

**Assessing Martha's Vineyard's capacity to
deliver an integrated system of health,
behavioral health, & social support services**

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Rural Health Scholars 2022

UMass Chan Medical School Nursing and Medical Students

Agenda

1.
Introduction

2. Integrated
System of
Health

3. Behavioral
Health

4. Social
Support
Services

5. Conclusion

6. Q&A



Scope

- All current residents ages 65 and older living on Martha's Vineyard
- Including those living in assisted living, nursing homes, patients currently admitted inpatient
- All demographics including disabled, those with behavioral health diagnoses, and other comorbidities

Problem Statement



Residents who are 65 and older living in Martha's Vineyard are lacking sufficient resources to sustain safe and effective healthcare within the comfort of their homes. This means people cannot live at home as they age while having a strong quality of life.

Methods

- Students conducted interviews in groups of 2-3 in person or on Zoom
 - Participants included residents who are 55+, and the people that support them. Included three focus groups
- Interview questions were written in partnership with Healthy Aging MV
 - Ask questions to gauge the availability and accessibility of healthcare, behavioral health, and social support services in the home
- Participants were from all regions of Martha's Vineyard, including Chappaquiddick Island
- Responses were summarized into one document, and recommendations were drafted based on main concerns

73

Total people interviewed

44

Organizations, advocacy groups, or community members

Interview Results



100 percent of respondents identified the housing and workforce shortage as a major barrier to improving home care



51 percent reported increasing isolation among the elder population



43 percent wished there was increased collaboration among services and community organizations

Housing and Workforce Crisis

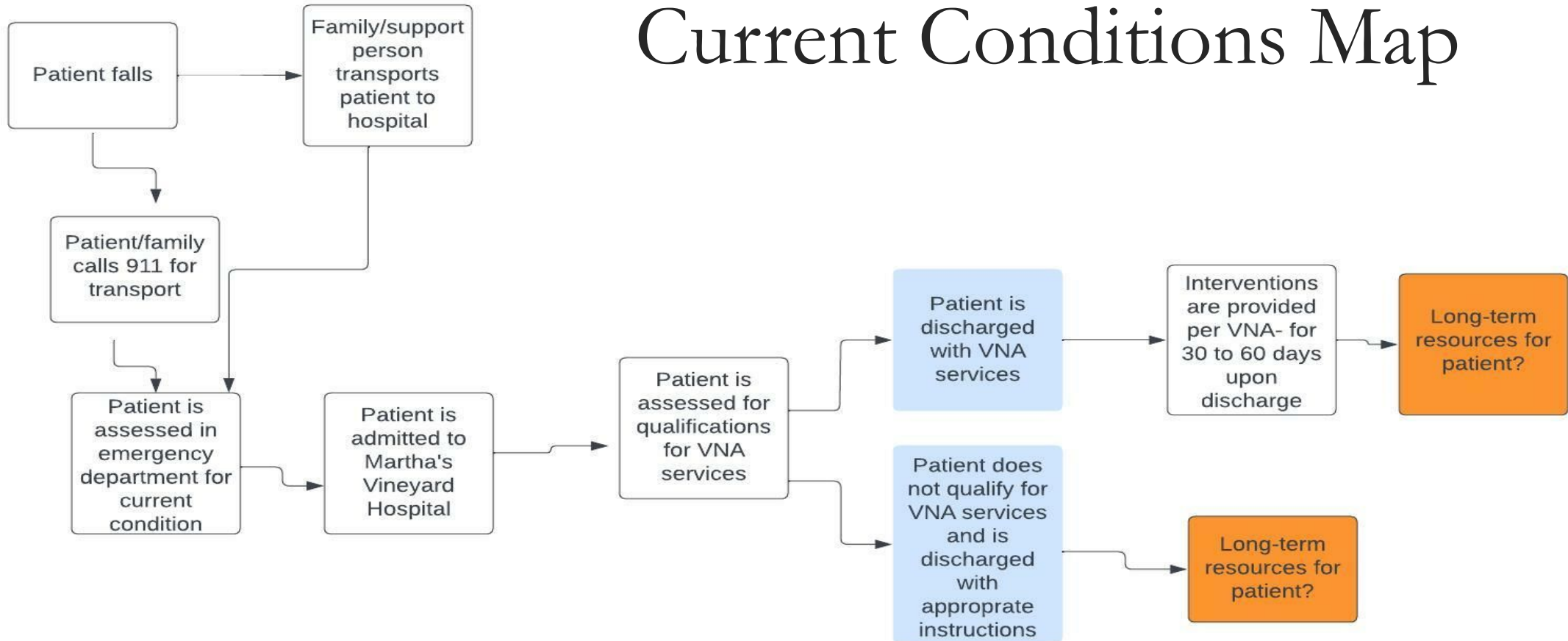
- Dukes County is #2 in MA for population growth from 2010-2020
- Median sales price on MV is \$1.325 million (Apr 2022)
- Windermere Nursing Home closing, wait list for Island Elderly Housing is 5-10 years

