Mass General Brigham
Martha's Vineyard Hospital

2025

Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) — Massachusetts General Hospital and Brigham and Women's Hospital. The system also includes high-quality community hospitals — Brigham and Women's Faulkner Hospital, Cooley Dickinson Hospital, Martha's Vineyard Hospital, MGB Salem Hospital, Nantucket Cottage Hospital, Newton-Wellesley Hospital and Wentworth Douglass Hospital. All are deeply connected to the mission of Mass General Brigham — advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which is more than a report: it is a roadmap for action. It calls on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

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I. Background

Martha's Vineyard Hospital (MVH), a 25-bed critical access hospital, has delivered high quality, compassionate medical care to the Vineyard's full- and part-time residents and its visitors since its incorporation in 1921. As a member of the Mass General Brigham System, MVH patients have access to the finest community-based medicine and most advanced specialty care in the world.

Like all Community Health Needs Assessments (CHNA), the 2025 CHNA fulfills the IRS Section H/Form 990 mandate and the Community Benefit Reporting Guidelines of the Massachusetts Attorney General (MA AGO) to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

As also required, a description of our investments in community health, actions taken since the last CHNA, and outcomes related to our work can be found in reports submitted annually to the MA AGO available at: https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits.

II. Methods

A. Definition of priority community and populations

Martha's Vineyard Hospital defines its community as the towns within Dukes County, specifically Aquinnah (home to the Sovereign Wampanoag Tribe of Gay Head), Chilmark, Edgartown, and Oak Bluffs, Tisbury, and West Tisbury and neighboring Gosnold.

- Geography: Dukes County is 103 square miles and the 12th largest county in Massachusetts by total area. Martha's Vineyard and Gosnold are situated seven miles off the southern coast of Massachusetts and therefore geographically isolated. Each town in Dukes County has its own cultural identity and governance structure, the complexity of which often leads to duplication of efforts and inefficiencies in resource management. Despite its scenic beauty and strong community bonds, the County faces serious challenges stemming from its rural nature, seasonal population variability, and geographic isolation. Transportation barriers, limited housing availability, and workforce shortages contribute to ongoing health disparities. These factors shape the context of this Community Health Needs Assessment, which seeks to identify and address critical gaps in health care access, services, and outcomes for all residents across the county.
- Patient population: The patient population in Dukes County includes year-round and seasonal residents and a fluctuating visitor population. While the year-round population was reported to be 21,061 as of July 1, 2024[i], the population swells to an estimated 125,000 between June and September. Additionally, there is a significant immigrant population that may not be captured in U.S. Census reporting, but which contributes to health care access issues and disparity in health outcomes. There are three entities (Island Health Care, Martha's Vineyard Hospital and Martha's Vineyard Medical) that provide primary care services on the Island and currently have capacity to serve 18,000 people. The only other health care organizations providing routine health services are

Health Imperatives, a comprehensive sexual and reproductive health clinic, and Martha's Vineyard Community Services, a social service organization.

- Target populations served: Key areas of this report focus on access to health care for diverse populations and for older adults. Racial and ethnic diversity and an aging population have important implications for healthcare access, social services, and community planning. In the most recent American Community Survey, 82% of Dukes County residents identify as White alone (one race), followed by those with two or more races (9%), Black alone (3%), Hispanic or Latino (3%), some other race (3%), and Asian and American Indian (1% each). In 2020 Census, 14% of people in Dukes County identified as either Portuguese or Brazilian (alone or in combination with another race).[ii] Residents who identify as Brazilian are likely underreported due to the way in which race/ethnicity are categorized in Federal data. Dukes County is also home to the Wampanoag Tribe of Gay Head (Aquinnah) with a reported 1,364 members as of 2019.[iii] In 2024, residents older than 65 represented 28.8% of the population, compared to 16.8% statewide and 16.3% nationally.[iv]

Therefore, we reaffirm our priority area and populations as defined above and will continue to work in and with residents to address the health needs and disparities.

B. Regional Collaboration

Island Health Care (IHIMV), a Federally Qualified Health Center (FHQC), and MVH completed a first-of-a-kind collaborative community health assessment on Martha's Vineyard. Both health care organizations are committed to providing high quality community-based health care to the residents and visitors to Dukes County. The organizations share a belief that as the health care leaders on the Island, they have a responsibility not only to provide access to quality health care services, but to support the development of strategies that address social and economic factors that impact overall health. With complex issues such as food insecurity, access to transportation to off-Island medical appointments, housing insecurity, seasonal employment and the rapid growth of tick-borne diseases, IHIMV and MVH are committed to partnering with other organizations and sectors of the economy as part of the strategy to improve health outcomes and quality of life on the Island.

The county is federally designated as a Health Professional Shortage Area (HPSA) across primary care, dental care, and mental health, and is recognized as a Medically Underserved Population (MUP)—signaling longstanding gaps in access to essential health services. These designations underscore the urgent need for strategic interventions, increased collaboration across health care organizations, recruitment of qualified providers, and expanded health infrastructure to address unmet needs throughout the region.

This CHNA report draws from the Dukes County Community Health Needs Assessment (DCCHNA), a report resulting from the collaboration between MVH and IHIMV and outlines the current health challenges facing Dukes County. Specifically, this report utilizes population-level health indicators and data on service gaps, provider shortages, and community priorities, and will ultimately inform a Community Health Improvement Plan (CHIP) with solutions that promote equitable access and improved outcomes for all residents of Dukes County.

C. Data Sources

The 2025 CHNA was developed using the following data sources:

1. **Secondary data:** Demographic data, as well as information about the health and behavioral health of residents, and the social determinants of health affecting them, were compiled using the most recently available U.S Census and American Community Survey data, along with reports compiled by the Martha's Vineyard Commission. Additionally, data from local, state, and federal sources were reviewed to provide insights about health conditions and behaviors, service access, and social determinants of health and related disparities within our community. Sources included the Massachusetts Department of Public Health, and federal agencies, including the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, the National Cancer Institutes, and the Department of Housing and Urban Development. These data can be found in Appendix A.

2. **Focus groups and key informant interviews:** We conducted five interviews and 10 focus groups with 103 leaders and community members from a variety of community organizations in and/or serving the priority communities. The goals were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. The focus groups brought together individuals who represent, serve and/or advocate for some of the most vulnerable populations in the area. Each of five groups were held with individuals who have expertise related to one of the following: (1) youth and children; (2) behavioral health (mental health and substance use disorders); (3) access to health care (patients, providers and advocates); (4) the disability community; and (5) Issues specific to older adults and caregivers. The remaining groups engaged representatives from a variety of community organizations, Brazilian community members, domestic violence survivors, as well as those providing job training/vocational programs. The groups were facilitated in person and online and data were analyzed for common and divergent themes. A summary of the interview and focus group findings can be found in Appendix B.

3. **Community Survey**: A survey was administered across the Island and was open for four months between April and July 2025. To maximize community participation, especially by those experiencing inequities, the survey was available online and in hard-copy and in English and Portuguese (Brazilian). It was promoted via social media, by partner organizations, within the hospital's public spaces, and at tabling events at grocery stores and community fairs. In total, 1,021 surveys were completed. All survey respondents live on the Island seasonally or year-round. Surveys were not distributed to visitors or people who did not have an address in Dukes County. Survey results and findings can be found in Appendix C.

D. Role of the Community Advisory Board

Because the CHNA was developed collaboratively, community advisors include members of MVH's existing Community Advisory Committee (CAC) as well as IHI's Board of Directors. The MVH CAB is comprised of three hospital staff and providers and six community members. As a FHQC, IHI is required to have a Board of Directors that is made up of a majority of patients and community members. Collectively, community advisors have expertise in clinical needs and community resources. The MVH CAC met on Tuesday, September 9 to review the assessment data, affirm the hospital's target community and populations, determine the priorities to be addressed in the hospital's next Community Health Improvement, and approve the CHNA.

