Thursday September 21, 2023 7:30 – 9:00 AM

Members present: Alex Babaian, Victor Capoccia, Leslie Clapp, Louise Clough, Cindy Doyle, Betsy Edge, Beth Folcarelli, 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, Christine Todd, Cindy Trish, Mary Jane Williams, Jim Wolff. Guests present: Cathy Wozniak, Melinda Loberg, Polly Brown, Betsy Vanlandingham.

**Call meeting to order / Approval of July 20 meeting minutes:** Mary Jane Williams called the meeting to order at 7:30 AM. The July minutes were moved, seconded, and approved.

**Navigator Homes Update and Discussion** – Melinda Loberg, Navigator Homes board member

Melinda began with some background on the project which will replace the 26-year-old Windemere nursing home which loses 3 million dollars a year because Medicaid reimbursements do not cover the costs and staff shortages also play a role in the financial losses. Windemere is also a dated facility with an institutional modal. To address this, the hospital purchased land in Edgartown to use for a new nursing home and for employee housing and chose Navigator Homes MV to develop the new nursing home. Hebrew Senior Life will be the management team for the nursing home which will be a Green House model.

Paddy Moore said that this has been the longest project of Healthy Aging MV, starting in 2014. The Green House model was developed by Dr. Bill Thomas, and has core values of a real home, a meaningful life and an empowered staff. There will be four separate houses having 14 people each, and a fifth house which will be for short-term rehab.

Melinda showed slides picturing a current Windemere patient room, then the much more home-like bedroom for the new facility as well as pictures of the planned dining room, library, and outdoor patio. She also showed the site plan identifying the employee housing, nursing home housing, and conservation land that will be managed by Sheriffs Meadow.

Polly Brown said that all Windemere residents will be welcomed into Navigator and 61% of Navigator residents will be Medicaid/Medicare eligible. A mix of private pay and Medicaid & and Medicare will support the financial sustainability of Navigator. It’s important to have private pay residents as they subsidize those on Medicaid – otherwise Navigator would lose money, as happened at Windemere. The total cost of the nursing home is $68 million, and a combination of grants and loans (including the land that the hospital donated), leaving a gap of $5,350,000 which needed to be raised through donations. To date, $5 million of that has been raised but another $350,000 in donations is still needed for construction.

In closing, Melinda said that Navigator Homes of MV is needed because otherwise when Windemere closes there will be no skilled nursing or expanded rehab services on the Island, forcing people to go off-Island for the care they need. When Navigator replaces Windemere, and staff housing is built, then the hospital can expand the health care it will be able to give. When we have Navigator Homes, we’ll have better all-around medical care on Martha’s Vineyard. She said that Council members can help by spreading the word, donating to Navigator Homes of MV, and introducing us to others who might be interested in supporting Navigator Homes.

Louise Clough asked if to have 40 percent private pay residents, would that mean that two of the houses would not be Medicare/Medicaid certified? Polly said, no, all houses would be certified and there would be a mix of payer sources in each. Sarah Kuh asked A language access and cultural access for people who are from other countries. Bob Laskowski said when this project was first envisioned the percentage of private payers necessary to succeed financially was much higher, and Polly said that both the developer and the accountant have confirmed that the current goal of 40% is right. Bob also asked whether assisted living would be developed, as it’s a need on the Vineyard. Paddy said that was a goal down the road, and that some Green Houses are assisted living. Such a project would depend on the availability of land. Susan Pratt asked what percentage of staff would have guaranteed housing and is there any assistance for staff who need housing. She also asked what the base rate would be for private pay and that rate with full amenities. Melinda said that all amenities are included, and that most of the staff at Windemere already have housing. Polly said that 30 of the beds on the campus will be for Navigator staff. In response to Susan’s question about the private pay rate, Polly said they don’t know yet what it will be. Paddy said it was set at $600/day at this point, but when Navigator opens in two years it will most likely be different. *(Note that the Navigator Homes presentation will be sent to Council members and is considered part of the meeting minutes.)*