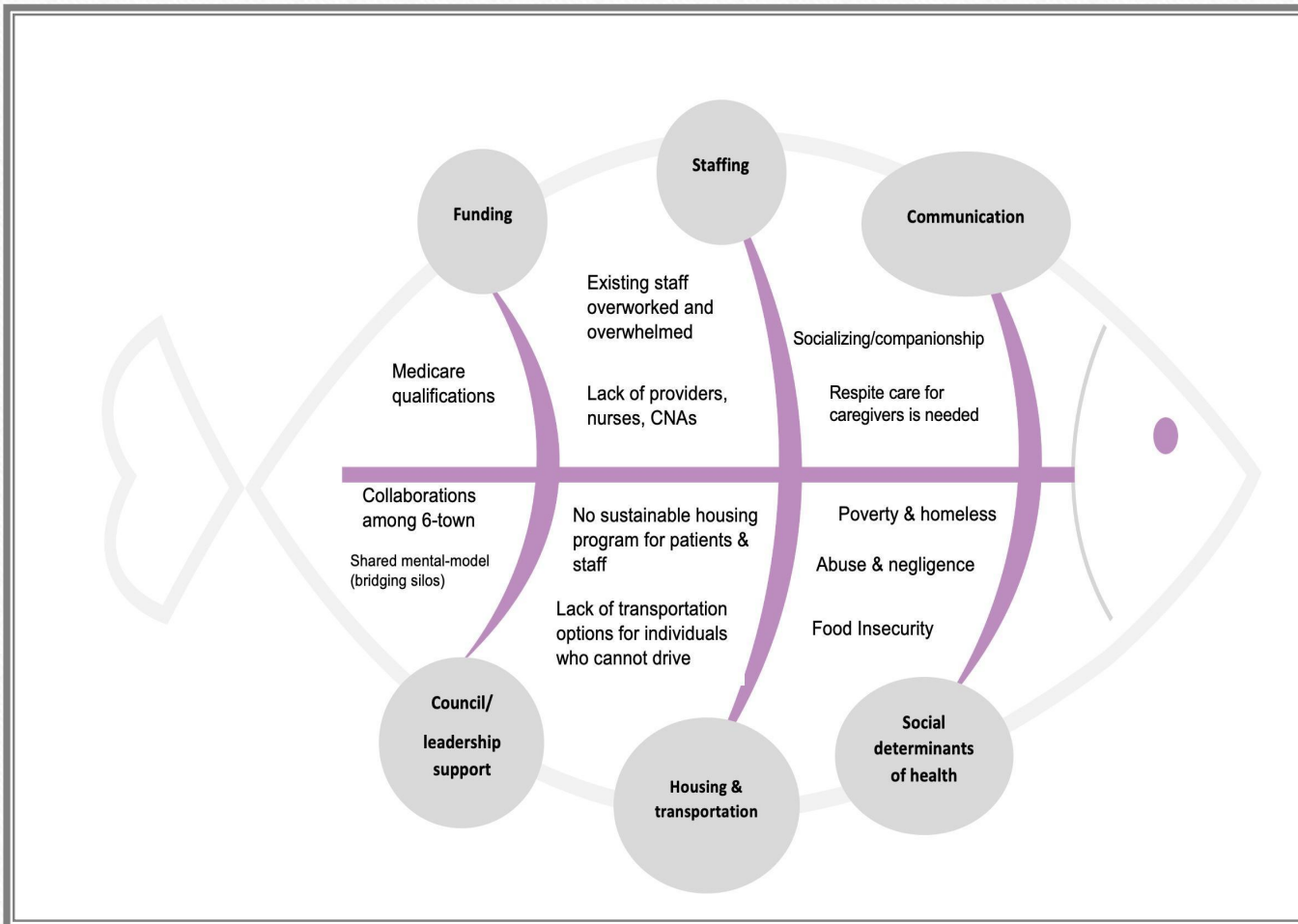
Lack of affordable housing for staff and elderly

