineyardgazette.com/news/2021/01/14/domestic-violence-sees-spike-fueled-pandemic-stressors>

³⁸ Martha’s Vineyard Community Services. (April 21, 2022) Behavioral Health Needs Martha’s Vineyard Overview – Duke’s County Health Council Presentation.

needs and care access challenges for this population. In preparation for this application, IHC embarked on a digital survey effort and a small series of focus groups and key informant interviews. Both the discussion-based and survey research focused on the Brazilian population’s health concerns and healthcare accessibility.

Survey Findings: Brazilian Community (BC) Weighs in on their top health concerns in Duke’s County

Question	Response		
Top three factors for living a health life in Duke’s County	Good jobs and a healthy economy (46.7%)	Good place to raise children (46.7%)	Access to affordable housing (33.3%)
Top three health problems within the Brazilian Community (BC)	Dental Problems (46.7%)	Infectious Disease (40%)	Obesity (40%)
Top three adverse health behaviors in the BC	Alcohol abuse (80%)	Drug abuse (53.3%)	Poor eating habits (53.3%)
Confidence level in navigating the US Healthcare System*	Confident (46.7%)	A little confident (33.3%)	Very Confident (20%)
Do you have a Primary Care Provider?	66.7% responded “No.”		
Do you feel your opinions are valued and respected when you visit the doctor or hospital?	80% responded “Yes.”		
How many people live in your household?***	53.3% answered “3-4 people”		

*Out of a four-tier range: do not feel confident, a little confident, confident, very confident.

**Out of a range 1-2, 3-4, 5-6, or 7+

Major Findings from the Focus Group & Key Informant Interviews:

- Similar to the wider Island population, the BC faces long wait times or intervals between appointments due to the care provider shortage, especially in dental and specialty concentrations.
- There is a need to increase the BC’s trust in local health care institutions, including addressing stigma faced by Brazilians and immigrants in general.
- Many respondents identified ways to improve outreach to the segment of the BC that already engages in healthcare, including health education outreach, more coordination with communication hubs for the BC such as the churches, support groups, and informational social media groups.
- Respondents, particularly those in healthcare professions, cited a need for basic health education among Brazilian residents, especially since most people arrive to our shores with less than a high school education.
- Lastly, regarding language logistics and accessibility, respondents highlighted a need for more attention around dialect and literacy level. There are distinct dialect differences between European and Brazilian Portuguese.
- Literacy levels should also be a main consideration when communicating directly with a medical interpreter or when crafting and print or digital health communication.

More in-depth summary of findings from the digital survey and focus group can be found in Appendix II.

Native American/Wampanoag Tribal Members: The 2020 National Health Interview Survey found that 22.4% (up from 15.4% in 2018) American Indian or Alaska Native reported their health as fair or poor.³⁹ The leading cause of death for this vulnerable population are heart disease, cancer, and accidents. The infant mortality rate per 100,000 live births is 8.2% (an increase from 2018) compared to 4.6% for white females and 5.8% nationally (a decrease from 2018) for all races.⁴⁰ In fact, in 2019, American Indian/Alaska Native mothers were almost three times as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.⁴¹ There are historic issues of trust with Tribal members and conventional U.S. health care system/providers. Research has shown that racial and ethnic bias, and stereotyping, continue to play significant roles in the quality of the physician-patient relationship and in access to medical treatment information.⁴²

Contributors to Native American health disparities include limited access to appropriate and culturally competent health services and facilities, poor access to health insurance, including Medicaid, Medicare, and private insurance, insufficient federal funding, poor quality of care, disproportionately high rates poverty, and low health literacy.⁴³

LGBTQIA+ Community: Martha's Vineyard does not currently have reliable county level data for the LGBTQIA+ Community, but the most recent TransSurvey revealed the following findings for the state of MA in 2015:

- 7% were unemployed;
- 17% were living in poverty;
- Nearly 20% cited avoiding care due to fear of mistreatment or inability to pay for services;
- 73% were verbally mistreated or otherwise punished or mistreated in school, and 11% of these left school as a result;
- Nearly 20% reported some form of homelessness in their lifetime, and 8% had been homeless in the past year.
- 60% said they would feel uncomfortable asking police for help if they needed it.⁴⁴