III. Assessment Findings

Community assets and resources: Dukes County has 150 local non-profits serving the health, social, cultural and recreational needs of Islanders.[v] The impact of our generous philanthropic community cannot be understated. Annually, community foundations and individual donors support nonprofits for capital projects and operational needs, as well as grants exceeding $2m for individuals pursuing higher education and/or technical schools. There is strong civic engagement. Schools are well-funded with an average per pupil cost of more than $35,000, among the top ten highest costs in the state.[vi] The community is highly educated. The 2023 ACS showed that 95.2% of Dukes County residents aged 25 and older had graduated from high school, with 49.0% having attained a bachelor's degree or higher and 22.9% having a graduate or professional degree.[vii]

In the last CHNA, the community's collaborative spirit, resilience and diversity were highlighted as the strengths of the community, specifically during the COVID pandemic. This CHNA revealed a shift from that perception. Focus groups, informant interviews, and surveys suggest there is a growing sense of hopelessness and concern about the future, with many residents expressing anxiety and fear, especially around healthcare access and social stability. Collaboration among community agencies is mixed; while valued, resource constraints and organizational silos hinder broader cooperation. Within the focus groups and interviews there was debate over the need for the number of nonprofits on the island, with some advocating for consolidation to improve impact. Additionally, recent turnover in staffing and leadership positions across multiple organizations pose challenges to collaborative planning.

Diversity and resilience are still strengths of the community, but socioeconomic disparities and the high cost of living create barriers for residents and workers. Fear among immigrant populations due to recent ICE activities and a tense political climate are evident and some believe impeding access to resources for immigrants on the island. There is some disagreement about how well the hospital is responding to the issues facing the immigrant community, specifically around in-person translation and lack of availability of bi-cultural staff and providers. Changes at the federal level are impacting funding for many community organizations. For example, the one staff position on the Island specifically supporting access to WIC benefits was eliminated due to funding cuts; that service is now available one day every other week and provided by a person coming from off-Island. The service provided support to 411 Islanders. SNAP benefits were provided to 1012 individuals in 2022.[viii]

Demographics: The county's median annual household income is $102,348. However, the median income by town ranges from the high $194,526 in West Tisbury to the low of $70,724 in Tisbury. Dukes County has approximately 1,110 residents, or 5.4% living in poverty. Poverty rates increase by race/ethnicity: Black (8.7%), Asian (14.9%), two or more races (11.5%).[ix] Many year-round residents are routinely unemployed in the winter months on the Island – 16.7% of those in poverty live below 200% of the FPL.[x] Families and especially seniors living significantly below the federal poverty level rely on assistance in the form of free/reduced school lunches, weekend back-pack school food programs, and nutrition support programs such as senior center giveaways, the Food Pantry, and church grocery distribution initiatives.

Social Determinants of Health: Housing and food insecurity, unique needs of our aging population, and language challenges we have in reaching and delivering care to the Brazilian nationals that are a part of the Island community are among the most pressing social

determinants impacting health outcomes. The survey showed that nearly 60% of respondents cited access to health care as one of the three most important factors to define a healthy community. More than 50% of respondents identified stable, year-round housing as one of those three factors, along with nearly 25% citing access to healthy, affordable food. The County Health Rankings note that Dukes County's outside air quality, drinking water quality, and commute are all at or better than the state average as of 2025.[xi]

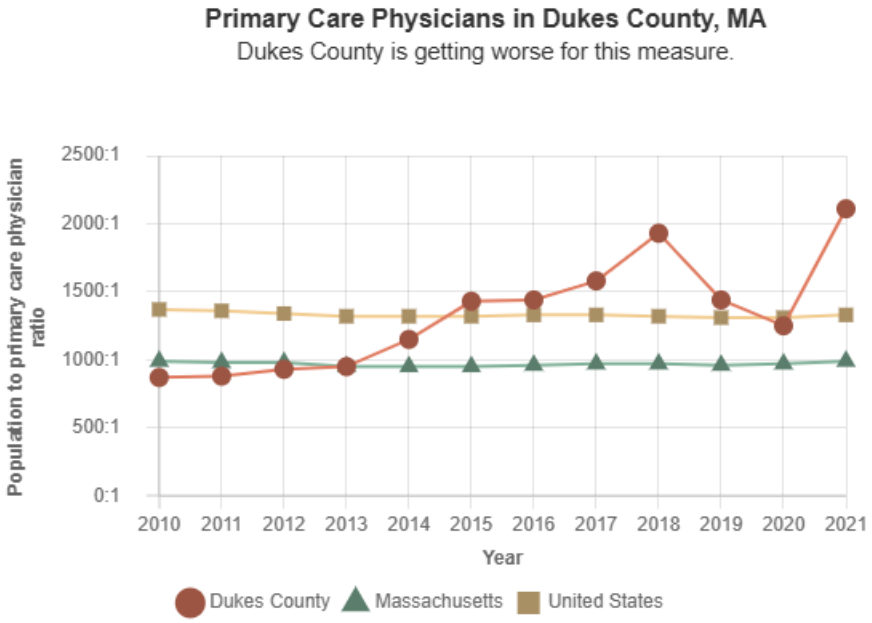
Incomplete plumbing or facilities are noted in both the MV Commission Housing report and the MV Point in Time Homeless count. Further, individuals who live in sub-standard housing are certainly living with other environmental concerns such as pests, water damage, and mold. Both Island Health Care and the Martha's Vineyard Hospital screens patients for a substandard housing environment and, if indicated, refer to follow up resources.

- **Housing:** In 2022, the median weekly wage of $1,793 was 87% of the state average and the median home price was almost three times the median in the state, signaling the disparity between what residents can afford and existing housing costs. The average price of a home in the first half of 2025 was $1.83m and the average transaction was $2.06m.
- **Food Insecurity**: The Martha's Vineyard Food Pantry has 5,700 registered clients on Martha's Vineyard, representing more than one-quarter of the population. Prepared meal production has gone from 2,304 in 2018 to a projected 25,000 in 2025.
- **Limited Technology Proficiency**: Financial barriers are a primary concern with tech adoption. Focus group and key informants reported that individuals with low income may not be able to afford a phone with video capacity and/or a data plan, rely on flip phones for minimal communication, or use cell phones/services not on a continuous data plan. Additionally, many will not answer calls from an unfamiliar number, take calls while at work, or have a mailbox set-up. Because many Brazilian Portuguese-speaking patients use mobile phones for international communication, and in order to limit data usage, they'd rather text than talk on the phone – using WhatsApp – a platform that is not supported by HIPAA.
- **Language Barriers:** Nearly 50% of IHC patients seen in 2024 indicated they are best served in a language other than English. And, in 2024, MVH provided interpreting support for 27,118 medical visits, 95% were in Portuguese or Brazilian Portuguese.

Access to Care: The survey, focus groups and key informant interviews were in alignment regarding the biggest challenges in accessing care.

- **Primary Care, Urgent Care and Specialty Services:** All methods of data collection identified difficulty finding primary care providers, lack of "Urgent Care," long wait times for appointments, and lack of specialists, especially for endocrinology, eye care, dental care, pharmacy services and mental health therapy. There is a critical shortage of

primary care providers with wait lists at MVH and IHI.



In 2021, it was estimated that there was one primary care provider per 2,110 people in Dukes County, compared to 990 per provider in Massachusetts and 1330 per provider in the United States. [xii] In January 2025, IHI opened a new dental clinic and by May of 2025 the clinic had a wait list. There are no geriatricians on the Island and one specialist in neuro-cognitive care. Home care services are very limited. There are three retail pharmacies on the Island, and none take Health Safety Net. The flexible benefit card allowance through the MGB Medicare Advantage program is not accepted at any pharmacies on the Island.