Lack of trained, paid staff for home healthcare and organizations

- MA is #3 in best states for average caregiver wage (\$17.08/hr), but this does not cover MV's cost of living
- Medicaid does not cover long term home care, and Medicare has limited home health options

Current Conditions Map





Fishbone Diagram

Pertaining to problem statement:

Lacking sufficient resources to maintain strong quality of life while aging at home.

Organization

Funding

Housing

Workforce

Collaboration

Communication

Behavioral Health:

- Counseling
- Social Activities
- Caregiver Support

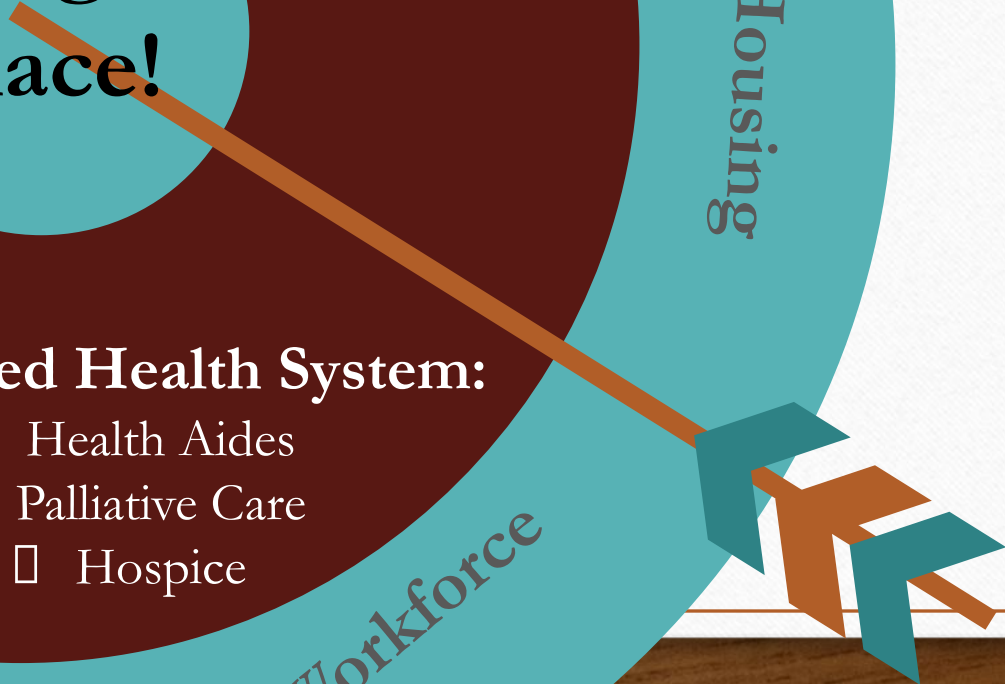
Social Support System:

- Homemakers
- Shoppers (groceries, Rx)
- Companionship

Aging In Place!

Integrated Health System:

- Health Aides
- Palliative Care
- Hospice



A row of four colorful Victorian houses with porches, surrounded by trees with autumn foliage. The houses are painted in shades of blue, yellow, and red, with white trim and decorative porches. The scene is set in a residential neighborhood with large trees and a ground covered in fallen leaves.

