



Healthy Nantucket 2020

Nantucket 2017 Community Health Improvement Plan

February 2017



NANTUCKET
COTTAGE HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE



Health Resources in Action
Advancing Public Health and Medical Research

INTRODUCTORY LETTER

Dear Community Partner,

Healthy Nantucket 2020, the Nantucket 2017 Community Health Improvement Plan, is the result of extensive collaboration among the island's health and human services agencies, non-profit organizations, the Town of Nantucket's Department of Health, as well as year-round and seasonal residents of the island.

From September 2016 through January 2017, these community stakeholders came together during a series of public forums and meetings to identify Nantucket's most pressing health needs, prioritize the top issues for the island, and develop goals and strategies to make meaningful change in these areas. During this collaborative and participatory process, dozens of community groups, organizations, and individuals contributed valuable insight and perspectives.

The resulting document, Healthy Nantucket 2020, reflects this comprehensive process and the wide range of community stakeholders who offered their expertise and knowledge. This plan does not belong to Nantucket Cottage Hospital or any other single entity, but is rather the community's plan to address the most important health issues we face.

In the weeks, months, and years ahead, we look forward to implementing the strategies identified in this plan, developing innovative and collaborative solutions, and achieving the goals we have set together to improve the health and wellbeing of the Nantucket community.

Thank you for joining with your friends, neighbors, and colleagues in contributing toward this important endeavor.

Sincerely,

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EXECUTIVE SUMMARY

It is critical to understand the specific environmental factors on Nantucket -- where and how we live, learn, work, and play, and how they in turn influence our health -- in order to implement the best strategies for community health improvement. To accomplish this goal, Nantucket Cottage Hospital led a comprehensive community health planning effort to measurably improve the health of residents on the island. This effort included two major phases:

1. A community health needs assessment (CHNA), conducted by Nantucket Cottage Hospital, to identify the health related needs and strengths of the island community, and
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way to address these needs.

The CHNA and CHIP are essential frameworks for guiding future services, programs, and policies for healthcare and public health-serving agencies on the island.

Healthy Nantucket 2020, the 2017 Community Health Improvement Plan, was developed over the period September, 2016 - December, 2016, using the key findings from the CHNA. The 2015 Nantucket Community Health Needs Assessment is part of Nantucket Cottage Hospital's ongoing efforts to assess the health needs of the island community. This effort included focus groups with the Healthy Community Collaborative and Nantucket Cottage Hospital's Patient & Family Advisory Council, as well as a Quality of Life survey that was distributed widely throughout the community.

The 2015 CHNA is accessible at:

<http://nantuckethospital.org/wp-content/uploads/2015/08/NCH-2015-CHNA.pdf>

To develop a plan for improved community health, and help sustain implementation efforts, the community health assessment and planning process engaged community partners through different avenues. These partners included a cross-sector of community members such as health care, businesses, public safety, schools, emergency response services, holistic healthcare, planning and development, and transportation, as well as year-round and seasonal residents.

In 2016, Nantucket Cottage Hospital engaged Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the Community Health Improvement Plan process, to review and provide feedback on draft documents and output, and to develop the resulting plan.

The Steering Committee met at a kick-off meeting on September 13, 2016 to receive an overview of the planning process, review data outcomes from the CHNA, and review the proposed process and timeline for engaging community members.

Three Community Forums were held to confirm the CHNA findings and gather additional community input. On September 20, 2016, Health Resources in Action, Inc. (HRiA) facilitated two community forums at Nantucket High School. A third community forum, facilitated by Nantucket Cottage Hospital, was held on October 2, 2016 following the Spanish Mass at St. Mary's Church.

During the Community Forums, CHNA findings were shared as well as an overview of the prioritization process for identifying Community Health Improvement Plan priorities. Participants then took part in a facilitated discussion designed to gather input on the CHNA findings as well as feedback on health needs that were not captured in the CHNA.

Health Priorities

A group of over 60 key stakeholders gathered on October 6, 2016 to identify the priorities for the Community Health Improvement Plan. After reviewing the CHNA findings, participants provided feedback on other health priorities to be considered as part of the prioritization process. Participants then used a rating tool and with defined criteria and a voting process to identify those health needs that were both important and feasible for inclusion in the plan.

Three key priorities were selected for planning: Behavioral Health, Access to Healthcare, Women's and Children's Health, and Access to Housing. Language was proposed and agreed upon as a cross-cutting strategy. Language includes translation services, availability of services and materials in multiple languages, and the availability of English classes.

| Priority Area | Goal Statement |
|--|---|
| Priority 1: Behavioral Health | Goal 1: Enhance overall wellness for the Nantucket community through the implementation of an effective and collaborative Behavioral Health System. |
| Priority 2: Women's and Children's Health | Goal 2: Improve the health, safety, and well-being of all women, infants, children, and families of the diverse Nantucket community. |
| Priority 3: Access to Healthcare | Goal 3: Enhance access to healthcare for the Nantucket community. |
| Priority 4: Access to Housing | Goal 4: Ensure access to safe, stable, affordable, year-round housing across all income levels. |

A group of key stakeholders met for two, half-day planning sessions in November 2016 to develop the core elements of the Community Health Improvement Plan. In the first planning session, participants developed and revised goals, and developed draft objectives and indicators. In the second planning session, participants finalized their draft objectives and indicators, and developed strategies to meet each objective. The output of these two sessions follows below.

HEALTHY NANTUCKET 2020

NANTUCKET 2017 COMMUNITY HEALTH IMPROVEMENT PLAN

I. BACKGROUND

It is critical to understand the specific environmental factors on Nantucket -- where and how we live, learn, work, and play, and how they in turn influence our health -- in order to implement the best strategies for community health improvement. To accomplish this goal, Nantucket Cottage Hospital led a comprehensive community health planning effort to measurably improve the health of residents on the island. This effort included two major phases:

1. A community health needs assessment (CHNA), conducted by Nantucket Cottage Hospital, to identify the health related needs and strengths of the island community, and
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way to address these needs.

The CHNA and CHIP are essential frameworks for guiding future services, programs, and policies for healthcare and public health-serving agencies on the island.