In 2020 IHC provided care to 170 individuals (7% of our patient population) that identified as lesbian/gay, bisexual, “something else” or “don’t know.” In 2021, this number rose to 11%. The

³⁹ Centers for Disease Control and Prevention. (February 2022). National Center for Health Statistics – Health of American Indian or Alaska Native Population. <https://www.cdc.gov/nchs/fastats/american-indian-health.htm>

⁴⁰ U.S. Department of Health and Human Services Office of Minority Health. (July 9, 2021). Infant Mortality and American Indians/Alaskan Natives. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=38>

⁴¹ U.S. Department of Health and Human Services Office of Minority Health. (July 9, 2021). Infant Mortality and American Indians/Alaskan Natives. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=38>

⁴² Urban Indian Health Institute. (August 7, 2019). Indigenous Health Equity. <https://www.uihi.org/resources/indigenous-health-equity/>

⁴³ Suicide Prevention Resource Center. (2004). Broken Promises: Evaluating the Native American Healthcare System. <https://www.sprc.org/resources-programs/broken-promises-evaluating-native-american-health-care-system>

⁴⁴ National Center for Transgender Equality. (2017). 2015 U.S. Transgender Survey – Massachusetts State Report. [https://transequality.org/sites/default/files/docs/usts/USTSMAStateReport\(1017\).pdf](https://transequality.org/sites/default/files/docs/usts/USTSMAStateReport(1017).pdf)

2021 report reveals that in 2018 there were 11 (0.014%) of students participating in the survey in grades 7-12 who identified as transgender or non-binary; in 2021 there were 14 (0.025%).⁴⁵

Taken together, this indicates that Dukes County has a growing number of at-risk LGBTQIA+ individuals in the patient population and community who need and will need culturally sensitive care and services.

People Living with Disabilities: In Dukes County, 8.5% of residents have a disability.⁴⁶ The data breakdown of county population by disability type revealed that while age-related disability grows chronologically, there were nearly 1,200 people between 18 and 64 years of age with a disability, all of which could affect access to and utilization of health care for wellness and disease management.

Given our increase in elder population, we have used the national percentage of 12.8% to estimate current and near future numbers of older people with disabilities. Dukes County is one of the oldest counties in the state in terms of median age. The Healthy Aging MV survey conducted in 2015, revealed social and physical vulnerabilities in the elder population including limited mobility, limited ability to live alone; and 25% experiencing a fall in the past year. These are very similar to questions included in the ACS.⁴⁷

Veterans: MVH hosts one Veteran's Administration (VA) MD who comes to the Island monthly to see patients. Visits to the nearest VA Hospital in Providence, RI entails a ferry ride plus a 1.5-hour drive. There is no bus or other direct public transportation to Providence. Furthermore, clinics are often cancelled same-day when the individual is already on their way to the appointment. Such trips are expensive and time consuming for veterans, especially those with disabilities and mobility impairments. IHC offers our SFDS for help with medication and other needs or services not provided by any VA-affiliated provider known to our organization.

Public Housing Residents: Although the Island community and town government is highly committed to improving and creating affordable housing opportunities for the residents of Dukes County, there is currently no public housing as defined under HRSA. Housing expansion opportunities, eligibility, and placements are managed by partnerships among public agencies, town Affordable Housing Committees and a network of publicly and privately funded non-profits who own and manage the properties. Dukes County Regional Housing Authority manages 101 year-round rental apartments across the island serving over 200 island residents who make less than 80% of the area median income.^{48 49} Additionally, they manage the rental assistance program for Dukes County, run a Home Ownership Lottery for eligible residents, and

⁴⁵ *Martha's Vineyard Youth Task Force.* (2021). Martha's Vineyard Youth Risk Behavior Survey – Middle School and High School Results – Presentation.

⁴⁶ *University of New Hampshire – Institute on Disability.* (2020). Annual Disability State Compendium.

<https://disabilitycompendium.org/compendium/2018-state-report-for-county-level-data-prevalence/MA>.

⁴⁷ *UMass Donahue Institute for Economic and Public Policy Research.* (2016). Summary of U.S. Census Bureau's 2015 County Characteristics Estimates for Massachusetts Counties.