Integrated system of health



Integrated system of health

Communication

Recommendation: Improve Communication Among MV Organizations

- COA communication is important in establishing an overarching coalition encompassing all six towns.
- In addition to COA representatives, the coalition could include healthcare workers and members of organizations that serve the elderly.
- **Recommendation:** Healthy Aging MV can establish this coalition and help to create/execute an action plan for better utilization of resources for the elderly.
- Coordination of events for older adults: workshops for adults 55+ to plan for aging & increase awareness of island services

43 percent of groups surveyed wished for increasing collaboration between organizations

Recommendation: Communication with older adults

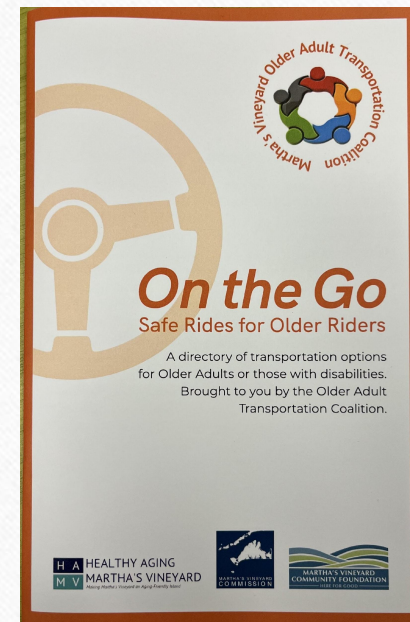
- Most people learn of services on island via word of mouth
- Current one-stop shop websites are out-of-date and underutilized
- **Recommendation:** Coordinated, centralized, multi-faceted approach through numerous mediums to communicate social services, events, and resources for seniors
 - Quarterly resource book
 - Updated and easy-to-navigate website
 - Weekly/biweekly newsletters

"I can't call my doctor directly anymore, I always get put on a waiting line and then I never hear back"

"We always need to educate people about the programs available because people don't know. It's almost too much to keep connected"

Quarterly Resource Book

- Binder with tabs from each Council on Aging, separated by town, then further separated by category
- Friendly neighbor list
- List of elderly services provided by each town



Could look like this... but with more information!

Improve existing online services

- Current resources:
 - Online: [First Stop](#), [Elder Services database](#), [FindHelp.org](#)
 - Hard-copies: MVTimes 55plus section
- Issues:
 - Many seniors don't use the internet
 - Not easy to navigate
 - Not comprehensive
 - I.e. Not up-to-date (FS), Lacking contact info (ES), doesn't have island-specific orgs (FH)
- **Recommendation:**
 - One-stop website with all MV elderly services & events offered by COAs
 - Bi-weekly hardcopy and email newsletter




Integrated system of health

Healthcare services

Hospital Integration

- Currently, many providers learn about older adult resources and services via word of mouth
- No formalized system for providers to perform house visits—*currently self-directed*
- **Recommendations:**
 - Formal training for providers and case managers regarding issues facing older adults on MV & resources to address issues
 - Implement formalized home-visit system for providers @MVH
 - Block out one day per week/ bi-weekly/ month for providers to perform home visits
 - Create physical home visit kits with appropriate equipment



"I would love to do more home visits, but my patients don't request it, I don't think they realize it is a service"

Current Capacity:
Island Home
Health Agencies

Publicly paid for long term care

- Island Health Care services
- Hospice and Palliative Care of Martha's Vineyard

Private pay long term care

- Best of Care, Inc.
- Horizons Geriatrics
- Visiting Nurse Association of Cape Cod (VNA)
- Greater Boston Home Solutions LLC
- SOSTEK Inc.



Recommendation: Home Health Career Ladder

- 100% of interviews indicated a need for more workforce for home health care
- Utilizing the people already living on the island, increase Home Health Aide (HHA) workforce by offering HHA courses to island residents
- HHA programs in the past on MV have included classes of 10 people, and have sold out in 3 minutes of being published (Horizon Geriatrics)
- Offering more HHA programs would allow younger students, as well as second career workers, to start a career in healthcare services as a healthcare career ladder
- More HHA's on the island would allow for more aides available to those who need in home services

Cost of Home Care

\$112,000/year for 1 full-time live in caregiver (Horizons Geriatrics)

\$103,000/year for assisted living facility (Henrietta Brewer House)

\$25-30/hour for Home Healthcare Aid (Horizons Geriatrics)

Medicare and HHA's



- Medicare will cover home health aide care if a person requires skilled nursing care. Medicare will **NOT** cover HHA care if skilled nursing care is not needed (Centers for Medicare & Medicaid Services, 2020).
 - RN/LPN: Injections, tube feedings, dressing changes, patient education regarding long term care (i.e. prescriptions, diabetes management, hypertension management)
 - HHA: bathing, toileting, dressing