II. OVERVIEW OF HEALTHY NANTUCKET 2020

What Is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is a data-driven, collective, action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. These plans are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A Community Health Improvement Plan is intended to serve as a vision for the health of the community and a unifying framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.¹

Building upon the key findings and themes identified in the 2016 Community Health Needs Assessment (CHNA), the Community Health Improvement Plan:

- Identifies priority issues for action to improve community health
- Outlines an implementation and improvement plan with performance measures for evaluation
- Guides future community decision-making related to community health improvement

How To Use The Community Health Improvement Plan

A Community Health Improvement Plan is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, learn, and play on Nantucket. We encourage you to review the priorities and

¹ As defined by the Health Resources in Action, Strategic Planning Department, 2012

goals, reflect on the suggested strategies, and consider how you can participate in this effort, in whole or in part, as either an independent contributor or as a member of a health-focused agency, organization, or group. Consider: How do your current plans align with the CHIP? How can your future plans align with the CHIP?

Relationship Between the Community Health Improvement Plan and Other Guiding Documents and Initiatives

The Community Health Improvement Plan was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health on Nantucket. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the planning process identified potential partners and resources already engaged in these efforts wherever possible.

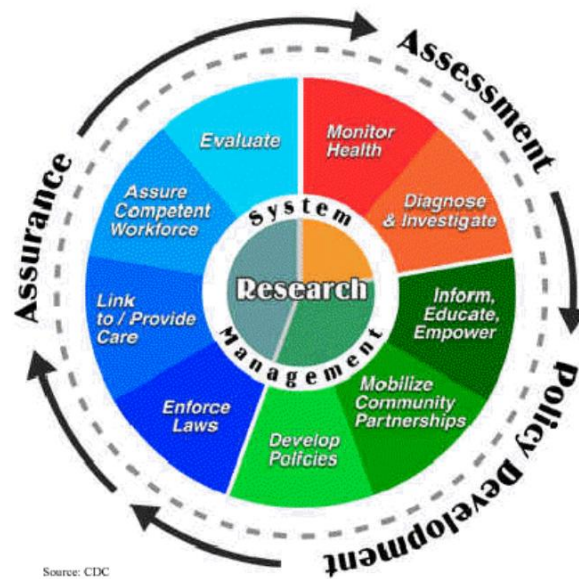
Methods

Following the guidelines of the National Association of County and City Health Officials (NACCHO), the community health improvement process was designed to integrate and enhance the activities of many organizations' contributions to community health improvement, building on current assets, enhancing existing programs and initiatives, and leveraging resources for greater efficiency and impact. To develop the Community Health Improvement Plan, Nantucket Cottage Hospital engaged influential leaders in healthcare, academia, mental health, local government, social services, and other community based organizations.

The overall process, which includes assessment, planning, implementation, and evaluation, is a continuous cycle of improvement that seeks to show demonstrable improvement on key health priorities over the course of time. The cyclical nature of the Core Public Health Functions is illustrated in Figure 1.

The next phase of Healthy Nantucket 2020 will involve broad implementation of the strategies through an annual action plan developed from the Community Health Improvement Plan, as well as monitoring and evaluation of the plan's short-term and long-term outcome indicators.

Figure 1: The Cyclical Nature of the Core Public Health Functions



Source: Centers for Disease Control and Prevention (CDC), Ten Essential Public Health Services

IV. PROCESS FROM ASSESSMENT TO PLANNING

Nantucket Cottage Hospital and key stakeholders developed this Community Health Improvement Plan over the period September, 2016 - December, 2016 using the key findings from the CHNA. The 2015 Nantucket Community Health Needs Assessment is part of Nantucket Cottage Hospital's ongoing efforts to assess the health needs of the island community.

The 2015 CHNA is accessible at

<http://nantuckethospital.org/wp-content/uploads/2015/08/NCH-2015-CHNA.pdf>

The Community Health Improvement Plan utilized a participatory, collaborative approach guided in part by elements of the Mobilization for Action through Planning and Partnerships (MAPP) process.² MAPP, a comprehensive, community-driven planning process for improving health, is a strategic framework that many community health coalitions across the country have employed to help direct their planning efforts. MAPP comprises rigorous assessment as the foundation for planning, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP process allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

To develop a plan for improved community health, and help sustain implementation efforts, the community health assessment and planning process engaged community partners through different avenues. These partners included a cross-sector of community members such as health care, businesses, public safety, schools, emergency response services, holistic healthcare, planning and development, and transportation, as well as year-round and seasonal residents of the island.

In 2016, Nantucket Cottage Hospital engaged Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the planning process, to review and provide feedback on draft documents and output, and to develop the resulting plan.

V. HEALTHY NANTUCKET 2020 PLAN COMPONENTS

Development of Data-Based, Community-Identified Health Priorities

In 2015, Nantucket Cottage Hospital conducted the Nantucket Community Health Needs Assessment is part of Nantucket Cottage Hospital's ongoing efforts to assess the health needs of the island community. This effort included focus groups with the Healthy Community Collaborative and Nantucket Cottage Hospital's Patient & Family Advisory Council, as well as a Quality of Life survey that was distributed widely throughout the community.

The Steering Committee met at a kick-off meeting on September 13, 2016 to receive an overview of the planning process, review data outcomes from the CHNA, and review the proposed process and timeline for engaging community members.

² Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: <http://www.naccho.org/topics/infrastructure/mapp/>

Three Community Forums were held to confirm the CHNA findings and gather additional community input. On September 20, 2016, Health Resources in Action, Inc. (HRiA) facilitated two community forums at Nantucket High School. A third community forum, facilitated by Nantucket Cottage Hospital, was held on October 2, 2016 following the Spanish Mass at St. Mary's Church.

During the Community Forums, CHNA findings were shared as well as an overview of the prioritization process for identifying Community Health Improvement Plan priorities. Participants then took part in a facilitated discussion around the CHNA findings using the following questions:

1. Was there anything presented that was new or surprising to you?
2. Would you consider the issues we discussed today to be the top health issues in this community? Why or why not?
3. Do you see gaps in health care in Nantucket County? If yes, where?
4. What is one thing that you think could be done to improve the health of your community?