Primary care resources are unable to meet the demands of residents and are further complicated by an aging seasonal population with complex health care needs who require regular access to services while living on the Island for four to six months. As of 2024, the MV Commission population estimate of summer visitors projects that on any given summer day there may be upwards of 94,000 people on the Vineyard, roughly 4.6 times the year-round population. The transients (defined as those in room rentals or in Airbnbs, boaters, campers, day-trippers, and on cruises) can reach 14,346. Seasonal residents and vacationers are projected at 55,428, and guests of 'year-rounders' at 18,693.[xiii] This drastic influx of summer visitors, when year-round residents may only make up 24.6% of the population, strains our already stretched healthcare resources. Veterans and Tribal members often face challenges accessing care due to limitations in insurance coverage through the Veterans' Administration and Indian Health Services.

- **Transportation:** To say transportation is a critical issue related to health care access is an understatement. Access to Martha's Vineyard is limited to public ferry or private boat, or commercial or private planes. Time-consuming and costly travel has long been a barrier for our target populations. Travel anywhere includes ferry or air travel, and roundtrip airfares to Boston are cost prohibitive at an average round-trip cost of $432.64, as of August 2025. The ferry is the most accessible travel option for Island residents. The cost for a roundtrip car ferry ticket for residents is currently $93.00 in off-season,

$126.00 for in-season. A roundtrip walk-on ticket is $21.00 for adults and $11.00 for children 5-12 years of age. Responsibly, fares for children less than five years old are free. Frequent weather disruptions, mechanical issues and crew shortages make travel for medical appointments unreliable. In the last three years nearly 1000 ferry trips were cancelled.[xiv] While the ferry provides preferred access for urgent medical needs off-Island, it is often challenging to get a priority space. Medical priority is only available for patients who have a profile with the Steamship and drive the car associated with the profile. Additionally, the Steamship Authority requires a medical letter to come from the facility where the care will be provided, so a primary care physician cannot write a letter for a specialty visit in Boston.

If you do not have a car, managing travel to appointments off-Island is even more challenging. One member of a focus groups described travelling to a diabetes clinic for regular care said: *"I can't take the Medivan, because the clinic I go to is a different day from the Medivan Trip. I take a taxi to the ferry terminal, once across, I take a Peter Pan or Plymouth Brockton bus to South Street Station then a taxi to MGH and the same on return. The trip takes me about eight hours and costs about $100 in travel."* There is one bus that transports residents from Martha's Vineyard to Boston area hospitals, but it only operates on Tuesdays. The transportation is limited to residents older than 60 or disabled and appointments in Boston must be between 10am and 1pm. The bus departs Boston no later than 2:30 without exception.

There are four ambulance services on the Island. The local ambulance services do not provide off-Island transport, so MVH contracts with off-Island companies to transport from MVH to hospitals off-Island.

Since the last CHNA, in response to growing needs of the older adult population, local ride share programs emerged (Go-Go Grandparent, Vineyard Village at Home, and Chappy Connect). These programs rely heavily on volunteer drivers and grant and philanthropic funding. Sustainability was raised as a concern by key informants.

Health Conditions and Outcomes: Dukes County is healthier than most counties in the Commonwealth. In a data brief compiled by Massachusetts Department of Public Health in January, 2024, Dukes County ranked first in the state with low mortality and premature death rates and the long life expectancy.[xv] Likewise, 81% of survey respondents reported to be in good, very good, or excellent health.

- **Tick Borne Disease:** In 2025 YTD, the Dukes County/Nantucket rate of ED visits by patients ***diagnosed*** with tick borne disease was 113.33 per 10,000 - the highest rate in the state by at least 85%. Berkshire and Barnstable are the next highest with a rate of 17.4 per 10,000. Positive lab tests performed at MVH for all tick disease increased by 50% from 2019 to 2024, with the highest increases seen in Rocky Mountain Spotted fever (500%), Tularemia (300%) and Lyme (30%). Lone Star ticks are a growing infestation and rapidly appearing in our tick count. They also carry vector-borne diseases such as Tularemia, Ehrlichiosis, Heartland virus, rash illness and STARI, as well as the red meat allergy (Alpga-Gal syndrome). In 2020, the Emergency Department performed nine tests for Alpha Gal resulting in two positive cases; in 2024 the Emergency Department performed 1,254 tests with 523 positive results. [xvi]
- **Cancer:** Overall, Dukes County has a lower cancer rate by comparison to Massachusetts and the United States overall. Age adjusted incidence rate is 404.7 per 100,000 for

Dukes County, compared to 437.2 for Massachusetts and 444.4 for the United States. However, Dukes County sees the highest incidence of colon and rectum cancers out of all counties in the state. The age adjusted incidence rate of cases per 100,000 people is 49.6 in Dukes County as compared to 31.3 in Massachusetts and 32.1 in the United States. In FY25, 74% of MVH patients between the ages of 45-75 were screened for colon cancer, compared to national screening rates of approximately 63%. Occurrence of breast cancer is lower than the Massachusetts and national averages. However, data show that incidence is not an indicator of mortality, suggesting that good preventive screening results in more detection and improved survival rates.[xvii1] For most other types of cancer, our population is too small for the data to be compared to other counties in the state or country (meaning that there are three or fewer cases per year on average).

- **Behavioral Health:** As in the 2022 CHNA, behavioral health services are insufficient to meet demand. Responses from this assessment identified emerging needs for social workers/counselors for geriatric patients, substance use disorder services for young adults between 18 and 35, technology addiction support services for teens, and psychiatric services for individuals with intellectual and developmental disabilities.
    - **Mental Health:** The occurrence rate for depression in Dukes County is 20%, while the State of Massachusetts' is 22.4.[xviii] Island Counseling Center, the community mental health counseling center, reports that anxiety and depression are the most frequent reasons for community referrals.[xix] Furthermore Dukes County has the highest crude rate of deaths by suicide than any other county in the state. Each suicide has an important and substantial impact on our community due to its tight-knit nature and small geographic area.[xx] The ratio of providers to the population in Dukes County is one provider per 160 patients, where the state average is 130 per provider.[xxi]
    - **Alcohol Misuse/Binge Users**: Of Emergency Department substance related visits in 2024, 86% were alcohol related.[xxii] In 2023, 23% of Dukes County adults reported binge or heavy drinking, more than the state average of 22%.[xxiii] There is no Crisis Stabilization Unit, nor an in-patient detox facility on Martha's Vineyard. Off-Island detox facilities no longer provide transportation from the ferry terminal in Woods Hole to the treatment facility, creating more barriers. The IHI MH/SUD team places an average of 16 Island residents per month, or about 190 per year, generally receiving self-referrals or referrals by peer recovery coaches, IHC or MVCS staff, and family/loved ones. While the IHI team uses a wide geographic area of facility placements across the country, residents still encounter insurance barriers for placements.
    - **Substance Use Disorder Deaths and Reported Emergency Events**: The Massachusetts Bureau of Substance Addiction Services reported decreases in all metrics related to its work (deaths, ED visits, treatment services accessed) for Dukes County in 2024 versus 2023. [xxiv]

- **Heart Disease and Hypertension**: The County and all individual towns report slightly higher rates of heart disease and coronary heart disease than the state and the national averages. The County rate is 8.0% of residents, while state and national percentages are about 6.6%. Conversely, the County reports hypertension rates at about 34% compared to the state at 37%.[xxv] Death due to heart disease ranks second to cancer. Stroke

deaths are less frequent. Since both heart disease and hypertension are linked, community health promotion initiatives will play a key role in the long-term health and longevity of our target population.

Figure 1 below summarizes the CHNA findings regarding the target communities and populations, primary health concerns and related needs, barriers to care, and opportunities to address the needs and barriers.