Logistics of Increasing HHA Programs

- Through Visiting Nurse Association of Cape Cod
 - Hire one dedicated RN to teach HHA courses (could include RN off-island for didactic teaching, or retired RN on-island who wishes to teach)
- Programs are offered four times per year
 - Program is 4 weeks in total, 23 hours/week. 75 didactic hours, 16 clinical hours
 - Cost of program is offset by program fee, and return on investment from HHA services
 - Would graduate 40 HHA's/year
- Advertise as a "healthcare career ladder" to younger, trade students as well as alternate career workers (second career, or stay at home parents looking for additional income)
- HHA program over CNA program as HHA training is more focused to a home care environment and clinicals do not need to be at a Medicare facility





Integrated system of health

Disability Services



Highlighting an Important Population

- Similar needs for people with disabilities and older adults (i.e. home health care)
- Similar barriers to care
- Aging population

Opportunities For Improvement to Disability Services

Room For Improvement	Recommendations
Spreading best practices	Cross-training support staff: training workshops
Mechanisms for quality improvement	Accessible feedback pathways for direct care providers
Reduce burnout for workers	Employers provide counseling services
Funding (government)	Awareness and advocacy efforts
Employment opportunities	Employers adopt an inclusive employment model
Social opportunities	Continue in-person and online events
Affordable, reliable transportation	Bus pass discount equal to older adults
Individualized care	Person-centered care

A scenic landscape at sunset. The sun is low on the horizon, casting a warm orange glow across the sky and water. The foreground is filled with dark, silhouetted coastal vegetation. The water is calm, reflecting the light from the sun. The sky transitions from a deep blue at the top to a bright orange near the horizon.

Behavioral Health

A scenic landscape at sunset. The sun is low on the horizon, casting a warm orange glow across the sky and water. The foreground is filled with dark, silhouetted coastal vegetation. The water is calm, reflecting the light from the sun. The sky transitions from a deep blue at the top to a bright orange near the horizon.

Behavioral Health

Mental Health Services

Mental Health on MV



- Mental health issues are common
- Substance use and social isolation in the elder population
- 72.9% of MV residents view substance use as an important concern and 43.9% of MV residents view mental health as an important concern (MV Hospital, 2019)

Mental Health Services on MV

- Martha's Vineyard Community Services
- Island Health Care
- Martha's Vineyard Hospital
- Red House Peer Recovery Support Center
- Vineyard House
- Hospice of Martha's Vineyard
- Mental Health Support Groups found through *FirstStop* website
- Martha's Vineyard Substance Use Disorders Coalition



Barriers to Mental Health Services

- Communication and integration of care and resources
- Isolation
- Stigma and misinformation
- Limited treatment options on-island

"The HUB Table is an evidence-based, rapid intervention, designed to identify at-risk individuals or families and link them to a consortium of health and human service providers because they are deemed to be at elevated risk." – Brian Morris, MV Times

The HUB Table Model

Recommendation:

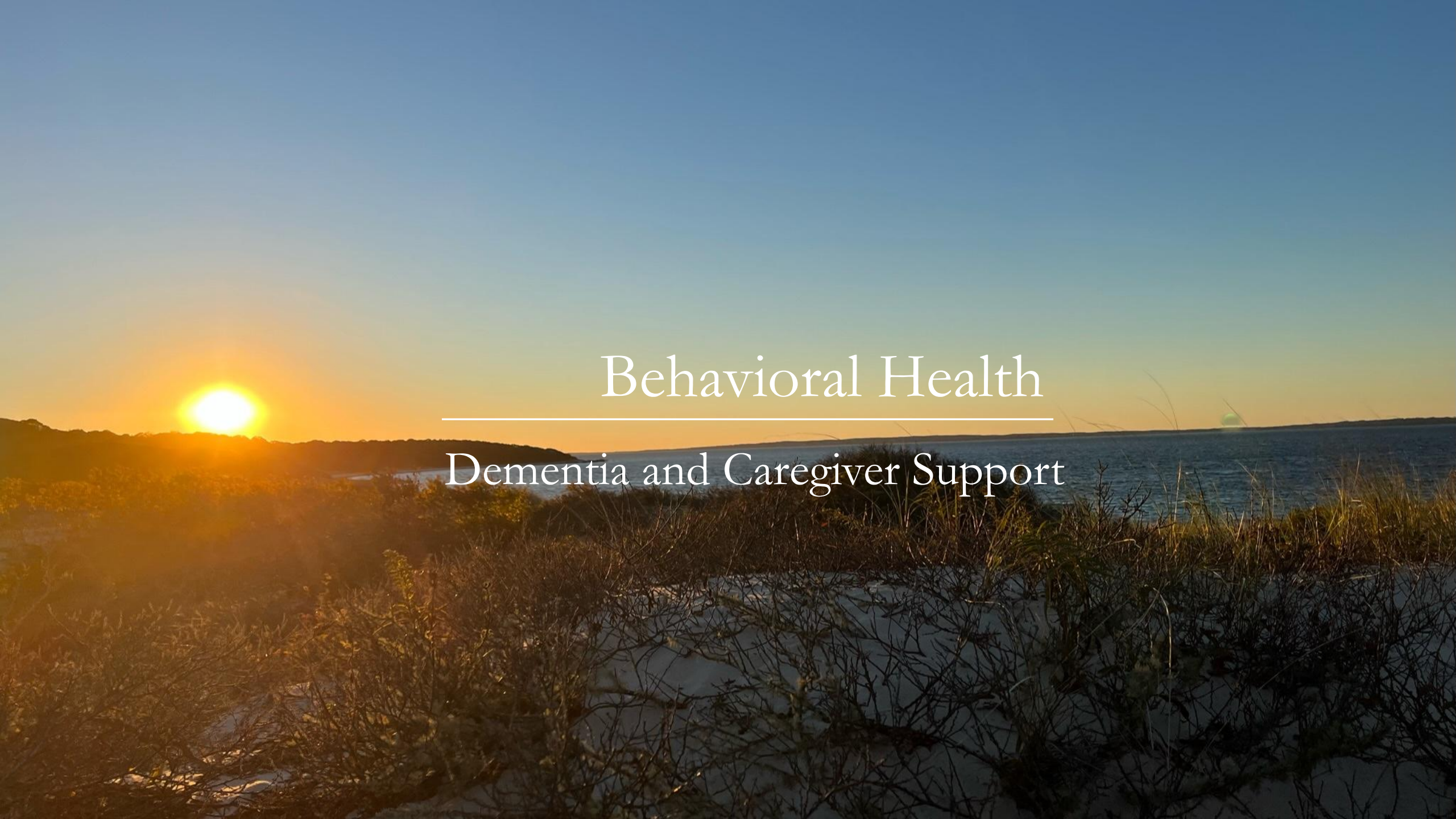
Expanding the HUB
Table

Improve the HUB's reach to elder
population:

**Elder services expert to join HUB
Table**

Expand reach of the HUB Table Model:

**Create similar group for general
mental health issues in elder
population**



Behavioral Health

Dementia and Caregiver Support

Dementia on Martha's Vineyard

- Dementia is important issue in aging population
- People with dementia often live at home
- Individuals with dementia and their caregivers face unique needs
- Neurology consult needed for diagnostics and management of symptoms

Currents services, needs, and recommendation

Current Services

- Center for Living
- Healthy Aging
Martha's Vineyard

Needs

- In-home
companionship
- Self-management
coaching for
independent living
- Caregiver respite

Recommendations

- Dementia patient
support group
- Companionship program
- Expanded staffing and
support for C4L
- Continue to strengthen
dementia friendly
elements

A scenic landscape at sunset. The sun is low on the horizon, casting a warm orange glow across the sky and water. The foreground is filled with dark, silhouetted coastal vegetation. The water is calm, reflecting the light from the sun. The sky transitions from a deep blue at the top to a bright orange near the horizon.

Behavioral Health

Education and Stigma

Education and stigma

- Stigma and fear surrounding mental health and dementia
 - Ignore the problem
 - Don't seek care
- Elder population may not be aware of resources available to help them
- Desire to work with people with mental health issues requires awareness

Education and stigma

Recommendations:

- Mental health education for the general community
- Mental health first aid training
- Dementia education, both for people with dementia and caregivers
 - For people with/at risk for developing dementia: Talks on early signs, prevention education, ways to improve home and lifestyle with dementia
 - For caregivers: communication strategies, resource education, support groups

A photograph of a residential street. The street is paved with asphalt and has a white line down the center. On the left side, there is a brick sidewalk with a black lamppost. A white picket fence runs along the sidewalk. In the background, there are large trees with green and yellow leaves, and a house with a white picket fence. The sky is overcast.

