Thursday, February 16, 2023 7:30 – 9:00 AM

Members present: Alexis Babaian, Mike Bellissimo, Victor Capoccia, Leslie Clapp, Louise Clough, Cindy Doyle, Beth Folcarelli, Alan Hirshberg, Marcy Holmes, Sarah Kuh, Lewis Laskaris, Bob Laskowski, Marina Lent, Karen MacPhail, Paddy Moore, Lisa Nagy, Chantale Patterson, Dan Pesch, Susan Pratt, Kathleen Samways, Susan Sanford, Joyce Stiles Tucker, Sheryl Taylor Thompson, Martina Thornton, Christine Todd, Cindy Trish, Mary Jane Williams, Jim Woolf. Guests present: Patrick Roden-Reynolds, Cathy Wozniak, Maura Valley, Anna McCaffrey, Lisa Belcastro, Mike Hugo, Alfred Woollacott.

**Call meeting to order / Approval of January 19 meeting minutes:** Mary Jane Williams called the meeting to order at 7:30 AM. The January minutes were moved, seconded, and approved.

**Reappointment of Council members –** The Council approved the following members for reappointment to another 2-year term: Victor Capoccia, Beth Folcarelli, Marcy Holmes, Marina Lent, Karen MacPhail, Sheryl Taylor-Thompson, and Cindy Trish.

**State Action for Public Health Excellence (****SAPHE) Program** **–** Kathleen Samways, Island Health Care Chief Public Health Officer, gave some background on the program, including thanks to Mike Hugo (a guest today) of the Massachusetts Association of Health Boards and the Shared Services Coordinator of the SAPHE grant. The State-funded grant covered three positions: a health agent, a population health specialist – Council member Alexis Babian, and a biologist/epidemiologist Patrick Rodon-Reynolds. As an public health biologist Patrick is continuing the work of the MV Tick Program, providing education and outreach to residents and visitors. Surveillance is in people’s yards, as the primary place people get tick bites is on their own property and education is provided about how to avoid tick bites. Of the yard surveys he’s done in each town, 100% of the yards in Aquinnah and Chappaquiddick had ticks; the lowest percentages of ticks in surveyed yards were in Tisbury (64%) and Oak Bluffs (62%). Looking just a lone star ticks, he had comparative data from 2019 and 2022. Lone star ticks have increased across the Island since 2019; for example, Tisbury surveys had none in 2019, and by 2022 36% of the yards surveyed had them. Patrick had separate slides showing number and types of ticks by town in yards and on trails. Lone star ticks are predominant in yards and deer ticks are predominate in trails, although lone star ticks a increasing there. Lone star ticks are the greatest concern because of the disease they - carry Alpha-gal syndrome. People need to take personal responsibility – wear permethrin-treated clothing, especially if you work outside – including working in your own garden. (*Note that Patrick’s presentation was sent to Council members after the meeting and is considered part of the meeting minutes. Additional information about Alpha-gal was also sent to the Council members.*) In answer to comments and questions from Bob Laskowski, Patrick said that we should stop thinking about Alpha-gal as producing a red meat allergy – it’s basically an allergy to all mammalian meat products. A small number of people may become allergic to dairy products, and to certain medications that may have gelatin in them. Sarah Kuh asked about oak mites, and more broadly, whether lone star tick bites and Alpha-gal syndrome are being seen and treated at the hospital. Dan Pesch said that there have been patients from mild to severe symptoms of Alpha-gal. He said that evidence-based information about Alpha-gal is in its infancy and we’re learning a lot. There’s work to do in educating the medical staff and to treating this. Jim Wolff said that he’s working with Gerry Yukevich and Vineyard Medical and Kathleen Samways at IHI, along with Patrick to put on a conference for medical providers in June. They’ve invited two people from Tufts who are active in research on Lyme disease and other tick-borne illnesses – Rob Smith and Sam Tilton. Paddy Moore suggested that information be made available to realtors and to people who rent out their houses in the summer in order to educate summer visitors. Mary Jane Williams said that we need to do community-wide education and she is concerned about all the landscapers who don’t speak or read English but need this information.

**Hospice & Palliative Care of Martha’s Vineyard** – Cathy Wozniak, Executive Director and Chantale Patterson, Clinical Director (*Note that this presentation was sent to Council members after the meeting and is considered part of the meeting minutes.)*

Cathy started with the key takeaways for the presentation with were to:

* Learn about the Mission of Hospice and Palliative Care of Martha’s Vineyard (HPCMV).
* Understand the three service lines, the differences between these services, and explore facts and misconceptions about care.
* Recognize how Hospice and Palliative Care of Martha’s Vineyard has become the hometown program that residents have turned to for end-of-life care and counseling over our 41- year history on the island and how Medicare certification and accreditation enhances our delivery of services.
* Become familiar with current strategic goals and how Martha’s Vineyard community support enhances and maximizes the level of care the team provides.

HPCMV is and independent nonprofit hospice with 41 years of experience serving the Martha’s Vineyard community.