The following items were the main themes for health priorities that came out of the health needs assessment:

1. Alcohol Use Disorders (AUDs) and Substance Use Disorders (SUDs)
2. Access to Housing
3. Mental Health Disorders
4. Cancer
5. Access to Health Care
6. Good Schools, Jobs, and Economy

The following additional themes were identified during the community forums:

1. Children/Pediatrics
2. Women
3. Language
4. Elder Care

A group of over 60 key stakeholders gathered on October 6, 2016 to identify the priorities for the Community Health Improvement Plan. Participants used a rating tool and with defined criteria and a voting process to identify those health needs that were both important and feasible for inclusion in the plan. The following priorities and related topic areas were presented for their consideration:

- 1. Behavioral Health**
 - Alcohol Use Disorders (AUDs)
 - Substance Use Disorders (SUDs)
 - Mental Health Disorders
- 2. Access to Housing**
 - Affordability
 - Availability
 - Homelessness
- 3. Cancer**
 - High incidence rates of certain cancers
- 4. Good Schools, Jobs, and Economy**
 - High unemployment rates
- 5. Access to Health Care**
 - Need for more doctors
 - PCP's and Specialty Providers
 - Eye Health and Oral Health
 - Cost to go off island for care
 - Integration, Collaboration, Alternatives
- 6. Women's and Children's Health**
 - Pediatrics & Pediatric Specialists
 - Early Childhood and Childcare
 - Women's Health/OBGYN
- 7. Language**
 - Availability of translation services
 - Availability of services and materials in multiple languages
 - English classes
- 8. Elder Care**

5. Access to Health Care

After discussion at the prioritization meeting, participants added several items to the topics under the proposed priorities and added Tick Borne Diseases as a ninth priority. The group accepted a proposal that Language be considered a cross-cutting strategy across all identified priorities of the Community Health Improvement Plan. It was removed from the list of priorities for consideration.

Participants were presented with a list of criteria to be used to identify the 3-4 priorities for Healthy Nantucket 2020. An additional column/criteria for SUSTAINABILITY was added at the Prioritization Meeting, asking participants to consider the extent to which they thought sustainable change could be achieved for each health issue.

| | |
|--|--|
| RELEVANCE <i>How Important Is It?</i> | <ul style="list-style-type: none"> - Burden (magnitude and severity; economic cost; urgency) of the problem - Community concern - Focus on equity and accessibility |
| APPROPRIATENESS Should the Community of Nantucket Do It? | <ul style="list-style-type: none"> - Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values |
| IMPACT What will the Community of Nantucket Get Out of It? | <ul style="list-style-type: none"> - Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins |
| FEASIBILITY Can the Community of Nantucket do It? | <ul style="list-style-type: none"> - Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins |
| SUSTAINABILITY | <ul style="list-style-type: none"> - Ability to maintain efforts/activities beyond the initial CHIP timeframe |

Participants calculated an overall rating for each health issue by adding their five ratings. Each participant received three dots stickers and were asked to place their dots on the three key health issues that received the three highest overall Total Ratings on their rating worksheet. Participants used their personal judgment to break any ties. The results of the dot voting process are depicted in the table below.

| Key Health Issues | Number of Votes |
|---|-----------------|
| 1. Behavioral Health | 45 |
| 2. Access to Housing | 23 |
| 3. Cancer | 5 |
| 4. Good Schools, Jobs, and Economy | 12 |
| 5. Access to Health Care | 28 |
| 6. Women's and Children's Health | 23 |
| 7. Language | |
| 8. Elder Care | 5 |
| 9. Tick-Borne Diseases (<i>added by participants</i>) | 4 |

Priorities Identified for Healthy Nantucket 2020

1. Behavioral Health
2. Access to Healthcare
3. Women's and Children's Health
4. Access to Housing

The Plan's Strategic Framework

Following the prioritization meeting, key stakeholders met in November for two, half-day planning sessions facilitated by HRiA consultants to develop the core elements of the Community Health Improvement Plan. In the first planning session, participants developed and revised goals, and developed draft objectives and indicators. In the second planning session, participants finalized their draft objectives and indicators, and developed strategies to meet each objective.

Working group participants were provided sample evidence-based strategies from a variety of resources including The Community Guide to Preventive Services, County Health Rankings, Healthy People 2020, and the National Prevention Strategy. Indicators for each objective were identified based on data available from the CHNA, using whenever possible, targets outlined in Healthy People 2020 (HP2020).

HP2020 is the federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.

The draft Community Health Improvement Plan was completed and disseminated to working group members for electronic review and feedback. This feedback was incorporated into the final draft of the plan, which will be used to guide annual implementation plans.

VI. HEALTHY NANTUCKET 2020

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies. Targets for identified outcome indicators have been established using baseline data provided in the Community Health Needs Assessment, wherever possible. Where no data were readily available, objectives were noted as "Developmental" and a primary strategy will be to collect and analyze data and determine a baseline for successive annual comparisons.

The following pages outline the Goals, Objectives, Strategies, Outcome Indicators, and Potential Partners/Resources for the four health priority areas outlined in the Community Health Improvement Plan. See Appendix B for a glossary of terms used in this plan.

Priority Area 1: Behavioral Health

When quality of life survey respondents were asked to identify the three most important health problems on Nantucket (e.g., those that have the greatest impact on overall community health), the leading problems identified were: alcohol and substance use disorders (63.4%); access to housing (48.2%); mental health disorders (35.3%); and cancers (20.5%).³

Survey respondents cited substance use disorders as the most pressing health problem on Nantucket. Alcohol and drug use disorders on Nantucket were also key themes discussed in focus groups. These problems are not new on the island, but there is increased attention and awareness due to recent opioid overdoses, the growth of alcohol-fueled events on Nantucket.⁴

Quality of life survey respondents cited mental health disorders (anxiety, depression, etc.) as the third most important health problem on Nantucket.⁵ Focus group participants also noted the issue of mental health on Nantucket and referred to the number of suicides over the past year among middle-aged men. They also acknowledged the island's existing clinicians, providers, and agencies are all over-extended given the extent of the issues and noted the great need for an inpatient treatment capacity.⁶

Goal 1: Enhance overall wellness for the Nantucket community through the implementation of an effective and collaborative Behavioral Health System.

Objectives

1.1: By 2020, decrease suicide attempts by 10% a year.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--------------------------------------|--|------------------|---------------------------------------|
| Number of suicide attempts/ideations | 34 per year 2015 | < 25 per year | <i>Nantucket Cottage Hospital</i> |
| Number of suicide deaths | 0 per year 2013-2014 1 per year 2015-2016 | 0 per year | <i>County Clerk Certification</i> |

Strategies

- 1.1.1: Educate all employers (e.g., small and large employers, Builder's Association, Chamber of Commerce), on Nantucket and implement Employee Assistance Programs to recognize and refer high risk employees.
- 1.1.2: Expand education about suicide risk by assessing and enhancing Signs of Suicide (SOS) program in Nantucket Schools.
- 1.1.3: Reduce the stigma surrounding suicidal thoughts by implementing an evidenced-based peer-to-peer program for the reduction of suicide in the Middle and High School (e.g., incorporate in existing health education or establish a hired position).
- 1.1.4: Establish a full-service mobile crisis unit.
- 1.1.5: Increase the availability to access needed behavioral health services.