<https://massbenchmarks.org/statedata/data/countycar15/UMDI%20County%20Characteristics%20V2015.pdf>

⁴⁸ *Dukes County Regional Housing Authority.* (2020). Annual Report. <https://dcrha.files.wordpress.com/2021/07/dcrha-annual-report-2020.pdf>

⁴⁹ *Dukes County Regional Housing Authority.* (2020). Annual Report. <https://dcrha.files.wordpress.com/2021/07/dcrha-annual-report-2020.pdf>

maintain an affordable Homebuyer Clearing House. For rental assistance, the program requires a gross annual income of \$25,000 to \$95,000 depending on household size and apartment needs.⁵⁰

Island Elderly Housing provides 165 apartments for residents who are 62 and older, residents who are within income guidelines, and persons living with disabilities.⁵¹

Homeless Residents: The Cape and Islands Regional Network on Homelessness leads a Point in Time Count every winter. In the Dukes County Point in Time statistics, this homeless individual count showed 41 adults and 2 children were without a fixed place.⁵² Both of these are far higher than 2015 self-reported figures (4-5) from key informant interviews conducted by the Rural Health Scholars. Our most recent exploration of this kind, estimates we may have as many as 150 on any night.⁵³ The Rural Scholars report on homelessness also described seasonality of employment and housing opportunities, lack of transitional housing and lack of access to inpatient mental health or substance use treatment as risk factors for residents of Martha's Vineyard.⁵⁴

KEY HEALTH INDICATORS FOR DUKES COUNTY

Health Indicators and Common Causes of Morbidity/Mortality: Rural communities face unique health challenges due to complex cultural, social, economic, and geographic factors, including disparities in age, income, and health status. Rural counties have a larger percentage of adults over the age of 65 (17.5% vs. 13.8%), higher poverty rate (15.3% vs. 11.9%), and lower per capita income (\$42,993 vs. \$59,693). A small percentage of adults get enough physical activity in rural areas (20% vs. 25%), and a higher prevalence of adults have multiple chronic health conditions (34.8% vs. 26.1%).⁵⁵

As seen in the Table 5 below, our target population sees a higher rate than the state average of the following diagnoses: Prostate and Cervical Cancers, COPD, Diabetes, Hypertension, Obesity, and Depression. As a community, we are making strides in our rate of smoking, which we expect will affect rate of COPD.

⁵⁰ *Dukes County Regional Housing Authority.* (2022). Frequently Asked Questions. <https://housingauthoritymarthasvineyard.org/faq/>

⁵¹ *Island Elderly Housing, Inc.* (2022). Island Elderly Housing. <http://www.iehmv.org/>

⁵² Hufstader, J. (March 14, 2022). Children Numbered Among Homeless Islanders. *Vineyard Gazette*. <https://vineyardgazette.com/news/2022/03/14/children-numbered-among-homeless-islanders-annual-count-found#:~:text=At%20least%20two%20children%20and,of%20Martha's%20Vineyard%20last%20month>

⁵³ *Dukes County Health Council.* (2015). Homelessness on Martha's Vineyard. https://www.dchcmv.com/files/ugd/2b75b9_9fd2dd4337814d648040f432718b522d.pdf

⁵⁴ *Dukes County Health Council.* (2020). Addressing Food Insecurity on Martha's Vineyard. https://www.dchcmv.com/files/ugd/2b75b9_d16f62eded17403e9ae919cfe4211e7c.pdf

⁵⁵ *Agency for Healthcare Research and Quality.* (November 2021). Chartbook on Rural Healthcare. <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhrqdr/chartbooks/2019-qdr-rural-chartbook.pdf>

Table 5. Key Health Indicators for Dukes County

Indicator	Massachusetts	Dukes County
Total Population	6,873,000	21,097
Cancer Age-Adjusted IR	-	-
Cervical Cancer ¹	5.5	*
Prostate Cancer ¹	107.9	125.3
Colon Cancer ¹	39.4	58.2
Breast Cancer ¹ <i>in situ</i>	38.2	25.4
Crude Prevalence (%)	-	-
Asthma	10.6% ²	9.6% ³
C.O.P.D.	4.0% ⁴	6.7% ³
Diabetes	7.7% ⁵	9.8% ³
Heart Disease	7.3% ⁶	7.0% ³
Hypertension	28.1% ⁷	31.8% ³
Obesity	24.4% ⁸	27.0% ³
Alcohol Misuse	6.2% ⁹	N.A.
Binge Drinking	21.1% ¹⁰	17.7% ³
Tobacco Use	25% ⁹	13.8% ³
Other SUD, including illicit drugs	3.4% ¹¹	N.A.
Anxiety	31.4% ¹¹	N.A.
Depression	17.9% ^{12A}	20.0% ³
Tick-related ED Visits	< 0.1% of ED visits ¹³	>15 ED visits per 100,00 ¹³
Deaths	-	-
All Cancer (Age Adjusted Rate)	146.9 ¹	134.3 ¹
Heart Disease (AAR)	126.9 ¹⁴	34.1 – 35.5 ^{15**}
Stroke	24.4 ¹⁶	34.1 – 35.5 ^{15**}
Suicide (AAR)	8.6 ¹¹	14 ¹⁷
Overdose (AAR)	33.6 ¹¹	14 ¹⁸