Social Support Services

Community Ties



What the "Heck" is Social Support Services

- Physical and Practical Assistance
- Resource and Information Sharing
- Emotional and Physiological Assistance
- Companionship

Our Proposal



**Recommendation: Senior
To Senior Enrichment
Program**

Let's Use the Resources and Bodies *Already Here*

- Martha's Vineyard Regional High School

MISSION STATEMENT:

**Community. Accountability. Compassion. Resilience.
Curiosity**

Go Vineyarders

BEAT NANTUCKET





Let's Talk About Community

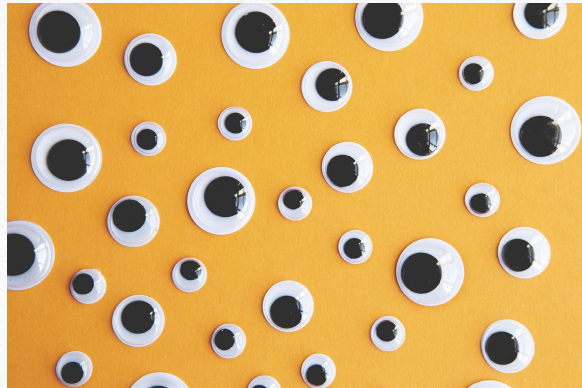
- There is no community service requirement for graduation
 - Only 15 hours for NHS & Leadership Elective
- Older MV residents want to continue to foster a sense of community and pride, "good old days"

Let's Talk About Accountability

- School facilitated community service program
- Graduation requirement for juniors and seniors at MVRHS
- School faculty coordinates with town COAs



BENEFITS BOTH PARTIES



EYES ON THE
GROUND



INVALUABLE INSIGHT
ON AGING IN PLACE

Let's Help Each Other



- **START SMALL DREAM BIG**
- **COMPANIONSHIP:** games, puzzles, baking, story-telling, knitting
- **SIMPLE HOUSEHOLD CHORES:** taking out the trash, laundry, lawncare, meal prep
- **KNOWLEDGE EXCHANGE:** computer/internet, life experience

Additional Proposed Volunteer Services

- **Recommendation:** We need multiple, all-hands-on-deck volunteer approaches to home-bound seniors
- Buddy system: Able-bodied older adults conduct physical and in-person check-ins on home-bound seniors
- Expanding upon Vineyard Village at Home's volunteer infrastructure
 - Current: volunteers sign-up weekly for clients' transportation request
 - Recommendation: Sign up more volunteers to provide more services beyond transportation (I.e. cleaning, cooking, socialization, etc.)

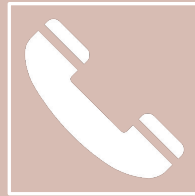
A photograph of a residential street with a white picket fence, trees, and a car parked on the side. The text is overlaid on the image.

Social Support Services

Outreach and Advocacy

Recommendation:

Senior
Advocate
Services (SAS)



Monthly phone calls from
Council on Aging Advocate



Annual nurse visits

Council on Aging Advocates

- 16 groups wished for increased centralization of services, and **14 of these 16 groups recommended that elder members need advocates to reach out to them**
- Each Council on Aging has a "Street List" for people living in their community that is age 60+
- Applying for a grant through all Councils of Aging, hire a senior advocate team that is the point of care contact person
- This dedicated advocate will routinely check in on a set list of people (~100 people per advocate)
- Tisbury has ~900 people age 60+, so they will need 9 full-time advocates
- Similar to Good Morning Program in Bath, Maine

"We do not have the stamina to do budgeting, planning, and paperwork when we are taking care of a sick or dying partner. We need an advocate"

"We need to call the elderly directly, find out what they need, and hook them up with the appropriate resources. This needs to be a regular occurrence, not random"

Annual Nurse Visit



Continually assess the needs of older adults see if anyone qualifies for skilled nursing care



Assessed needs and reports back to COA Senior Advocate



Payment comes from COA Senior Advocate Grant



In Tisbury, for ~900 people to visit in the calendar year. The COA would need to employ 1 full-time RN to fulfill this need