³ NCH 2015 Community Health Needs Assessment, page 12

⁴ NCH 2015 Community Health Needs Assessment, page 15

⁵ NCH 2015 Community Health Needs Assessment, page 15

⁶ NCH 2015 Community Health Needs Assessment, page 16

1.2 By 2020, decrease the need for emergency evaluation for mental health and substance use disorders by 10% per year.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|-------------------------------------|----------|-------------|---|
| Number of ED admissions to hospital | 233 | 170 | <i>Nantucket Cottage Hospital (NCH)</i> |
| Number of mobile crisis evaluations | TBD | TBD | |

Strategies

- 1.2.1: Increase psycho-education to the community about mental health and substance use disorders.
- 1.2.2: Expand outreach to high risk populations.
- 1.2.3: Expand mental health and substance use disorders screening (e.g., Employee Assistance Program (EAP), tracks, schools, hospitality).
- 1.2.4: Develop sober hobbies that are free and accessible (e.g., art, music, exercise/gym).
- 1.2.5: Create community campaign to integrate mental health into ACK festivals (e.g., film, book).
- 1.2.6: Hire staff to reduce wait lists for mental health services.
- 1.2.7: Expand funding for English Language Learner (ELL) providers, outreach, and screening tools.
- 1.2.8: Establish a wellness center that houses all levels of care (e.g., Intensive Outpatient Program (IOP), Crisis Stabilization Unit (CSU)). (see also 1.5.3)
- 1.2.9: Offer and fund complementary and alternative medicines/therapies (CAM) (e.g., art, pet, narrative).
- 1.2.10: Offer unified crisis response services in all languages.

1.3 By 2020, reduce reported/identified overdoses by 10% per year.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|--|
| Number of first responder interventions | 11 | 8 | <i>Nantucket Fire Department & Police Department</i> |

Strategies

- 1.3.1: Provide info/training to opioid users and bystanders (friends, family, co-users) on overdose (OD) risk factors including: danger of using alone, use of benzos, ETH or other drugs at the same time, re-initiation of use after a period of abstinence (i.e., lower tolerance).
- 1.3.2: Identify and agree upon a screening tool to be used by those who screen individuals at risk of overdose.
- 1.3.3: Utilize screening tool(s) to identify individuals at risk through screening by emergency department (ED), EMT, hospital staff, primary care physicians (PCPs), schools.
- 1.3.4: Distribute information about causes and consequences of OD to victims and bystanders, especially those refusing transport, via EMT and first responders.
- 1.3.5: Provide information on how to reduce OD risk for opioid users who are admitted, using a harm reduction model.
- 1.3.6: Educate users/bystanders on recognizing signs of OD and appropriate management strategies – rescue breathing, Narcan, and contacting EMS.
- 1.3.7: Provide multiple treatment options and support (Medication-Assisted Therapy, Group Therapy, etc.).
- 1.3.8: Enhance the Court Diversion Program for adults and children, including random probation.

1.4 Increase awareness of mental health and substance use disorders, and preventive services for all ages in the most prevalent languages spoken.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|-------------------|-------------|-------------------------------------|
| Number of exposures/programs | TBD | TBD | |
| Addiction Awareness Workshop | 12/year (monthly) | TBD | <i>Behavioral Health Task Force</i> |
| NAMI run 12-week educational course for people with loved ones who have a mental illness | 1/year | TBD | <i>Behavioral Health Task Force</i> |
| Educational community presentations and/or forums | 6/year | TBD | <i>Behavioral Health Task Force</i> |
| Educational presentation for all grade level students (mainly middle and high school), on bullying, substance abuse and/or depression/suicide prevention | 2/year | TBD | <i>Behavioral Health Task Force</i> |

Strategies

- 1.4.1: Provide educational resources, activities and healthy alternatives for prevention of mental health and substance use disorders beginning with pre-natal and post-partum care, continuing through all stages of life.
- 1.4.2: Adopt system wide evidence-based social and emotional learning program for all students K-12.
- 1.4.3: Implement holistic health alternative practices for students (i.e., incorporate creative arts, yoga, mindfulness, as post or in school activities).
- 1.4.4: Change the community and others' perception of Nantucket as a "party" community (e.g., sober, fun activities 1.2.7, Chamber of Commerce, Nantucket Police Department (NPD), EMT, NCH, schools, nonprofit organizations, Town of Nantucket, etc. to address it).

1.5 By 2020, reduce barriers to accessing clinical and community preventative mental health and substance use disorders services, especially among populations at greatest risk.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|-------------|
| Wait Time | TBD | TBD | |
| Usage of services (e.g. number of visits to MH providers) | TBD | TBD | |

Strategies

- 1.5.1: Research funding/reimbursement and advocacy for clinical services (*psych NP/LICSW/case manager).
- 1.5.2: Create navigation hub and global communication to community.
- 1.5.3: Create central billing services for behavioral health.
- 1.5.4: Create Wellness Center for integrated behavioral health services: see also 1.2.8)
 - Psychiatrist
 - Psych Nurse Practitioner (NP)
 - Licensed Independent Clinical Social Worker (LICSW)
 - Case Manager
 - Complementary and Alternative Medicines (CAM)

Barriers: insurance, finances, language, income, education/cultural differences, number of clinicians, transportation, night/weekend services, flexible work schedules (work with employers)

Potential Partners and Resources for Behavioral Health

- Alliance for Substance Abuse Prevention (ASAP)
- Alternative therapists
- Artists' Association of Nantucket
- Cape & Island Suicide Prevention Coalition
- Fairwinds / Private Practice / any other mental health provider on island
- Gosnold Cape Cod
- Nantucket Health Department
- Large Nantucket employers
- MA State / Fellowship Health resources
- Mentor Youth Nantucket (MYN)
- Nantucket Boys & Girls Club
- Nantucket Chamber of Commerce
- Nantucket Cottage Hospital
- Nantucket Police Department
- Nantucket Fire Department
- National Alliance of Mental Illness (NAMI)
- Primary care [physicians and pharmacies]
- Public schools, community schools and private schools
- Safe Harbor

Priority Area 2: Women’s and Children’s Health

Participants at the community forums raised the issues of access to OBGYN services, pediatricians, and pediatric specialists. These have been consistent challenges over time and were highlighted as health priorities that need to be addressed in this plan. Participants also wanted to raise awareness of the challenges faced by working parents on the island when there is a shortage in options available for child care. This was noted as a gap along with continuum of care for people living on the island.