Neoplasm Occurrence: Dukes County’s occurrence of prostate and colon cancers are higher than the US average. Occurrence of breast cancer is lower than the MA average. However, data show that incidence is not an indicator of mortality, suggesting that good preventive screening results in more detection, and good survival rates.⁵⁶

This long-term management of cancer will require chronic care and self-management practice on the part of the Health Center to support our patients as they navigate the health care system to maintain wellness. In addition, as we work diligently per our UDS guidelines to promote smoking cessation there will be a reduction in new cases of respiratory system cancers and other chronic respiratory conditions therefore reduced mortality

While Heart Disease occurs in Dukes at a lower rate than the MA average, death due to Heart Disease ranks second to cancer. Stroke deaths are less frequent. Since both Heart Disease and

⁵⁶ National Institutes of Health. (n.d.) State Cancer Profiles. <https://statecancerprofiles.cancer.gov/incidencrates/index.php>

hypertension are linked, IHC health promotion initiatives will play a key role in the long-term health and longevity of our target population.

Tick-borne Illness: Over the past 3 years, and in 2022 YTD, the MA rate of ED visits for tick-borne illness was <0.1% but in Dukes County it was >15%. Children are most commonly diagnosed with Lyme disease while older adults may be diagnosed with Lyme disease, Anaplasmosis, or Babesiosis. These latter two are serious, possibly life threatening diseases.^{57 58}

Lone Star ticks are a growing infestation and rapidly appearing in our tick count. They also carry vector-borne diseases such as Tularemia, Ehrlichiosis, Heartland virus, rash illness and STARI, as well as red meat allergy (Alpaga-Gal syndrome).⁵⁹

Mental Health – Anxiety and Depression: The occurrence rate for depression in Dukes County is 20%.⁶⁰ IHC UDS data show that the largest diagnostic groups we refer to Island Counseling Center are Anxiety and Depression, and these are the largest groups they see from their universe of community referrals.⁶¹ There was a national uptick of depression and anxiety symptoms reported during the pandemic.

Alcohol Misuse/Binge Users: Nationwide, alcohol continues to be the overwhelming substance of use. While there is no measure of Alcohol Misuse available for Dukes County (data is suppressed for confidentiality purposes), local service agencies report alcohol use/misuse as the leading reason for our target population to seek detox admissions.⁶² According to the MA Behavioral Health Barometer, 7.3% Adolescents in MA have alcohol SUD.⁶³ Additionally, in a 2021 report Dukes County adult binge drinking constituted 26% of alcohol SUD, an increase from 22%, and higher than the state average of 24%.⁶⁴

Alcohol with Other Substances: A recent report to the Dukes County Health Council by the MV Community Services Executive Director showed that alcohol use and misuse continues as the most prevalent substance use in Dukes County. Detox admissions data involving alcohol, compiled by MVCS supports this report with:

- 57.65% of MVCS' Off-Island detox referrals are for alcohol use, followed by:
- 21.18% for alcohol and cocaine together,
- 1.18% for alcohol, cocaine and opiate together, and

⁵⁷ *State of Massachusetts*. (n.d.) Monthly Tick-borne Disease Reports. <https://www.mass.gov/lists/monthly-tick-borne-disease-reports>

⁵⁸ *Centers for Disease Control and Prevention*. (2019). Surveillance for Babesiosis – Annual Summary.

https://www.cdc.gov/parasites/babesiosis/resources/Surveillance_Babesiosis_US_2019.pdf

⁵⁹ Goudarz, M., et al. (December 5, 2019) Bracing for the Worst – Range Expansion of the Lone Star Tick in the Northeastern United States. *The New England Journal of Medicine*. <https://www.nejm.org/doi/full/10.1056/nejmp1911661>

⁶⁰ *America's Health Rankings*. (2021) Depression. https://www.americashealthrankings.org/explore/annual/measure/Depression_a/state/MA

⁶¹ *Martha's Vineyard Community Services*. (2021) Report to Dukes County Health Council – IHC UDS Data

⁶² Morris, Brian. "MVCS MOU Facility Placements and IHC MH/SUD Access." Kathleen Samways. July 2022.