**Council Priorities Survey Results and Next Steps** – Kathleen Samways

Kathleen reminded Council members that we did the survey in the spring, as we do every two years, to pay attention to what we have done and use that information to move forward. Question 1 was rating the effectiveness of the Council on the following topics: Aging had the highest rating, followed by Data, Access, Oral Health, Housing, Substance Use Disorder, and Cancer. Question 3 addressed 2023-2025 Council focus areas. Weighted averages identified Housing first, followed by Data, Health Worker Development, Mental Health, Oral Health, Emergency Preparedness, SUD, Aging, Access, Health Equity, Community Outreach, Women’s Health, and Food and Nutrition. Kathleen also shared some of the open-ended comments from the survey – a lot of them were about mental health, housing, and workforce development. Bob Laskowski said that the survey findings weren’t too surprising, and especially the concerns about mental health. He talked about the role of the Council, something that we can’t solve today, but taking a look at where the Council has generated the most energy it’s when we’ve been able to focus on a particular area. Perhaps our role is to be supportive of other organizations/programs, or perhaps should we have measurable goals like “all of our children on the Vineyard should have the requisite immunizations.” Put that out there and figure out how to enhance that. With mental health access having specific things we would focus on. Part of Healthy Aging’s success has been picking specific areas to focus on. Lisa Nagy wanted to follow-up on Bob’s comments about mental health. She talked about mental health issues from postural tachycardia and described it as an epidemic nationwide from COVID. She suggested we may need a presentation on the biological causes of mental illness and wants to have an article about this in the paper written by Victoria Haeselbarth who writes a monthly column. Bob said that Lisa’s suggestion to focus on POTS is the kind of thing the Council could focus on, but has chosen not to because of too much controversy, but she has raised a good point about our activist role. Sarah Kuh commented about setting goals for the Council – there’s a great model through the CDC-Healthy People 2030. Louise commented that we need data about POTS – we don’t know if it’s an epidemic here because we have no data.

**Update**: **Data Collection/Sharing among Island Organizations** – Alexis Babaian

Alexis said that the project emerged out of a need to have a data driven DCHC website, but we lacked readily available information on our population’s health. 38 Council members from more than 19 unique Island-based organizations were identified and 16 organizations were interviewed between March and July this year. 93% had data assets they could contribute, ranging from one-page Word documents to multiple publications. 60 % had data that was readily available. For others, data would need to be de-identified before being shared. From her interviews Alexis identified some emerging themes including data security, de-identification and special requests; workforce and service capacity; and streamlining data. For that there were two camps – one group wanting a survey they could just fill out, and the other was concerned about duplicative reporting systems for the county, state, and local entities. The data trail was another theme -being able to track a patient over multiple organizations. Alexis described dream data points and common data questions about capacity, waiting times and workforce; communication and continuum of care; demographics and background information; health/social priorities; and, service specific information needs. Alexis suggested next steps including Follow up with dedicated Discussion-Based Sessions covering each topic; Starting a Google Group where Council members can follow discussion threads based on their interests or specialty area; and A collectively designed survey to capture streamlined data from organizations (especially healthcare providers). Kathleen Samways said that Alexis has finished her Public Health Excellence Grant, so we will need to figure out how to carry on this work. *(Note that the Data/Sharing presentation will be sent to Council members and is considered part of the meeting minutes.)*

**New DCHC Website** – Alexis Babaian

Alexis brought up the new version of the website, which can be found at: dchcmv.com. At the Home tab is information about the Council and Council members, as well as agendas and minutes of each meeting, some including presentations that were made at those meetings. Under the Community Data Sharing tab information is available either by organization or by health topic. The Our Projects tab includes our affiliated organizations and all the rural scholar project reports. Sarah Kuh asked about acknowledgement of the County since the health council was authorized by the County and it’s a county entity. Christine Todd supported what Sara was saying. We support many different initiatives and it’s important to brand it to Dukes County. She recommended that we reach out to Martina Thornton to get whatever information would support the County. Jim Wolff thanked Alexis for her beautiful piece of work and said that in terms of acknowledging the County, if the County really wants to be supporting this they should throw some money at it. Christine said it’s really a matter of the health council asking for money – historically they have not asked for enough. Mary Jane Williams said she would call Martina, and the Coordinating Committee can discuss what to ask for.

**Brief Public Health Update** – Marina Lent

Marina said that the upcoming flu/COVID clinics will be on a Sunday in the second half of October. Where, when and how has not been settled yet, but she will send the information to Louise once it’s final and asked nim our public health nurse how is doing case investigations of all reportable diseases, including COVID. Betsy said they’ve been monitoring COVID cases since the pandemic started, but they are handicapped now because so many people are testing at home and not reporting their results. She has been tracking not just COVID cases, but also COVID hospitalizations. Our number for both follow the national trends – high in January and March. We were also high in August, including more hospitalizations than any other month this year. She said people who self-test can report results at rapidtestmv.org. Louise suggested pasting stickers on the free test kits people get, with information about reporting results to rapidtestmv.org. Betsy said that had been doing that but it kind of fell by the wayside- they will order more stickers as it’s a very good idea. Marina said she has a lot of stickers at the Aquinnah board of health so if any of the organizations need them, she can supply them. And she said that if people report cases to that website, they can call one of the health agents with questions – the process is part of our community outreach and education. *(Note that the COVID data slide will be sent to Council members and is considered part of the meeting minutes.)*

**Meeting adjourned at 9:00 am**

**The next regular Health Council meeting will be held via zoom on October 19 at 7:30 am**

Respectfully submitted, Louise Clough, secretary