Goal 2: Improve the health, safety, and well-being of all women, infants, children, and families of the diverse Nantucket community.

Objectives

2.1: By 2020, increase the number of licensed slots for early childhood care by 75 slots from children birth – pre-kindergarten.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|---------------------------|
| Number of licensed slots for early childhood care | 230 | 305 | Early childhood providers |

Strategies

- 2.1.1: Create a central registration to evaluate the number of licensed daycare positions available
- 2.1.2: Increase availabilities for infants/toddlers and preschool children within public schools, community schools and private schools to accommodate parents working full time.
- 2.1.3: Educate potential and existing providers on how to apply, obtain and maintain licensure.
- 2.1.4: Explore opportunities for collaboration and operational cost-savings through an early childhood cohort/collaborative.
- 2.1.5: Advocate to developers of new multi-purpose construction that they consider space that can be used for early childhood education.
- 2.1.6: Identify additional opportunities for space within existing buildings.
- 2.1.7: Identify grant opportunities to support tuition assistance for childcare.

2.2: By 2020, educate the community about existing services and resources that are available for women’s and children’s healthcare.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|----------|-------------|-------------|
| Number of education/promotional encounters | TBD | TBD | |
| Utilization of online app | TBD | TBD | |
| Participation at education forums | TBD | TBD | |

Strategies

- 2.2.1: Identify education resources and services available on-island.
- 2.2.2: Partner with Patient & Family Advisory Council (PFAC) to create an Island Community Partners Support Model for MotherWoman (state funded program).
- 2.2.3: Educate expectant and new mothers and all women on warning signs and symptoms of mood disorders.
- 2.2.4: Explore and utilize traditional and non-traditional avenues for communicating existing education resources and messaging (e.g., grocery stores, churches, Boston Pops concert).

- 2.2.5: Identify key residents and resources within specific communities who can help deliver educational messages.
 - 2.2.6: Identify which websites have and do not have the ability to translate in different languages and provide funding for integrating translation services where needed.
 - 2.2.7: Develop an online app in multiple languages that lists existing services and resources.
 - 2.2.8: Collaborate and create forums with island organizations and island resources (Nantucket Community School and NCH PediPFAC have this as a priority work plan) to educate the community.
- (See also Objective 3.1 and 4.5)

2.3: By 2020, establish a baseline rate of preventative dental visits for children under age 2.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|----------|-------------|------------------|
| Baseline rate of preventative dental visits is established | TBD | TBD | Dental providers |

Strategies

- 2.3.1: Identify providers on island who provide pediatric dental care, as well as potential providers through state agencies.
- 2.3.2: Create a dental collaborative of Nantucket to help align best practices among Dentists and PCPs.

2.4: By 2020, decrease the rate of dental caries for children under age 2 by x%.*

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|-------------------------|
| Increase number of preventative dental visits | TBD | TBD | <i>Dental providers</i> |

Strategies

- 2.4.1: Establish a rate of dental caries for children under age 2.
- 2.4.2: Provide dental education in appropriate language as part of newborn hospital discharge and well-child visits.
- 2.4.3: Include dental access/education in online app (see Objective 2.2.8).
- 2.4.4: Solicit community organizations (e.g. golf clubs, foundations, etc.) to create a general fund to help support pediatric dental care.
- 2.4.5: Advocate for fluoridating public water in the community.
- 2.4.6: Work with the Nantucket Public Health Department to educate families about the importance of fluoride supplementation and the importance of preventative check-ups and cleanings for children.

* Rate will be established following establishment of current rate of dental caries for children under age 2.

2.5: By 2020, increase the number of children entering the educational system (including private and public) who have had an annual pediatric well visit by 50%.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|--------------------------------|
| Number of children who answer “yes” to well visit question when entering the educational system | TBD | TBD | <i>School enrollment forms</i> |

Strategies

- 2.5.1: Connect families to pediatric provider options at pre-natal visits with a warm introduction.
- 2.5.2: Identify community leaders to build trust with vulnerable and undocumented populations and connect them with existing services.
- 2.5.3: Provide education through churches and other organizations on rights and responsibilities for access to health care.
- 2.5.4: Communicate existing care and any expansion of services, for example a Pediatric Walk-In Care, through traditional and non-traditional communication strategies.
- 2.5.5: Expand the use of Pediatric Nurse Practitioners.

2.6: By 2020, educate families and children on a balanced and healthy diet.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|----------|-------------|-------------|
| Number of educational sessions | TBD | TBD | |
| Number of participants at educational sessions | TBD | TBD | |

Strategies

- 2.6.1: Identify organizations that host a high volume of families and children, and utilize these as a forum to provide education on a balanced and healthy diet, obesity, and nutritional impact on dental issues.
- 2.6.2: Outreach to new immigrant population and share strategies to adapt their diets with new foods that promote a balanced and healthy diet.

Potential Partners and Resources for Women’s & Children’s Health

- Childcare Providers
- Churches
- Early childhood education
- Grocery stores
- Pedi PFAC
- School Systems
- Town of Nantucket

Priority Area 3: Access to Health Care

Nantucket Cottage Hospital is the only medical facility on the island providing primary, urgent, emergency and surgical care, as well as outpatient services and appointments with medical and surgical specialists.⁷ In spite of the wide range of services provided by the hospital, there is still a shortage of providers overall in the community. Nantucket's entire population is living in a federally designated "Health Professional Shortage Area", compared to 14.6% of residents statewide.⁸

Quality of life survey respondents noted that access to healthcare is the number one factor that defines a healthy community and just over half of respondents stated that they were satisfied with the existing health system on Nantucket.⁹

Community forum participants noted the high cost of having to go off-island for medical care, particularly for specialists and procedures not available on island.

Goal 3: Enhance access to healthcare for the Nantucket community.