⁶³ *Substance Abuse and Mental Health Services Administration*. (2019). Behavioral Health Barometer, Massachusetts, Volume 5.

<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Massachusetts-BH-BarometerVolume5.pdf>

⁶⁴ *County Health Rankings*. (2022). Massachusetts – Excessive Drinking.

<https://www.countyhealthrankings.org/app/massachusetts/2021/measure/factors/49/data>

- 5.88% for alcohol and marijuana together

All Substance Misuse Detox Admissions: Dukes has **no** on-Island inpatient detox options.

Martha's Vineyard Community Services and Martha's Vineyard Hospital provided us with data* that show that in the 12 months of 7/1/2021 – 6/30/2022, they placed 48 Island residents into detox facilities. The IHC MH/SUD team places an average of 16 Island residents per month, or about 190 per year, generally receiving self-referrals or referrals by peer recovery coaches, IHC or MVCS staff, and family/loved ones. This underscores the importance of a key-contact social system that can articulate with a formal services network as a lifeline for someone struggling with addiction. While the IHC team uses a wide geographic area of facility placements across the country, residents still encounter insurance barriers for placements.

Death Rates in Rural Areas: Death rates are higher in rural than urban areas and have increased over time. From 1999-2019 the difference in death rate increased from 7% higher in rural areas to 20% higher. Furthermore, rural residents are at greater risk of death from heart disease, cancer, unintentional injury, chronic lower respiratory disease and Stroke.⁶⁵ Dukes County mortality statistics track with the national rural trends, with the exception of cancer, which is slightly lower than the entire state average.

Heart Disease and Stroke: Our aging population may account for Dukes County's death rates for heart disease and stroke; nevertheless, monitoring of trends and new initiatives to assign risk levels and chronic care management personnel to these patients is part of our PCMH and ACO work plans.

Deaths by Suicide: Dukes County has the highest crude rate of deaths by suicide than any other county in the state. Each suicide has an important and substantial impact on our community due to its tight-knit nature and small geographic area.⁶⁶

Opioid Use Disorder Deaths: While Massachusetts is among the states with the smallest increase in overdose deaths, Dukes County is seeing a rise. Because of the rampant practice of adding fentanyl to other drugs, the likelihood of a user encountering it has also increased exponentially. Law enforcement and Emergency Medical Services encounters are often used as a proxy to measure the number and of impact of substance-related calls.

In the entire 10 years of 2010-2020, there were 32 total opioid-related overdose deaths in Dukes County,⁶⁷ and in just the 6 months of Jan-June 2021 there were 21 EMS opioid-related overdose calls.⁶⁸ This is a startling uptick in rate of call and bodes ill for the probability of more fatalities. EMS calls involving overdose are once again trending upward, with the first half of

⁶⁵ Agency for Healthcare Research and Quality. (November 2021). Chartbook on Rural Healthcare.

<https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdtr/chartbooks/2019-qdr-rural-chartbook.pdf>

⁶⁶ County Health Rankings. (2022). Massachusetts – Suicides.

<https://www.countyhealthrankings.org/app/massachusetts/2022/measure/factors/161/data>

⁶⁷ State of Massachusetts. (November 2021). Opioid Related Overdose Deaths by County. <https://www.mass.gov/doc/opioid-related-overdose-deaths-by-county-november-2021/download>

⁶⁸ State of Massachusetts. (November 2021). Emergency Medical Services. <https://www.mass.gov/doc/emergency-medical-services-data-november-2021/download>

2021 equaling the entire number in each of the previous 3 years. 9.41% of Off-Island detox placements were for fentanyl use, 4.71% for marijuana and 4.71% for heroin use.