Figure 1. Summary of Findings from 2025 CHNA

Target communities	Dukes County
Target populations	Young adults (18-35); older adults (65+); immigrants and people of color; people with disabilities and Veterans
Health concerns	Behavioral health, eye care, dental Care, vector borne diseases and syndromes, colon cancer
Health needs	Access to primary and urgent care, colon cancer screenings, coordination of care, pharmacy
Barriers to care	Lack of providers (primary care, dental, eye, psychiatry, bicultural/bilingual), transportation, housing instability, insurance coverage
Needs to address health concerns and barriers to care	Transportation support, provider recruitment, research and treatment for vector borne diseases, access to specialists who work with the disability community

IV. Conclusions

Our aim is to achieve measurable improvements in health outcomes that contribute to premature mortality and shorter life expectancy in the community we serve. Addressing leading causes of premature death and large variations in outcomes—such as cardiometabolic disease, cancer, opioid overdoses and maternal health—requires more than clinical interventions, it must include solutions that target the health-related social risks and root causes driving these conditions. An integrated, social risk-informed strategy that addresses both medical and social needs is a more impactful model and essential to narrowing gaps in premature mortality and life expectancy, and building healthier, more resilient communities. As a hospital within the MGB System, MVH will respond directly to needs on the island while also participating in and benefiting from system-wide strategies to improve health outcomes. For this reason, Martha's Vineyard Hospital ***will define our CHNA priorities as follows:***

1. Broad Landscape of Health: During the CHNA process, we heard from residents and key leaders about facing persistent hardships from a variety of factors and often enduring higher levels of chronic disease related to significant barriers to accessing care and sustaining healthy behaviors. These themes will be interwoven into our work, understanding that without considering these facets of individuals' lives, we cannot improve health and well-being.

In their day-to-day lives, individuals encounter a variety of personal, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. Participants in the focus groups described multiple challenging experiences that contribute to chronic stress, many of which are closely connected to other topic areas in this report. Experiences included facing economic instability, isolation for seniors and persons with disabilities, the influence of shifting federal policies, and unstable housing.

1.1 Life Expectancy, Premature Mortality and Quality of Life
1.2 Mental Health/Chronic Stress/Isolation

2. Health Priorities: In Dukes County like elsewhere in Massachusetts, gaps in premature mortality and life expectancy exist. While there have been some improvements in health outcomes over time, certain communities and populations continue to experience disproportionately high rates of mortality from preventable causes.

2.1 Cardiometabolic Disease
2.2 Cancer
2.3 Substance Use Disorders/Misuse
2.4 Maternal Health

C. Social Risk/Social Determinants of Health (SDOH): Social determinants of health and social risk mitigation play a critical role in shaping the health of our residents. Disparities in wealth across the Island, housing instability, transportation limitations and under-resourced infrastructure often lead to higher rates of chronic disease and premature death.

3.1 Housing
3.2 Access to Healthy Food/Food Security
3.3 Access to Care and Services
3.4 Economic Growth and Opportunity

D. Emerging Needs: In addition to the named priority areas, we acknowledge that the public health landscape is continually evolving, bringing forth emerging needs that may require a "pause and pivot' to allow for strategic planning and rapid response. The focus group participants noted that increased temperatures are responsible for a longer tick season and thus increases in tick-borne illnesses on the island. As an island, the health of our residents is more at-risk due to storms and rising sea levels, which interfere with ferry transportation on/off island to access care and delivery of food and other supplies.

4.1 Extreme Heat and Climate Vulnerability
4.2 Immigrant Health
4.3 Access to Health Insurance and Social Support Services.

In addition to collaborating on the issues listed above, MVH will work with its community partners to address the following priorities specific to our priority populations and their needs.

Figure 2. Martha's Vineyard Hospital/Dukes County 2025 CHNA priorities

Priorities	Objectives
Health priorities	Improve the health of community members, especially: • Behavioral Health & Substance Use • Vector Borne Disease and Syndromes • Colon Cancer
Improving access to care	Increase access to resources that improve access to care, including: • Transportation • Primary, Urgent Care and Eye Care • Access to specialists (Spine, Diabetes, Dental) • Economic opportunity/housing advocacy • Community Engagement that better informs and supports the community about available services and Patient Gateway usage. • Translation/Interpreter services

V. References

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[xx] *County Health Rankings*. (2022). Massachusetts – Suicides. https://www.countyhealthrankings.org/app/massachusetts/2022/measure/factors/161/data

[xxi] *Note: This indicator is compared to the state average. Indicator data for the report location are calculated using small area estimation method. Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2024.*

[xxii] Massachusetts Bureau of Substance Addiction Services, Workbook: BSAS_Dashboard_Phase_3_Community_Profile

[xxiii] *County Health Rankings*. (2025). Massachusetts – Excessive Drinking. https://www.countyhealthrankings.org/app/massachusetts/2022/measure/factors/49/data

[xxiv] *America's Health Rankings*. (2023) Depression. https://www.americashealthrankings.org/explore/annual/measure/Depression_a/state/MA

[xxv] Massachusetts Department of Public Health, Massachusetts Department of Public Health. 2023.Show more details

VII. Appendices

Appendix A: MVH Secondary Data Highlights (with corresponding table/figure #)

Demographics:

- **Population Size and Age of Population**: Dukes County Population as of last Census was 20,751 (1). The median age in Dukes County is 50.4; however 26% of the population is older than 65. The "Up-Island towns (Aquinnah, Chilmark and West Tisbury) have more than one-third of the population older than 65. (2). The Population of Dukes County grew by more than 21% between 2013 and 2023, outpacing population growth in MA at 5.9% (3).
- **Diversity and Language:** While Dukes County is predominantly white (2020 Census data suggests the county is about 80% white), school data and data from the MV Commission suggest that the Census data is not an accurate indicator of the level of diversity on the Island. School demographic data suggests that whit students make up about 2/3 of the population. The Tisbury School, for example, reported fewer than 50% were Caucasian in the 2024-2025 school year. (4).
- **Education:** With regard to the proportion of the population that has a Bachelor's degree or higher, Dukes County estimates that 49%, just above the state rate (46.6%). In school year 2024-2025, the proportion of students attending the Martha's Vineyard Public Schools who were English learners ranged from a low in the Charter school of 2.8% to a high in the Tisbury School of 23.7%, for whom English is not their first language a low at the Charter School of 6.8% to a high at the Tisbury School of 49%, all schools have at least 30% of students considered low income, with Tisbury School having 46.2%. Martha's Vineyard Regional High School has a graduation rate of 87.9% graduation rate and a 3% drop out rate; MV Public Charter School has a 100% graduation rate and a 0% drop out rate, according to the School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025. (4)
- **Employment, Income & Poverty:** The median household income in Dukes County is $102,348 in line with the state estimate at $101,341 (9). Within the MVH catchment, however, there is quite a disparity across the towns, with Tisbury estimates at $70,724 per household and West Tisbury estimates at $194,526. (1) At 10.1%, the poverty rate for the County is higher than the state rate (9.9%). In the catchment, poverty is higher for all racial/ethnic minority groups other than Whites (1.5%) and highest among "Two or more Races" (10.1%)(11).
- **Housing:** As prices continue to rise, so have affordability gaps, typically defined as the difference between what a median-income household can afford and the median home price. A comparison of all Island towns and the county for September 2012 and November 2020 and 2023 shows widening affordability gaps in all cases. (13) Islandwide, the affordability gap was $928,500 in November 2023 (based on a median sale price of $1,327,500 and the $399,000 that a median-income household could afford), up from $781,500 in November 2020 and $225,000 in 2012. This represents a 313% increase between 2012 and 2023, which is way beyond the inflationary rate of 33% during the same period. Additionally, There is still a relative lack of diversity among housing types, as 92% of the housing stock involved single-family detached units with only 5% in structures with 2-4 units, and 2% in structures with 5 or more units. The seasonality of the housing stock, in combination with a relative lack of multi-family

housing, contributes to a limited supply of affordable housing. The Martha's Vineyard Commission compiles a comprehensive Housing Needs Assessment. The most recent assessment was completed in September 2024 and can be found at MV Housing Needs Assessment Update 2024-07-10.pdf

Comparative data tables:

1. **Population of MVH catchment and communities**
2. **Age Distribution by State, County, and City/Town**
3. **Population Change between 2013 and 2023**
4. **Racial Composition of Public School District Student Enrollment by State and City/Town**
5. **Primary Languages Spoken at Home (English/Other Language) by Population Ages 5 and Older**
6. **Educational Attainment Profile (Older than 25 years)**
7. **Public School District Student Enrollment of Selected Populations**
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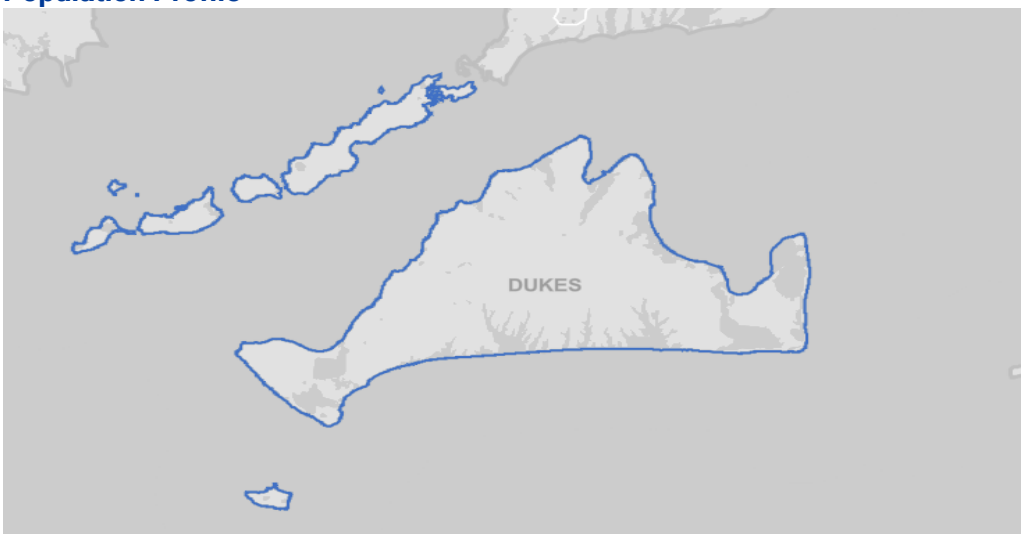
9. **Employment Status – Unemployment**
10. **Median Income**
11. **Poverty Rate**
12. **Renter Costs**
13. **Cost Burdened Households**
14. **Insurance Coverage**
15. **Hypertension Prevalence (Electronic Health Records)**
16. **All Cancer Incidences**
17. **Smoking Prevalence (Electronic Health Records)**
18. **Well-Being – Mental Health (Survey-based)**
19. **Clinical Care - Hospitalization - Emergency Room Visits for Medicare Members**

Mass General Brigham

Population Profile



1. Population of MVH catchment and communities

Total Population	Dukes County	Aquinnah	Chilmark	Edgartown	Gosnold	Oak Bluffs	Tisbury	West Tisbury
	20,751	667	1,726	5,212	51	5,370	4,860	2,865

2. Age Distribution by State, County, and City/Town

Age	MA	Dukes County	Aquinnah	Chilmark	Edgartown	Oak Bluffs	Tisbury	West Tisbury
5 to 14 years	350,335 (5.0%)	2,016 (9.7%)	85 (12.7%)	197 (11.4%)	442 (8.5%)	670 (12.5%)	424 (8.7%)	198 (6.9%)
15 to 17 years	366,340 (5.2%)	742 (3.6%)	20 (3.0%)	47 (2.7%)	86 (1.7%)	296 (5.5%)	188 (3.9%)	105 (3.7%)
Under 18 years	399,918 (5.7%)	3,590 (17.3%)	160 (24.0%)	284 (16.5%)	591 (11.3%)	1,240 (23.1%)	821 (16.9%)	494 (17.2%)
18 to 24 years	456,586 (6.5%)	1,217 (5.9%)	39 (5.8%)	67 (3.9%)	568 (10.9%)	82 (1.5%)	264 (5.4%)	197 (6.9%)
15 to 44 years	473,586 (6.8%)	6,316 (30.4%)	156 (23.4%)	531 (30.8%)	1,727 (33.1%)	1,743 (32.5%)	1,396 (28.7%)	752 (26.2)
16 years and over	488,135 (7.0%)	17,579 (84.7%)	524 (78.6%)	1,453 (84.2%)	4,659 (89.4%)	4,375 (81.5%)	4,088 (84.1%)	2,429 (84.8%)
18 years and over	496,017 (7.1%)	17,161 (82.7%)	507 (76.0%)	1,442 (83.5%)	4,621 (89.4%)	4,130 (76.9%)	4,039 (83.1%)	2,371 (82.8%)
21 years and over	464,816 (6.6%)	16,358 (78.8%)	482 (72.3%)	1,441 (83.5%)	4,188 (80.4%)	4,130 (76.9%	3,859 (79.4%)	2,207 (77%)
60 years and over	433,760 (6.2%)	7,407 (35.7%)	260 (39.0%)	657 (38.1%)	2,111 (40.5%)	1,555 (29%)	1,658 (34.1%)	1,130 (39.4%)
62 years and over	417,119 (6.0%)	6,476 (31.2%)	248 (37.2%)	597 (34.6%)	1,715 (32.9%)	1,555 (29%)	1,231 (25.3%)	1,109 (38.7%)
65 years and over	462,056 (6.6%)	5,387 (26.0%)	209 (31.3%)	544 (31.5%)	1,240 (23.8%)	1,359 (25.3%)	1,145 (23.6%)	871 (30.4%)
75 years and over	487,752 (7.0%)	2,127 (10.3%)	44 (6.6%)	211 (12.2%)	720 (13.8%)	409 (7.6%)	581 (12.0%)	157 (5.5%)

DATA SOURCE: US Census Bureau, American Community Survey 2023 Age and Sex by County subdivision.xlsx.

3. Population Change between 2013 and 2023

Geography	2013	2023	% Change
Massachusetts	6,605,058	6,992,395	+5.9%
Dukes County	17,481	20,819	+21.2%

DATA SOURCE: US Department of Commerce, Bureau of the Census, 5-Year Estimates, American Community Survey

4. Racial Composition of Public School District Student Enrollment by State and City/Town

% of District	Edgartown	Oak Bluffs	Tisbury	Up-Island*	MV Charter Public School	Regional High School
American Indian	2.2%	.2%	1.9%	3.1%	1.1%	1.6 %
Asian	.3%	1.7%	0%	.5%	.6%	.4%
Black	5.9%	2.5%	7.7%	1.8%	3.4%	4.3%
Hispanic/Latino	29.1%	38.6%	37.2%	13.8%	9.7%	27.3%
Mult-Race, Not Hispanic or Latino	5.0%	4.7%	4.5%	7.2%	10.2%	4.0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%	0%	0%
White	57.4%	52.2%	48.7%	73.6%	75%	62.4%

- *Up-Island Regional School District includes West Tisbury Elementary and Chilmark Elementary*

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025. 2024-25 Enrollment by Selected Population (District).

5. Primary Languages Spoken at Home (English/Other Language) by Population Ages 5 and Older

	MA	Dukes County	Aquinnah	Chilmark	Edgartown	Oak Bluffs	Tisbury	West Tisbury
Population Age 5 +	6,642,060	250,861	612	1,686	5,149	5,096	4,651	2,674
Speak only English	75.2%	73.5%	94.0%	91.0%	90.4%	87.4%	69.4%	90.5%
Speak a Language Other than English	24.8%	26.5%	6.0%	9.0%	9.6%	12.6%%	30.6%	9.5%

Data Source: US Census Bureau, American Community Survey. 2019-23.