Objectives

3.1: By 2020, compile and coordinate the dissemination of information about traditional and alternative healthcare services available.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--------------------------------------|----------|-------------|-------------|
| Number of hits to the website | TBD | TBD | |
| Survey of residents to rate the tool | TBD | TBD | |
| Number of collaborators | TBD | TBD | |
| Number of resources distributed | TBD | TBD | |
| Number of referrals | TBD | TBD | |

Strategies

- 3.1.1: Identify existing medical and healthcare resources and services.
 - 3.1.2: Establish and encourage continued communication between existing entities.
 - 3.1.3: Update information across all existing media and advertising outlets currently available to include newly identified resources.
 - 3.1.4: Determine the necessity of a new resource data-base.
 - 3.1.5: Disseminate information through multiple avenues (virtual, audio, radio, print).
- (See also 2.4 and 4.5)

⁷ NCH 2015 Community Health Needs Assessment, page 18

⁸ NCH 2015 Community Health Needs Assessment, page 18

⁹ NCH 2015 Community Health Needs Assessment, page 19

3.2: By 2020, increase awareness of preventative and wellness services as viable options for care.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|-------------|
| Utilization of preventative and wellness services | TBD | TBD | |

Strategies

- 3.2.1: Identify existing/available preventative and wellness services.
 - 3.2.2: Utilize multiple outreach efforts in multiple languages to promote options for care.
 - 3.2.3: Encourage collaboration and referrals between providers on-island and off-island.
- (See also 3.1)

3.3: By 2020, increase the current number of year-round primary care physicians (PCPs) by a net gain of two (2) and increase physician extenders proportionally.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|-----------------------------------|----------|-------------|-------------|
| Number of primary care physicians | 6 | 8 | <i>NCH</i> |
| Number of extenders (PAs, NPs) | 6 | 8 | <i>NCH</i> |

Strategies

- 3.3.1: Identify barriers and expand methods of recruiting PCPs and extenders to the island of Nantucket, taking into consideration the national shortage.
- 3.3.2: Identify criteria and outreach to potential candidates.
- 3.3.3: Establish methods/standards for retention.
- 3.3.4: Identify barriers PCP's face in accepting a position on Island.
- 3.3.5: Expand programs to "grow our own" healthcare professionals, foster education, and coordinate scholarship requirements.
- 3.3.6: Involve community members in the recruitment and retention process.

3.4: By 2020, establish year-round public transportation.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--------------------|----------|-------------|--|
| Ridership | 287,042 | 496,842 | <i>Nantucket Regional Transit Authority (NRTA) Farebox Reports</i> |

Strategies

- 3.4.1: Analyze current available sources for year-round transportation.
- 3.4.2: Identify funding sources (i.e. Medicaid).
- 3.4.3: Communicate the services available.
- 3.4.4: Expand transportation services.

3.5: By 2020, increase the awareness of off-island transportation options for medically-necessary travel.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|----------|-------------|--------------------|
| Pre-post survey of residents of level of awareness | 0 | 10% | <i>NRTA/Others</i> |

Strategies

- 3.5.1: Identify existing off-island services.
- 3.5.2: Communicate/collaborate available services among entities providing transportation.
- 3.5.3: Promote available services and how to access them.
- 3.5.4: Establish financial sustainability to support increased utilization.

Potential Partners and Resources for Access to Healthcare

- Chamber of Commerce
- Elder services
- Four winds
- Local advisory councils, association, coalitions
- Media (radio, TV, print)
- NCH Social Services Department
- NRTA
- Rotary Club
- Saltmarsh Senior Center
- Social Media – Facebook, Instagram, Twitter, YouTube, Vimeo, Snapchat, etc.
- Town Website

Priority Area 4: Access to Housing

A recent report conducted by Housing Nantucket estimated that new homeownership is prohibitive to 90% of the island's households. The lack of price-appropriate housing for people who work on Nantucket throughout the year is a barrier to a decent quality of life for workers and their families and an obstacle to hiring qualified people for some specialized positions. As numerous past studies and reports show, the stock of affordable housing on Nantucket has been inadequate for a very long time.¹⁰ Quality of life survey respondents listed access to housing as the second most important health problem on Nantucket. In addition, a primary theme throughout both focus groups was the lack of affordable housing options on the island for both year-round and seasonal residents.¹¹

The high cost of housing on Nantucket (presents a particular challenge in regards to recruiting and maintaining adequate levels of an essential services workforce. The median home value of \$929,700 on Nantucket is almost three times the statewide value of \$330,100. Moreover, almost half of homes (43.0%) on Nantucket cost \$1 million or more, compared to 3.4% statewide.¹²

Goal 4. Ensure access to safe, stable, affordable, year-round housing across all income levels on Nantucket.

Objectives

4.1: By the end of 2017, advocate for the passage of the Affordable Housing Bank.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|------------------------|----------------------|
| Passage of the current proposal by the State in Q1 of 2017 | N/A | Passed in Q1 2017 | <i>State Records</i> |
| If not passed, advocate that it be heard again | N/A | | |
| If no state action, then reauthorized at April 2017 annual town meeting | N/A | Passed at Town Meeting | <i>Town Records</i> |

Strategies

- 4.1.1: Lobby the Legislature – (Hire, self-lobby, or internal Nantucket resources?).
 - Establish relationships with the two (2) new officials (State Rep and State Senator).
 - Involve leadership of Board of Selectmen.
 - Involve builder and realtor community.
 - Reauthorize at this year's (2017) Town Meeting.
 - Utilize media (e.g., letters to editor, social media) to raise awareness.
 - Seek the support of Massachusetts Governor's office
- 4.1.2: Reach out to Martha's Vineyard towns and organizations to learn about their housing initiatives and make alliances where appropriate.
- 4.1.3: Reach out to MA Governor's office.
- 4.1.4: Affordable Housing Trust Fund to further define the use of proceeds from the Housing Bank.