At-risk populations for substance use disorders include the homeless, individuals with serious mental health issues, the incarcerated, and Native Americans. During the COVID-19 lockdowns, 60% of Americans increased their alcohol intake,⁶⁹ and remain at high risk for overdose. Dukes County is not an exception to these trends.

Other primary health care services: *(The health care facilities identified as collaborators in our Service Area Map and Table (see Appendix I)):*

- **Primary Care Physicians:** Martha’s Vineyard Hospital currently lists 9 physicians and 5 Nurse Practitioners in Primary Care and Pediatrics.
- **Vineyard Medical Care:** A primary and walk-in care adult medical clinic with 3 physicians and 2 Nurse Practitioners in Vineyard Haven largely providing urgent care services and episodic treatment for tick borne illnesses.
- **Community Health Center of Cape Cod:** An FQHC with three sites in Falmouth, Mashpee, and Bourne (all on the mainland). IHC has referred patients to the Mashpee facility primarily for dental services.
- **Wampanoag Tribe of Gay Head (Aquinnah):** The Wampanoag Health Service (WHS) is a department under the Wampanoag Tribe of Gay Head (Aquinnah), a federally recognized tribe. The Wampanoag Health Service exists to provide and establish programs for disease prevention and health promotion as well as to provide and facilitate access to quality healthcare to its tribal members. The department is comprised of a tribal primary care clinic, Environmental Health, and Contract Health. The primary care clinic employs one full time RN.
- **Martha’s Vineyard Hospital:** MVH is a designated Critical Access Hospital and provides limited inpatient services with 14 beds. The hospital has an ED that is physician-staffed 24/7.
- **Specialty Physicians (at MVH):** Currently a number of specialty physicians have their main practice on Martha’s Vineyard. Specialties represented include gynecology, general surgery, anesthesiology, orthopedics, radiology, dermatology, pain management, oncology, and emergency medicine. Other specialty physicians hold office hours on the Island on varying schedules, including for cardiology, plastic surgery and rehab/wellness. MVH also has limited telemedicine services. While there is increasing capacity in specialty care, most specialty care is still accessed off-Island on Cape Cod, or more commonly, in Boston. MVH is an affiliate of Massachusetts General Hospital/Partners Healthcare.
- **Nursing Homes:** Martha’s Vineyard Hospital also operates the Island’s largest nursing home, Windemere. This facility provides short-term rehabilitation, has a 25-bed unit for residents with

⁶⁹ National Center for Drug Abuse Statistics. (2022). Alcohol Abuse Statistics. <https://drugabusestatistics.org/alcohol-abuse-statistics/>

Alzheimer's disease. The hospital is phasing out the Windmere facility and is planning to partner with a corporate entity Navigator Elder Homes⁷⁰ to provide 20 rest-home beds to independent seniors in the community. There are also 2 very small independent nursing homes.

- **Oral Health Providers:** There are currently 9 general dentistry practices in private practice on Martha's Vineyard. The MVH 2-chair dental clinic suddenly closed in December 2020 which left behind about 1,500 safety net dental patients and a waitlist of 500 others. Currently, there is no formal established local dental service for these safety net patients. Commonwealth Mobile Oral Health Service (CMOHS) provides portable dental services through Vineyard Health Care Access Program's Vineyard Smiles program to children in Head Start and grades K-12 at school, targeting preventive and simple interventions for children with MassHealth (Medicaid), and seniors (pop-up clinics at local senior centers) who have no other source of care.⁷¹ Polished Teeth is another pop-up service provider of hygiene and prevention/education services and IHC is one of their service sites. Both Polished and CMOHS only offer basic services like a dental exams, oral prophylaxis, fluoride varnish, and sealants, and must refer to other providers for services beyond that. There is no Pediatric dentist on the Island.

- **Martha's Vineyard Community Services (MVCS):** MVCS offers human service programs, including: the Island Counseling Center (ICC), a certified community mental health center; early childhood programs, including Head Start; Disability Services, which includes the Family Support Center and Island Employment Services; CONNECT to End Violence, which provides support services for women who have experienced domestic and sexual violence; and Island Wide Youth Collaborative, a wrap-around family resource center for at-risk families and youth. Island Health Care currently contracts with MVCS/ICC for substance use and mental health counseling.

- **Health Imperatives Martha's Vineyard:** This is a satellite office of a mainland agency providing reproductive health services as well as STD counseling and testing. Health Imperatives also houses the Island's WIC program, and the AIDS Support Group of Cape Cod, which provides harm reduction services.