Cathy described the mission, and said that the organization provides three services: hospice, palliative care, and community grief counseling and bereavement services. In 2022 they became Medicare certified as well as nationally accredited by Community Health Accreditation Partner (CHAP) whose standards are above Medicare requirements. She covered some fast facts about hospice (see slide presentation). Chantale Patterson talked about some common misconceptions about hospice and set the record straight about each of them. Cathy then described the delivery impact in the three years preparing for Medicare: 220 hospice & palliative care patients served, 267 individuals & families served with bereavement and grief counseling, staff growth from 9 to 20, and there are currently 83 volunteers. Hospice provides care for anyone with a life-limiting illness – it is not just for people with a specific illness such as cancer. Patient and family centered care is provided by an interdisciplinary team. Care can be provided at home (most commonly), or in a nursing facility, assisted living residence, or hospital. Eligibility for hospice requires that the patient have a life-limiting illness (if disease takes normal course six months or less but can be longer if meet hospice medical criteria): lives in service area (Martha’s Vineyard); consents to accept services; forgo medical interventions for cure of terminal illness. There are different levels of hospice care, including a Service Intensity Add-On under which CMS reimburses a hospice for routine services provided by social worker or RN for visits during last 7 days of life. Hospice is paid for my Medicare, Medicaid/Mass Health, insurance, and private pay. Charity care and extraordinary needs are supported by local donations.

Cathy also talked about palliative care - care that enhances comfort and improves the quality of an individual’s life who is facing a serious illness but may not qualify for hospice care. She said that in a way it’s pre-hospice. Patients can continue curative treatments while getting palliative care. The expected outcome is relief from distressing symptoms, the easing of pain, medication management and enhancement of quality of life. The care team includes a physician, nurse practitioner, RN support staff, social worker, and chaplaincy/bereavement counseling. Benefits of palliative care include fewer hospitalizations and longer lengths of stay in hospice.

Chantale talked about grief counseling and bereavement services. For hospice and palliative care patients and their families and caregivers, including counseling, spiritual care, advance directives and post death planning. For thirteen months after the death of the patient, counseling and spiritual are sessions are available and offered to those close to the deceased. The organization also is involved in planning/leading funeral and memorial services. Thirteen months of community grief counseling and support is open to all on Martha’s Vineyard who have experienced a death in the past two years, and they are currently expanding their capacity to support child and adolescent bereavement. To access hospice services, anyone can call the office directly to inquire about services – loved one, health care professional, friend, neighbor, for example: 508-693-0189 (24/7 availability). If an individual does not meet hospice criteria, he/she is assessed for palliative care and/or referred to other community resources.

Strategic goals: Growth - include growing the patient census and recruiting staff to be able to serve anyone on Martha’s Vineyard needing hospice, palliative care services, and grief support; identifying larger office space – Impact - utilizing grants to align focus areas including palliative care expansion; multiple methods of communication about our services; adding children’s grief counseling; and supporting respite care for patients, caregivers and staff. Leadership – enhancing governance and board engagement; augmenting a culture of advancement/ philanthropy/donor base; and supporting resilience and mental well-being in the workplace.

Bob Laskowski asked whether insurers were beginning to pay for palliative care, and Cathy said they were applying for Medicare B which might help a bit. It would only pay for physicians and nurse practitioners, not for any of the other services.

**Data / Health Information Sharing –** Kathleen Samways said that the Council’s Data & Information committee has been working to get all the data and information currently available onto the new website. She then turned the presentation over to Alexis Babaian, the SAPHE Population Health Specialist and member of the Data & Information committee. *(Note that this presentation was sent to Council members after the meeting and is considered part of the meeting minutes.)* Alexis talked about the work on the website – it has been updated with the list of Council members, meeting information and minutes, and Rural Health Scholars projects. What is doesn’t have is a community health landscape/useful community data. It will take a lot of effort to get that kind of data, but once we have and compile the data assets the information could be used for: grant / funding applications; reporting & quality improvement; finding commonalities & discrepancies; and formulating shared metrics. Data assets could be: a quantitative annual report, community health assessment, dataset, monthly/quarterly report; or a qualitative annual report, community health assessment, interview, monthly/quarterly report,

feedback from patients, staff, or organization partners. Things to consider include: Who holds what data / information? How to submit the data; Where to keep submitted data; How to analyze submitted data (Alexis will do this as part of her SAPHE work); If necessary, how to re-package the data for readability/usability; and How to share the data (ex. among the Council only, or publicly). Alexis asked Council members to think about the data their organizations already collects, and suggested that each organization represented participate in a 10-minute interview. The Data & Information committee would then find a place to house the information by mid-spring, with Alexis serving as the Data Steward.

**Public Health Update** – Marina Lent, Town of Aquinnah Health Agent, described COVID as continuing at a relatively unknowable level. The health agents are focusing on educating the public about morbidity secondary to COVID, rather than just on hospitalization and death. Concerns about tick-borne illnesses never cease. Marina also said that she was excited about the work Alexis has started, as she’s always wanted data about the community.

**Meeting adjourned at 9:00 am**

**The next regular Health Council meeting will be held via zoom on March 16 at 7:30 am**

Respectfully submitted, Louise Clough, secretary