6. Educational Attainment Profile (Older than 25 years)

	Less than High School Diploma	High School Graduate (Includes Equivalency)	Some College or Associate's Degree	Bachelor's Degree or Higher
Dukes County	4.8%	22.1%	24.1%	49.0%
Aquinnah	2.2%	5.1%	32.3%	60.5%
Chilmark	1.8%	9.7%	25.5%	67.3%
Edgartown	4.7%	24.6%	25.8%	44.9%
Oak Bluffs	4.5%	22.4%	26.1%	46.9%
Tisbury	8.4%	31.8%	18.8%	41.0%
West Tisbury	1.0%	12%	27.1%	59.9%
Massachusetts	8.60%	22.84%	21.93%	46.62%
US	10.61%	26.19%	28.20%	35.00%

U.S. Census Bureau, U.S. Department of Commerce. "Educational Attainment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, 2023, Educational attainment Dukes County.xlsx

7. Public School District Student Enrollment of Selected Populations

% District	English Learners	First Language Not English	High Needs	Low Income	Students with Disabilities
Massachusetts	13.9%	27.2%		42.1%	20.6%
Edgartown	20.2%	38.7%	61.7%	14.2%	24.6%
Martha's Vineyard Regional High School	13%	31.9%	55.4%	35.8%	22.8%
Martha's Vineyard Public Charter School	2.8%	6.8%	50.0%	36.4%	26.7%
Oak Bluffs	21.6%	32.1%	60.1%	34.8%	22.8%
Tisbury	23.7%	49.0%	64.7%	46.2%	21.5%
Up Island	4.1%	8.2%	43.6%	26.9%	22.6%

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025

8. High School Graduation Rate

Geography	% Graduated (All)	Male	Female	EL	Low Income	Students w/ Disabilities	Foster Care	Homelessness
Massachusetts								
Martha's Vineyard Regional	87.9	87.1	88.6	56.2	84.7	80.4	-	-
Martha's Vineyard Public Charter School	100	100	100	-			-	-

Geography	% Graduated (All)	Black	Asian	Hispanic/Latino	American Indian/Alaska Native	White	Native Hawaiian or PI	Multi Race, Non Hisp/Lat
Massachusetts								
Martha's Vineyard Regional	87.9	-	-	74.0	-	92.2	-	90.9
Martha's Vineyard Public Charter School	100	-	100	100	-	98.7	-	94.4

DATA SOURCE: School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2024-2025. Cohorts with fewer than 6 students are not reported

9. Employment Status – Unemployment

	MA	Dukes County
Labor Force	3,892,683	11,708
Unemployment Rate	5.1%	6.7%

Data Source: US Census Bureau, American Community Survey. 2019-23.

10. Median Income

Median Household Income	MA	Dukes County	Aquinnah	Chilmark	Edgartown	Oak Bluffs	Tisbury	West Tisbury
	$101,341	$102,348	$117,813	$166,250	$89,710	$117,927	$70,724	$194,526

Data Source: U.S. Census Bureau, U.S. Department of Commerce. "Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars)." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1901, 2023, Income past 12 months county subdivision.xlsx Accessed on May 13, 2025.

11. Poverty Rate

	MA	Dukes County
Total Population	6,777,241	20,486
Population in Poverty	676,516	1,102
% Population in Poverty	9.9%	5.4%

U.S. Census Bureau, U.S. Department of Commerce. "Poverty Status in the Past 12 Months of Families." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1702, 2023, dukes county, poverty - Census Bureau Tables

12. Renter Costs

	Median Gross Rent
Aquinnah	$1,375
Chilmark	$1,686
Edgartown	$1,893
Oak Bluffs	$1,091
Tisbury	$1,476
West Tisbury	$2,000
Massachusetts	$1,687
US	$1,348

Data Source: US Census Bureau, American Community Survey. 2019-23

13. Cost Burdened Households

	Total Households	Cost-Burdened Households	Percent Cost-Burdened Households
Dukes County	6,899	2,775	40%

Data Source: US Census Bureau, American Community Survey. 2019-23

14. Insurance Coverage

	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population %
Dukes County	20,644	1027	5.0%
MA	6,926,890	183,468	2.65%
US	327,425,278	28,000,876	8.55%

Data Source: US Census Bureau, American Community Survey S2701: Selected Characteristics of ... - Census Bureau Table. 2023

15. Hypertension Prevalence (Electronic Health Records)

	MA	Dukes County
Population (Total)	5,615,292	16,838
HTN Prevalence among Adults 18+	37.3%	34.19%

Note: This indicator is compared to the state average. Data Source: Massachusetts Department of Public Health, Department of Public Health | Mass.gov

16. All Cancer Incidences

	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Dukes County	33,854	137	404.7
Massachusetts	8,811,299	38,523	437.2
United States	392,542,529	1,744,459	444.4

Note: Indicator data for the report location is calculated using small area estimation method. This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-2021

17. Smoking Prevalence (Electronic Health Records)

	MA	Dukes County
Smoking Prevalence among Adults 18+	12.6%	10.24%

Data Source: Massachusetts Department of Public Health, Massachusetts Department of Public Health. 2023.

18. Well-Being – Mental Health (Survey-based)

Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Dukes County	20,530	23.3%	No data
Massachusetts	6,981,974	16.2%	16.8%
United States	333,287,557	15.8%	16.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022

19. Clinical Care - Hospitalization - Emergency Room Visits for Medicare Members

Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Dukes County	4,976	3,427	733.8
Massachusetts	1,251,210	513,344	623.7
United States	59,319,668	17,059,786	575.6

Note: This indicator is compared to the state average. Indicator data for the report location are calculated using small area estimation method. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File

Appendix B: Summary of Focus Groups and Interviews with Community Leaders

I. Background and Methodology: To inform the 2025 Community Health Needs Assessment (CHNA), Island Health Care and Martha's Vineyard Hospital invited leaders and community members from a variety of community organizations serving the priority communities. The goals were to: (1) Identify needs and assets in the community; (2) Understand barriers and facilitators to health and wellness and how to address barriers; and (3) Identify opportunities to address identified needs. Ten one-hour focus groups (one in Brazilian Portuguese) involving 103 community members and five key informant interviews with community leaders were conducted. Five specific groups were held with those who have expertise related to: (1) youth and children; (2) behavioral health (mental health and substance use disorders); (3) access to health care (patients, providers and advocates); and (4) disability community (5) Issues specific to older adults and caregivers. The remaining groups engaged representatives from a variety of community organizations, Brazilian community members, domestic violence survivors, as well as those providing job training/vocational programs. The groups were facilitated in person and online and data were analyzed for common and divergent themes

Key interviews were conducted by a consultant. Facilitators of focus groups employed a confirmatory approach designed to assess whether findings from the last CHNA are still relevant and/or how things may have changed. Participants remain anonymous. The groups were facilitated in person and online and data were analyzed for common and divergent themes.

II. Findings:

- **A. Community strengths and assets:** In the last CHNA, the assets and strengths of the community were identified as (1) collaboration and partnership among community agencies; and (2) resilience and diversity of the community. The community has strong civic involvement. Collaboration among healthcare providers and community organizations strengthened during and post-COVID, though coordination varies by town and service area. Improved partnerships between the hospital, Island Health Care, and community agencies support better resource leveraging. Recent turnover in staffing and leadership positions across multiple organizations pose challenges to collaborative planning though. Diversity and resilience are still strengths of the community, but socioeconomic disparities and high living costs create barriers for residents and workers. Fear among immigrant populations due to recent ICE activities and a tense political climate are evident and some believe impeding access to resources for immigrants on the island. There is some disagreement about how well the hospital is responding to the issues facing the immigrant community. Some specific comments below:

Collaboration and partnership among community agencies:

- Current collaboration has dipped due to staffing shortages, leadership changes and competition for donor dollars.
- Recent federal and state budget cuts have caused organizations to scale back services and are fueling turnover and burnout among staff.

- Staffing shortages drive need to seek support from off-Island agencies with less community connection.

Diversity and resilience of the community/population:

- Socio-economic diversity is dwindling as increasingly lower-income families are priced out of the housing market.
- Fear of being detained and deported by Immigration and Customs Enforcement has led many immigrants to stop accessing services to which they are entitled, thus restricting their access to food, work, education, health care, and other supportive services. Additionally, fear has prompted immigrants to leave the Island.
- Wrap-around supports and creative ways of delivering services are needed for immigrant families and people with disabilities.
- The current political climate is causing fear in the LGBTQIA+ community, particularly for those who are transgender and non-binary who worry about discrimination and the potential loss of gender-affirming health care.