¹⁰ NCH 2015 Community Health Needs Assessment, page 9

¹¹ NCH 2015 Community Health Needs Assessment, page 9

¹² NCH 2015 Community Health Needs Assessment, page 9

4.2: By 2020, identify and adopt zoning strategies to be used to create incentives for affordable housing on Nantucket.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|---|----------|-------------|------------------------|
| Meetings with planning department & ideas generated | N/A | Get passed | <i>Planning Office</i> |
| Zoning articles drafted and submitted to Town Meeting, if appropriate | N/A | Get passed | <i>Planning Office</i> |
| Articles adopted by Town Meeting | N/A | Get passed | <i>Planning Office</i> |

Strategies

- 4.2.1: Research what other communities are trying that is working (focus on other island and/or resort/vacation communities, and communities with high cost of housing).
- 4.2.2: Work with the Nantucket Planning and Economic Development Commission (NP&EDC) to educate homeowners and developers about existing zoning that addresses affordable housing and possible proposed changes that may be in discussion.
- 4.2.3: Engage realtors to learn their thoughts on zoning.
- 4.2.4: Conduct a community-wide visioning exercise on what Nantucket might look like in 2025.
- 4.2.5: Provide a concept/recommendation for zoning change(s), if appropriate.

4.3: By 2020, expand and promote the existing First Time Home Buyers Education program to include online and multi-lingual offerings.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--|----------|-------------|--------------------------|
| Offered twice per year in English (9-hour program offered on consecutive Wednesdays) | 2 | 2 | <i>Housing Nantucket</i> |
| Number of people who attend or participate in the educational programs | TBD | TBD | |
| Online library | | Complete | |

Strategies

- 4.3.1: Engage translators for multiple languages (volunteers if possible) to translate English program.
- 4.3.2: Utilize existing cultural gatherings to promote the First Time Home Buyers Education program.
- 4.3.3: Offer childcare for program participants.
- 4.3.4: Explore the use of translators or whisper translation technologies for all educational programs.
- 4.3.5: Explore funding to offer online program at a reduced cost or free of charge.
- 4.3.6: Engage audio/video/web resources to generate online library in multiple languages.
- 4.3.7: Research the preferred delivery method of the education program into Spanish, Bulgarian, Portuguese, Russian.
- 4.3.8: Promote via objective 4.5.

4.4: By 2020, establish a down payment assistance program for essential services workforce.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|-------------------------------|----------|-------------|---|
| Decrease percent down payment | TBD | TBD | <i>Affordable Housing Trust Fund (AHTF)</i> |
| Gap financing | TBD | TBD | <i>AHTF</i> |

Strategies

- 4.4.1: Form a task force (include essential service providers, bankers, realtors, stakeholders, etc.)
- 4.4.2: Define the criteria for a critical Nantucket workforce program.
- 4.4.3: Identify funding needed, source, and sustainability plan for long term funding.
- 4.4.4: Explore the business model (look at other established, successful models).
- 4.4.5: Define all relevant parameters of the program (pay back, resale, loans, etc.).
- 4.4.6: Define the application process.
- 4.4.7: Determine who will administer the program (local bank, non-profit: new or existing?).
- 4.4.8: Promote via Objective 4.5.

4.5: By 2020, create and market a public clearing house to raise awareness of the existing resources that help with housing and housing information for owners and tenants.

| Outcome Indicators | Baseline | 2020 Target | Data Source |
|--------------------|----------|-------------|-------------|
| AHTF established | | Established | |
| Clearing House | | Established | |

Strategies

- 4.5.1: Identify what to include in the Clearing House, for example home share options.
 - 4.5.2: Create a Task Force to reach out to different organizations to gather and translate information in be included.
 - 4.5.3: Establish an online home for the Clearing House.
 - 4.5.4: Establish a way to keep the info up-to-date.
 - 4.5.5: Include a Housing Booth at Community Health Fairs and other community events.
 - 4.5.6: Design and develop written materials in multiple languages to promote the Clearing House.
 - 4.5.7: Distribute written materials around town to convenient locations (need to determine where).
 - 4.5.8: Utilize media to advertise the Clearing House (e.g., paper, local television, radio, and social media).
- (See also Objective 2.4 and 3.1)

Potential Partners and Resources for Access to Housing

- Banks
- Churches
- Community Preservation Committee (CPC)
- Fire
- Hospital
- Housing Nantucket
- Library/Athenaeum
- Major Employers
- Media
- Nantucket Planning and Economic Development Commission (NP&EDC)
- Other funding partners
- Police
- Preservation Groups
- Realtors
- Schools
- Town Departments

VII. NEXT STEPS

The components included in this report represent the strategic framework for a data-driven, Community Health Improvement Plan. Nantucket Cottage Hospital, Healthy Nantucket 2020 workgroups, partners, stakeholders, and community residents, will continue finalizing, implementing, and tracking plan progress over the coming year. A progress report will illustrate performance and will guide subsequent annual implementation planning.

VIII. SUSTAINABILITY

Nantucket Cottage Hospital, Healthy Nantucket 2020 workgroups, partners, stakeholders, and community residents, will continue the process by refining the specific annual action steps, assign lead agencies and personnel, and identify resources for each priority area.

NCH will provide executive oversight for the improvement plan, progress, and process, identifying additional partners that are integral to success of the plan. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the plan. Regular communication through presentations, meetings and via the hospital website to community members and stakeholders will occur throughout the implementation. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.

IX. ACKNOWLEDGEMENTS

The dedication, expertise, and leadership of the following agencies and people made Healthy Nantucket 2020 a collaborative, engaging, and substantive plan that will guide our community in improving the health and wellness for the residents of our island community.

Special thanks go out to the following:

Steering Committee

| | |
|---------------------------|---|
| Mrs. Nathan R. Allen, Jr. | <i>Nantucket Cottage Hospital Advisory Council, Co-Chair</i> |
| Jason Graziadei | <i>Nantucket Cottage Hospital</i> |
| Brenda B. Johnson, RN-BC | <i>Nantucket Cottage Hospital</i> |
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| Courtney A. O'Neill | <i>Nantucket Cottage Hospital</i> |
| Shaylyn L. Maguire | <i>Nantucket Cottage Hospital</i> |
| Catherine S. Ward | <i>Nantucket Cottage Hospital Board of Trustees, Vice Chair</i> |