- **Elder Services of Cape Cod and the Islands:** Elder Services is a private non-profit corporation, the federally designated Area Agency on Aging (AAA), and the state-designated Aging Services Access Point (ASAP) for the Island. Services offered by this agency include: Protective Services (Elder at Risk Services), Long-Term Care Screening, Senior Nutrition Program (Dining Centers), Meals on Wheels, Long-term Care Ombudsman, Senior Employment and Training Program, Community Grants, AmeriCorps Retired and Senior Volunteer Program (RSVP), Home Care Program, Options Counseling, Family Caregiver Support Program, Money Management Program and Information and Referral Services.

⁷⁰ Thors, L. (May 28, 2020) Green House Model Homes will Replace Windmere . *MV Times*. <https://www.mvtimes.com/2020/05/28/green-house-model-homes-will-replace-windmere>

⁷¹ *Vineyard Healthcare Access Program*. (2020). Adult Dental Clinic Schedule and Registration. https://mvhealthcareaccess.org/dental_services/adult-dental-clinics-schedule-and-registration/

- **Vineyard Health Care Access Program (VHCAP):** The VHCAP formed in 1999 as a program of Dukes County and DCHC to assist uninsured Island residents secure access to public and private health insurance and to serve as a resource to help people secure needed services. Annually, VHCAP helps over 3,000 (15%) of Island residents – seniors, frail elders, low-income families, pregnant women and working adults who are not covered by employer insurance. Also assisted are employers with part-time employees and/or contract employees who are not eligible for employer insurance, people with disabilities or who need assistance applying for disability benefits, and people in financial distress.⁷²

VHCAP also operates several additional health care access initiatives: Prescription Medication Assistance Program (uninsured or underinsured who need medicine or dental care but cannot afford) and the Senior Assistance Plan, specializing in prescription assistance for low income Island residents including seniors and people with disabilities. IHC employs an outreach and enrollment specialist who works closely with VHCAP.

Key Service Gaps Based on Our Unique Health Care Needs:

- As our HPSA designation attests, there are limited primary care providers for the service area
- Access to dental care is a major concern. Martha’s Vineyard has some oral health assets but they are wholly inadequate to meet demand.
- Behavioral health resources are insufficient to meet service area demand, in particular among low-income and uninsured residents. Generally, Island Counseling Center has a 6-week to 3-month waiting list; however, IHC under contract has decreased those times significantly. The Island’s three practicing psychiatrists do not accept Medicaid, private health insurance, or Health Safety Net.
- The high demand for enabling services within the target population demographics (immigrant, low-income, Native American, homeless, substance use disorder, mental health disorders, homeless, LGBTQIA+, elderly, veterans, and the incarcerated) is not being met.
- Medical specialty care services of many types are unavailable except on a very limited basis. Health Safety Net patients needing specialty services nearly always must travel to providers on the mainland on Cape Cod or in Boston.
- Consistency across the majority of health plans available through MassHealth programs has allowed continuity in health plan choices for most individuals transitioning to new ACA programs. Of note, MassHealth suspended renewal requirements for enrollees during the COVID-19 epidemic, and only resumed in 2022.

IMPACTS OF THE COVID-19 PUBLIC HEALTH EMERGENCY

When the United States began to shut down as news of the COVID-19 outbreak spread, service area/target population needs experienced the following impacts and effects:

Need to Keep Health Center Patients and Staff Safe: IHC sent home all workers who were not critical to front-line patient care. New technology was purchased and assembled with training

⁷² *Vineyard Healthcare Access Program.* (n.d.) Vineyard Healthcare Access Program. <http://mvhealthcareaccess.org/about/who-do-we-help/>

and immediate utilization. Onsite, staff safety was prioritized to preserve capacity to continue to provide services and to keep people out of/away from the hospital. Per MA DPH directives, the clinic/patient schedule was assessed and triaged. We adopted a controlled access policy: appointments only, no Open Door, symptom screening, no sick visits. Patients with COVID-19 symptoms were sent to the hospital testing site. Non-urgent clinic appointments were postponed.