B. Priorities from the previous CHNA: The last CHNA identified the following as priorities: (1) Increasing access to mental health and substance use disorder services; (2) Access to Care and Coordination of Medical Services (3) Social Determinants of health priorities (a) housing; (b) food security; (c) transportation; and (d) culturally sensitive care.

Mental health and substance use: There is robust collaboration and substantial progress has been made related to behavioral health, including substance use disorder counseling and Narcan availability, yet challenges remain with violence, pediatric mental health, therapist shortages, and stigma. Emergency departments serve as holding areas due to lack of psychiatric support. While all would keep it on the list of priorities, there is some disagreement about how high on the list relative to the other priorities and based on the progress made since the last CHNA. Some specific comments:

- The need for behavioral health services remains high and access is much harder for those who rely on insurance (vs. self-pay).
- Behavioral health emergency services provided by MVCS stopped during this CHNA cycle, creating pressure on the MVH emergency department to provide emergency behavioral health and substance use disorder evaluations. Community social workers who take insurance cannot keep up with demand.
- Concerns about the Hospital's decision to not renew the lease for the so-called Red House, peer recovery center. Red House considered a lifeline to many with its current location ideal – on the bus line, private and close to the Hospital.
- Stigma and lack of access to providers who speak their native language/represent their culture are barriers to mental health services for many immigrants.
- Growing population of adults with early onset dementia creating mental support needs for caregivers. Geriatric social workers needed.
- Young adult alcohol use disorder (18-35) on the rise.
- No access to psychiatry or therapists with specialty in developmental disabilities.

Access to care and coordination of medical services: Access to primary care and dental services has improved but remains limited, especially for pediatrics and geriatrics. Retirements among primary care providers makes it difficult to get ahead. Workforce shortages are exacerbated by housing insecurity. Workforce efforts include pipeline programs with the high school and to build nursing and tech careers in particular. In addition:

- No urgent care option and very limited appointments on weekends or after 5pm. Increasingly people are using the ED for primary care issues and/or are delaying care until health problems are advanced.
- Communication about wait list for primary care has been limited, leaving community members unsure about next steps. Among the 103 participants in the focus groups, none were aware of the MVH Primary Care Extension Clinic.
- Need for access to care for: eyes, dental, spinal, geriatric specialties, hearing loss, allergy, endocrinology and osteoporosis.
- Need better communication about follow up after an ED visit and referral process to specialty care.
- People without a PCP who have insurance that requires a referral are unable to seek specialty care.
- Need better inter-communication between providers on-Island for patients who receive care at multiple places, i.e. MV Medical, the VA and MVCS.
- Sliding scale fee at the Hospital would help.
- Navigating the call center and understanding how to talk to a person creates frustration, confusion and discontent.
- Communication from the Hospital is often confusing or difficult to navigate with being able to speak with someone.

Social Determinants of health: Housing and food insecurity are the most critical social issues impacting residents and healthcare workers alike, with seasonal housing shortages forcing long commutes and food costs remaining high despite community efforts. Transportation challenges further complicate access to care, especially for those needed to go off island for specialty care. Seniors and those without cars are often going without care because they cannot manage return trips in a single day. In addition:

Housing affordability:

- The problem is greater than affordability. Housing inventory is low and prices have continued to rise, which has fueled housing instability. Many residents, particularly in immigrant communities, are living in unsafe and over-crowded conditions in order to afford the cost of housing in the area.
- Emergency shelter is only available in the winter for three months.
- Unhoused youth population is growing.
- Need better coordination between unhoused population and medication management.

Food Security:

- Federal funds have been cut and Boston Food Pantry is limited, creating concerns accessing food and costs.

- Increasing number of residents relying on the Food Pantry due to high cost of living – more than 25% of the population.
- Need for more information about diet for people suffering from Alpha Gal.

Transportation:

- Transportation continues to be a barrier to health care, mental health and substance use treatment services, food and other community programs. There is no transportation to off-island detox facilities.
- State Transportation Assistance Program is currently not in the state budget and funds exhausted in a few months.
- Transportation off-island is expensive and/or shuttle services are not in line with medical appointments, causing people to delay or avoid necessary care.
- Boston Ophthalmology group provides transportation, but others do not.
- There is no medical transportation for residents under 60 except private pay.
- Residents who do not drive and are without a profile number are not able to get a medical priority space when a friend/family member is willing to take them to an appointment.
- The SSA requires a letter from off island service provider to get a medical priority space, but it is challenging to obtain one, particularly for diagnostic tests such as a PET scan or service that is ordered by an on-Island provider, but the service needed does not exist on Island.
- Cost of lodging when a patient or family member has an extended stay in a Boston are Hospital.

Culturally Sensitive Care: While translation services have expanded, some believe more is needed to provide culturally sensitive care, particularly for Portuguese-speaking Brazilians. Class dynamics are intertwined with racial/ethnic disparities and are crucial for improving inclusivity. There is a tremendous divide between the “haves” and “have nots” on the island and organizational and community leaders are not always sufficiently aware of the realities of lower and working class families. Political tensions and fear among BIPOC, immigrant, and queer populations affect psychological wellbeing. There is a perceived lack of proactive support and open discussion within the healthcare system to address these concerns and the underlying class disparities.

- Need for increase access to telehealth services for immigrants.
- Reduction in Health Safety Net coverage puts immigrants at risk and increases burden on Emergency Department.
- Clarity for patients around transitional care and care for the queer population is needed
- Surgical abortion is extremely limited.

Priority and Emerging Health Concerns: Dukes County sees major causes of mortality as Chronic cardio-metabolic diseases, cancer, and maternal health. However, the island is seeing a rise in immunologic disorders, obesity, and tick-borne illnesses – these are significant health challenges on the island. Climate change impacts, including warmer temperatures and increased humidity, contribute to respiratory problems and vector-borne diseases. The community faces vulnerabilities related to storms, power outages, and infrastructure

limitations affecting heat, cold, and water access, highlighting the need for coordinated emergency management across towns and healthcare facilities.

Climate change:

- Everyone agreed that heat and air quality are significant issues impacting the health of the community and that they have a disproportionate impact on lower income residents.
- Some argued that hospitals should focus on the CHNA priorities, particularly improving access to health and behavioral health care.
- Some prioritized the Hospital/health care system's focus on improving its impact on the environment by reducing energy usage.

Appendix C. Dukes County Community Health Needs Assessment Survey 2025 Results

General Survey Information:

- Survey was open from April 4, 2025 through July 31, 2025
- 1021 Surveys were completed.
- Paper Surveys distributed throughout Dukes County:
    - MV Hospital
    - Island Health Care Clinics
    - Tabling events at local fairs and street festivals.
    - Island Food Pantry
- Electronic Surveys were available in English and Brazilian Portuguese
- Survey Links were shared:
    - MV Hospital Website
    - Island Health Care website
    - Facebook – Islanders' Talk
    - MVYPS email list
    - Instagram

Summary Findings:

The survey paints a picture of a community that values health, connection, and the natural environment, but is struggling with affordability, access to care, and housing. Residents are resilient and resourceful, but there is a clear call for more coordinated action on housing, healthcare access, and support for vulnerable populations.

1. **Top Factors for a Healthy Community**

    - Access to health care on-island is overwhelmingly cited as the most important factor for a healthy community.
    - Affordable year-round housing and access to healthy, affordable food are consistently ranked as top priorities.
    - Other frequently mentioned factors include a clean environment (air and water quality), strong public schools, safe neighborhoods/low crime, and supportive, inclusive community networks (including religious, cultural, and arts organizations).

2. **Barriers to Health and Healthcare**

    - Access to primary care is a major challenge. Many respondents report long waitlists for primary care providers, difficulty finding specialists (especially dental, mental health, and some specialties), and a lack of urgent care options outside the emergency department.
    - Cost of care is a significant barrier, including high out-of-pocket costs, insurance coverage gaps, and the expense of traveling off-island for care.
    - Transportation—both on- and off-island—remains a barrier for accessing care.