Prioritization Session Participants

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| Tibby Allen | <i>Nantucket Cottage Hospital Advisory Council</i> |
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| Robert Bates | <i>Nantucket Fire Department</i> |
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| Judy Belash | <i>Nantucket Cottage Hospital Board of Trustees</i> |
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| Pauline Cronin | <i>Nantucket Community School</i> |
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| Gail Ellis | <i>Our Island Home</i> |
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| Silvia Geneva | <i>Nantucket Cottage Hospital Patient & Family Advisory Council</i> |
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| Jason Graziadei | <i>Nantucket Cottage Hospital</i> |
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| Erin Kopecki | <i>Our Island Home</i> |
| Paula Leary | <i>Nantucket Regional Transit Authority</i> |

| | |
|-----------------------|---|
| Dual MacIntyre | <i>Community Member</i> |
| Peter Mackay | <i>Nantucket Cottage Hospital</i> |
| Laurie MacVicar-Fiske | <i>Our Island Home</i> |
| Kevin Marshall | <i>Nantucket Police Department</i> |
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| Phyllis McInerney | <i>Nantucket Boys and Girls Club</i> |
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| Christina Moore | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Nancy Newhouse | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Maria Partida | <i>Community Member</i> |
| Ana Patricia Hull | <i>Community Member</i> |
| Tessandra Pearson | <i>Fairwinds Counseling Center</i> |
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| Tracy Roberts | <i>Nantucket Community School</i> |
| Jamie Roberts | <i>Paul Roberts DDS</i> |
| Lauri Robertson | <i>Private Practice</i> |
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| Liz Shannon | <i>Nantucket Fire Department, Nantucket Cottage Hospital Advisory Council</i> |
| Eric Silfen | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Nancy Small | <i>Early Intervention</i> |
| Tina Steadman | <i>STAR Program</i> |
| Laura Stewart | <i>Saltmarsh Senior Center</i> |
| Ed Sullivan | <i>Housing Nantucket</i> |
| Justin Taylor | <i>Community Member</i> |
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| | |
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| Gennifer Costanzo | <i>Autism Speaks</i> |
| Pauline Cronin | <i>Nantucket Community School</i> |
| Joanna Fajardo | <i>Nantucket Cottage Hospital</i> |
| Carolyn Gould | <i>Community Member</i> |
| Jason Graziadei | <i>Nantucket Cottage Hospital</i> |
| Liz Hunt-O'Brien | <i>Artists Association of Nantucket</i> |
| Pam James | <i>Nantucket Cottage Hospital</i> |
| Brenda Johnson | <i>Nantucket Cottage Hospital</i> |
| Patty Keneally | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Marsha Kotolac | <i>Community Foundation for Nantucket</i> |
| Paula Leary | <i>Nantucket Regional Transit Authority</i> |
| Peter Mackay | <i>Nantucket Cottage Hospital</i> |
| Holly McGowan | <i>National Alliance on Mental Illness</i> |
| Nick Miller | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Stephen Murphy | <i>Nantucket Fire Department</i> |
| Courtney O'Neill | <i>Nantucket Cottage Hospital</i> |
| Nick Ouellette | <i>Chiropractic Private Practice</i> |
| Maria Partida | <i>Community Member</i> |
| Ana Patricia Hull | <i>Community Member</i> |
| Tessandra Pearson | <i>Fairwinds Counseling Center</i> |
| Melissa Philbrick | <i>ReMain Nantucket</i> |
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| Eric Silfen | <i>Nantucket Cottage Hospital Advisory Council</i> |
| Athalyn Sweeney | <i>Fairwinds Counseling Center</i> |
| Raymond Tamasi | <i>Gosnold</i> |
| Jeanette Topham | <i>Community Member</i> |
| Charley Walters | <i>Community Member</i> |
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APPENDIX A: ACRONYMS

ACK: official call letters for Nantucket Municipal Airport, also a popular symbol of Nantucket

AHTF: Affordable Housing Trust Fund

ASAP: Alliance for Substance Abuse Prevention

CAM: Complementary and Alternative Medicines

CDC: Centers for Disease Control and Prevention

CEO: Chief Executive Officer

CHIP: Community Health Improvement Plan

CHNA: Community Health Needs Assessment

CPC: Community Preservation Committee

CSU: Crisis Stabilization Unit

DC: Doctor of Chiropractic

DDS: Doctor of Dental Surgery

DMD: Doctor of Medicine in Dentistry or Doctor of *Dental* Medicine

EAP: Employee Assistance Program

ED: Emergency Department

ELL: English Language Learner

EMS: Emergency Medical Services

EMT: Emergency Medical Technician

ETH: ETH-Oxydose

HP2020: Healthy People 2020

HRiA: Health Resources in Action, Inc.

IOP: Intensive Outpatient Program

LICSW: Licensed Independent Clinical Social Worker

MAPP: Mobilization for Action through Planning and Partnerships

MH: Mental Health

MYN: Mentor Youth Nantucket

NACCHO: National Association of County and City Health Officials

NAMI: National Alliance of Mental Illness

NCH: Nantucket Cottage Hospital

NP: Nurse Practitioner

NP&EDC: Nantucket Planning and Economic Development Commission

NPD: Nantucket Police Department

NRTA: Nantucket Regional Transit Authority

OBGYN: Obstetrician & Gynecologist, Obstetrics & Gynecology

OD: Overdose

PCP: Primary Care Physician

PFAC: Patient & Family Advisory Council

RN: Registered Nurse

SOS: Signs of Suicide

TBD: To be Determined

APPENDIX B: GLOSSARY OF TERMS

Affordable Housing Trust Fund (AHTF): A Fund designed to provide resources to create or preserve affordable housing throughout the state.

Clearing House: An entity that collects, distributes, and is a source of information

Community Health Improvement Plan (CHIP): Action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed.

Community Health Needs Assessment: A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

Cultural Competence: Set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.

Developmental Objectives: Objectives for which we do not currently collect data. The first strategy for each of these objectives will need to be around developing a way to gather data in order to establish baseline and monitor ongoing progress.

Essential Services: Services, the interruption of which, would endanger the life, health, or personal safety of residents.

Evidence-based Method: Strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices.

Goals: Identify in broad terms how the efforts will change things to solve identified problems

Health Equity/Social Justice: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

Health Literacy: Degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Health Professional Shortage: Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other).

Mobile Crisis Unit: A mental health clinician who is available to respond and evaluate a behavioral health crisis on a 24-hour basis.

Objectives: Measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals.

Outcome Indicators: Indicators are ways to track progress for each of the objectives. They describe the baseline and target values for each objective based on data that are relevant and available.

Percentages: All percentages are relative; absolute change as a percentage of the baseline value.

Priority Areas: Broad issues that pose problems for the community.

Residents: **Year Round Resident:** Someone who resides on the island 12 months per year.

Seasonal Resident: Someone who resides on the island for 3+ months per year.

Strategies: Action-oriented phrases to describe how the objectives will be approached

Sustainability: The ability to be maintained over time.