Grants Available for the Council on Aging to Apply

- Grants to Nonprofits for Projects That Benefit Underserved Populations
 - <https://massachusetts.grantwatch.com/grant/205495/grants-to-usa-ihes-and-nonprofits-for-humanities-projects-that-benefit-underserved-populations.html>
- Grants to Nonprofits, and For-Profits to Increase Access in Rural Areas
 - <https://massachusetts.grantwatch.com/grant/185321/grants-and-loans-to-usa-agencies-tribes-nonprofits-for-profits-and-ihes-to-increase-broadband-access-in-rural-areas.html>
- Grants to USA Health Departments to Expand the Preventive Healthcare Workforce
 - <https://massachusetts.grantwatch.com/grant/182486/grants-to-usa-health-departments-ihes-hospitals-and-consortia-to-expand-the-preventive-healthcare-workforce.html>
- Massachusetts Council on Aging
 - <https://fs16.formsite.com/mcoa/fal1ybvcfg/index.html>
- Original Senior Advocates could be hired through Americorp

Logistical Steps for Senior Advocate Services



Explore grant opportunities and apply as a coalition of Councils on Aging



Senior Advocates and RN's are then hired to work for each Council on Aging to see residents on the Street Lists



Senior advocates from each COA meet regularly to share resources

Summary of Recommendations

Integrated Health

- Implement a home visit system at MVH
- Quarterly Resource Book
- Home Health Heros
- Improve island-wide support for aging population with disabilities

Behavioral Health

- Expanding the HUB Table model
- Community-wide mental health education
- Expand Dementia Support Group services
- Increase awareness of dementia signs and symptoms

Social Support

- Senior to Senior Enrichment Program
- Senior Advocate Services

A photograph of a beach at low tide. The ocean waves are breaking onto the shore, creating white foam. The sand is wet and dark, with several sets of footprints leading away from the water towards the foreground. The text "Next Steps" is overlaid in the center of the image, underlined.

Next Steps

Health Care Plan (General)

Priority Problem: Ineffective Health Care Management

Patient Goals:

1. Residents report (in 6-8 months) they are aware of resources on the island and have access to site
2. Residents confirm that support services reach out (quarterly) and answer any questions/triage concerns regarding home-health
3. Residents feel safe and supported while sustaining independence at home
4. Families of elderly feel comfortable with family members' living environment and support services

Interventions:

- Conduct a needs assessment addressing all patient needs, considerations, and current resources
- Utilize case management to triage critical patient needs
- Implement a general resource plan & nursing care-plan that is unique to patient needs
 - Addresses all facets of the "wheel"
 - Addressing patient/family centered needs
 - Addresses health disparities/critical barriers that may impact patient care

Patient Evaluations:

1. Patient/caregivers fills out quarterly survey addressing healthcare needs
2. HHA/CNA documents
3. Case management reassess patient and family needs quarterly using standardized form

Thank you to all our interviewees

- Chappaquiddick Community Center
- Council on Aging
- Counseling, Outreach, and Referral for Elderly (CORE)
- Edgartown Council on Aging
- Elder Services Cape Cod & Islands
- Healthy Aging MV
- Horizons Geriatrics
- Hospice and Palliative Care of MV
- Island Elderly Housing
- Island Elderly Services
- Island Food Pantry
- Island Grown Initiative
- Island Health Care
- MV Center For Living
- MV Commission
- MV Community Services
- MV Diversity Coalition
- MV Hospital
- Oak Bluffs Council On Aging
- Representing All Island Clergy
- Tisbury Council on Aging
- Tisbury Police Force
- Tri-Town Ambulance Group
- Up-Island Council on Aging (Howes House)
- Veterans Outreach
- Vineyard Village at Home
- Vineyard Independence Partnership
- VNA Cape Cod & Islands
- Wampanoag Tribe of Gay Head

Thank you
to the
facilitators

Patricia "Paddy" Moore

Dan Pesch, MD

Marcy Holmes, NP, MSN, BSN

Cindy Doyle

Cindy Trish

Alexis Babaian

Suzanne Cashman

Heather-Lyn Haley

Karen Lento Gazarian



Questions & Answers