3. **Housing and Food Security**

- Housing insecurity is a dominant theme. Many residents are worried about losing stable, year-round housing, and the lack of affordable options is seen as a root cause of other health and workforce challenges.
- Food insecurity is present, with many respondents aware of food support resources but some expressing discomfort or stigma in accessing them.
- After paying for housing, a notable portion of respondents report not having enough money left for food, medical expenses, and other essentials.

4. Self-Rated Health and Quality of Life

- Most respondents rate their overall health as "good" or "excellent," but there are significant concerns about mental health, stress, and access to preventive care.
- Quality of life is generally rated positively, with many feeling a sense of belonging and satisfaction living on Martha's Vineyard, but this is tempered by anxiety about housing, cost of living, and access to services.
- Older adults and those with disabilities report particular challenges with access, affordability, and continuity of care.

5. Community Priorities for Health Improvement

- More available appointments/walk-in options and lower out-of-pocket costs are the most requested improvements for healthcare access.
- Mental health services and substance use treatment are repeatedly mentioned as areas needing expansion.
- Childcare, eldercare, and support for caregivers are also highlighted as critical needs.
- Environmental health, specifically growth in the Tick population, is seen as intertwined with community health.

7. Themes emerging from open-ended questions

- Workforce shortages in health care, education, and public service are linked to the housing crisis.
- Seasonal population surges strain health and emergency services, especially in summer.
- Community strengths include a strong sense of mutual support, volunteerism, and pride in local resources, but there is concern about growing inequity and the loss of "year-round" community fabric.
- Suggestions include expanding urgent care, dental, and mental health services, improving transportation, and increasing affordable housing for both residents and essential workers.

Demographics of Survey Respondents

Age Group Distribution of Respondents

Age Group	Percentage (%)
Under 35	24.5%
35-50	22.5%
51-64	17.3%
65+	31.5%
Unknown	4%

Gender Distribution of Respondents

Gender	
Female	62%
Male	31.5%
Non-Binary	1%
Gender not listed	1 person
UK	5.5%

Town of Residence Distribution

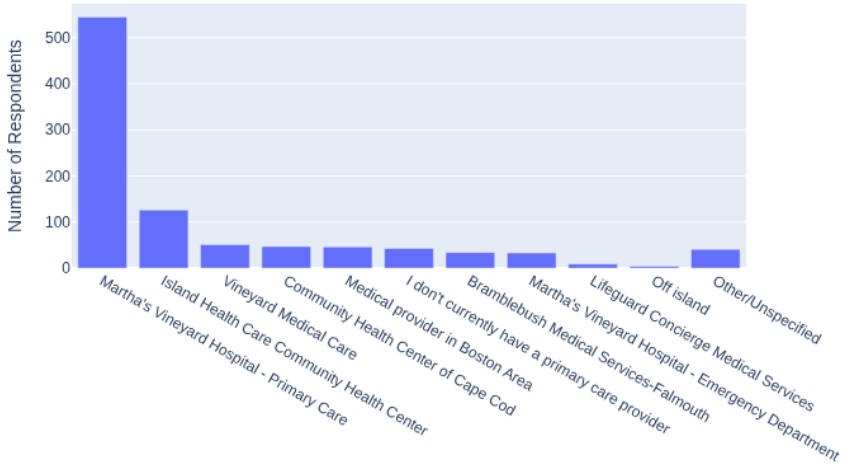
Town of Residence	
Aquinnah	6%
Chappy	3%
Chilmark	11%
Edgartown	20%
Gosnold	1%
Menemsha	2%
Oak Bluffs	18%
Tisbury	19%
W. Tisbury	15%
UK	5%

Race/Ethnicity Distribution

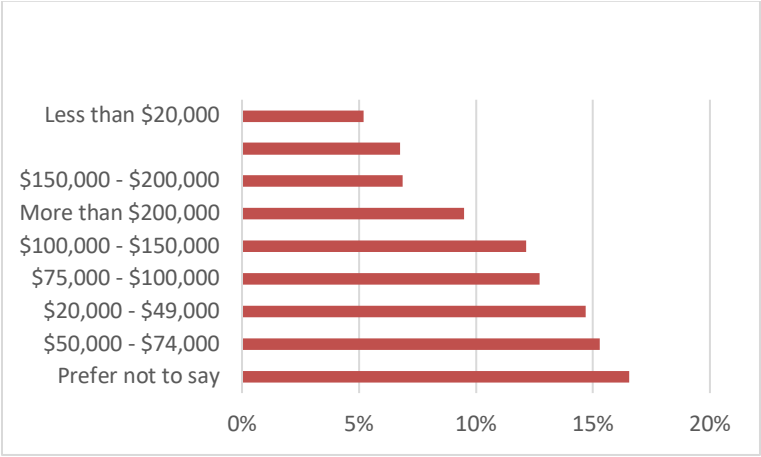
Race	
Asian	3%
Black	6%
Native American/indigena	4%
White	74%
Preto (Black)	1%
Amerelo (yellow)	1%
Branco (white)	1%
Pardo (mixed race)	1%
Other/UK	3%
Prefer not to say	7%

Ancestry	
Afro-Carib	3%
Arab/Mid East	2%
Brazilian	4%
Cape Verdean	1%
Colombian	2%
East European	11%
Jamaican	1%
Mexican	1%
West European	35%
Other/UK	30%
Prefer not to say	10%

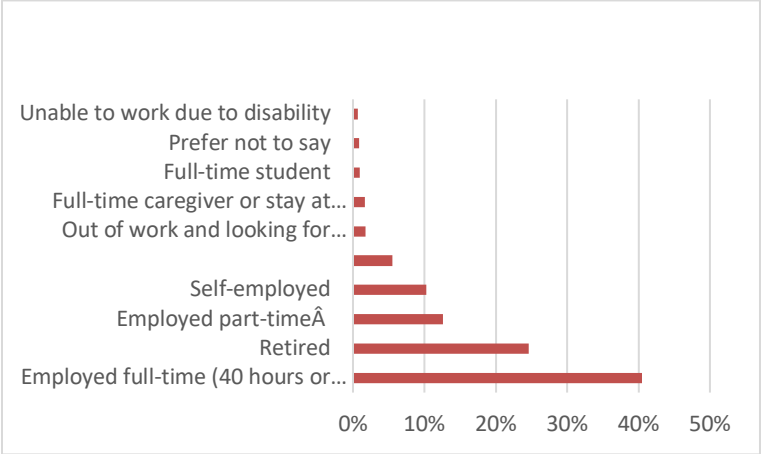
Where do people Get their health care met?



Income of respondents:



Employment



Appendix D: **Advisory to DCCHNA**

Martha's Vineyard Hospital Community Affairs Committee:

Bruce Bullen, Chairman of the Community Affairs Committee
Pamela Craven
John Denson
Paulo DeOliveira
Julie Fay
William Roman

Ex-Officio	Staff Liaison
Rebecca Haag, MBA, Chair	Denise Flynn, Executive Director of Development
Denise Schepici, President	Amy Houghton, Director, Contracts & Community Projects
	Claire Seguin, Chief Nurse & VP of Operations

Island Health Care	Staff Liaison
David Brush	Haley Dolan, Director of Community Health
Jim Gammill	Lucy Hackney, Chief Operating Officer
Jess Russell	Sam Mitchell, Director of Communications
Nancy Langman	
Fred Khedouri	
Tommye-Ann Brown	
Karen Gear	

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Katherine Becker
Grace Goff
Pearl Powell
Abigial Price
Maya Wexler
Nina Zimmerman

Focus Groups were made possible through the support of our community partners:

Edgartown Council on Aging
Island Autism Group
Martha's Vineyard Center For Living
Martha's Vineyard Community Services
Up-Island Council on Aging
Healthy Aging Martha's Vineyard.

Mass General Brigham
Martha's Vineyard Hospital