Need for community symptomatic and asymptomatic testing: The hospital took on symptomatic testing, establishing a dedicated phone line for scheduling drive-through testing. Meanwhile, IHC took on asymptomatic testing in a partnership with the 6 Island Board of Health and Quest Diagnostics. The regional high school agreed to have the test tents erected in their parking lot. IHC developed policies and procedures, addressed practical matters for a COVID test site, staffed the test site administrative core to schedule appointments, printed lab slips and assembled test kits, took inventory, and packed specimen samples each day to go Off-Island.

Population shift: Many seasonal visitors and residents relocated here, adding stress to our health delivery eco-system.

Geography/Transportation: Many specialty care medical appointments on the Cape and Boston have long wait-times and are difficult to schedule due to provider shortages under normal circumstances. Surgeries were cancelled and not rescheduled (access to care), requiring referrals to be re-sent later. IHC patients stranded in other countries or other states needed essential prescriptions. Several people became cut off from medical care due to travel restrictions and included new arrivals, family caregivers, and those who traveled to families be safer (many from Brazil, but elders and remote caregivers of elders). Those broken links included medical care access in their native country or seasonal home leaving them in need of prescriptions without access to a PCP. Some medications simply became unavailable or too expensive. Additionally, some patients who were scheduled for appointments cancelled or did not show due to fear. People became afraid of the hospital and did not go for labs, imaging, or specialty/elective appointments.

Unemployment/Income/Poverty/Uninsured: Spring/summer is when Islanders earn a large percentage of their year-round incomes. When businesses shut down, income was lost during a season when it is typically earned. People were laid off or let go, changing their economic and insurance statuses dramatically.

Dramatic rise in mental health service needs: IHC received many calls from patients requesting visit to a psychiatrist, requesting sleep aids, or experiencing anxiety and MH issues.

SUD/ODU: A sharp increase in substance use affected large numbers of Islanders, and overdoses in the first 6 months of 2021 as measured by EMS calls were more than the entire 2020. Admissions to detox facilities in the second half of 2021 were 66 (approx. 75%) of the 89 for the entire FY 21-22 (MVCS MOU data). IHC MH/SUD team went to remote mode,

conducting group SUD support groups via Zoom, and began a virtual NA/AA group for the County Jail.

Housing/Homelessness: During the COVID-19 public health emergency, the homeless shelter continued to operate but with limited capacity.

Vaccine and Vaccine Equity: Due to a lack of internal storage and staff capacity when vaccines first became available, IHC partnered with MVH for all vaccine storing/administering. When the state supply was short, HRSA vaccine received by IHC was transferred (according to an approved-MOU) to MVH for community vaccine clinics. Immunization rates within the Brazilian population have been persistently low.

Access to Information and Language Barriers: Our community, a diverse population with significant language disparity faced challenges accessing accurate, timely public health information, creating a significant public health at-risk. IHC reassessed use of medical interpreters and redeployed to interpret pandemic-related public health information remotely by phone. IHC was on initial community calls to advise the formation of the Community Ambassador Partnership (CAP).⁷³ Originating from the ELL program in local schools, CAP was established to bridge the language gap with bi-directional written and spoken communication. IHC, along with the County, and CAP, co-hosted and presented several COVID-related community forums on Zoom, which were simultaneously interpreted in Spanish and Brazilian Portuguese.

Health Insurance Continuity: The Outreach and Enrollment specialist as well as the Vineyard Health Care Access Program disseminated messaging for MassHealth members that the application periods were extended, and assisted new patients to get insurance. People who were newly unemployed now needed coverage.

Pandemic Local Public Health Policy: IHC met frequently with Board of Health agents about public health advisories and actions necessary to stem transmission. With their partnership, Martha's Vineyard was successful in allowing local authority to close construction sites despite the Governor's counsel advising otherwise.⁷⁴

⁷³ Asimow, N. (December 23, 2020), Community Ambassador Program Open Bridges of Communication. Vineyard Gazette. <https://vineyardgazette.com/news/2020/12/23/community-ambassador-program-opens-bridges-communication>

⁷⁴ Genter, E. (March 30, 2020). State allows Nantucket, Martha's Vineyard to Bar Construction. *Cape Cod Times*. <https://www.capecodtimes.com/story/news/coronavirus/2020/03/31/state-allows-nantucket-martha-s/1433857007/>

Appendix

I – Island Health Care Service Area Map and Table

II – Executive Summary of Needs Assessment of the Martha’s Vineyard Brazilian Community