

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.



A handwritten signature in black ink, reading "Elsie M. Taveras".

Elsie M. Taveras, MD, MPH
Chief Community Health and Health Equity Officer
Mass General Brigham

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I. Background

Nantucket Cottage Hospital (NCH) is a community hospital within the Mass General Brigham (MGB) Healthcare System and the primary medical service provider on Nantucket. NCH has become one of the most trusted sources for healthcare leadership on the island. NCH proactively collaborates with community members, government agencies, and civic associations to understand the health challenges impacting Nantucket's year-round and seasonal residents. Like most non-profit hospitals, NCH conducts triennial community health needs assessments (CHNA) to identify priority communities, vulnerable populations, and health concerns, and to inform three-year community health improvement plans. Having conducted its last CHNA in 2024, NCH would ordinarily be slated to conduct its next in 2027. However, to allow NCH to get on the same triennial cycle as the other MGB hospitals, it conducted a CHNA in the summer of 2025. Being on the same schedule enables MGB hospitals to work together as a system and leverage resources to help address common concerns across their different service areas. The 2025 CHNA relies upon, and supplements data, examined in the 2024 CHNA.

Like all CHNAs, 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>.

Our commitment to the CHNA process extends beyond our regulatory requirements. 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, NCH will respond directly to needs on the island while also participating in and benefiting from system-wide strategies to improve health outcomes. Thus, in the conclusions section of the report, we address the broad landscape of health, health priorities, and emerging issues in addition to the social risks and needs that exist on Nantucket.

II. Methods

A. Definition of priority community and populations

NCH defines its community for the purpose of the needs assessment to include ***all of Nantucket***, including ***year-round and seasonal residents and visitors***, with a special emphasis on our ***racially/ethnically diverse community members*** who are more likely to experience disparities in the social determinants of health, barriers to care, and poor health outcomes.

Our patients: In 2024, NCH saw 18,570 unique patients in 118,022 encounters, including year-round and seasonal residents and visitors to the island.

Our target area and population: Located 30 miles off the coast of Cape Cod, Nantucket is a town, a county, and an island with a geographic area of roughly 47 square miles, 60% of which is permanently protected conservation land. With an estimated year-round population of 14,444 individuals, Nantucket County is the least populous county in Massachusetts. Between 2010 and 2023, Nantucket's population grew by 40%, far outpacing population growth in Massachusetts as a whole (at 7.7%).^{i, ii} During the summer months (July and August) and the shoulder seasons (April, May, June, September, and October), the population swells, with locals estimating 70,000 to 100,000 individuals on island, including seasonal homeowners, tourists and day visitors.

Nantucket's racial and ethnic diversity increased from 2010-2022.ⁱ The 2015-2019 Census data showed that the island population was 85.2% White. In 2023, the proportion of White residents dropped to 70.8% as more of those from different racial/ethnic minority groups moved to Nantucket. In the same time period, the population of Black residents grew from 6.8% to 9.5% and the Hispanic/Latino community grew from 6.4% to 15.9%. Although the overall percentage of Asian residents on Nantucket Island has increased since 2021, Nantucket continues to have a significantly lower percentage of Asian residents 1.8% compared to the state-wide percentage of 6.6%.ⁱⁱ Roughly 15% of islanders are foreign born, higher than the national average of 13.6%.

Immigrant communities, who are broadly considered family-oriented, hard-working, and important to service provision on the island, increasingly lack trust in community and government systems. Undocumented immigrants disproportionately experience barriers to housing, access to care and health insurance, and face fear of detainment and deportation.

B. Data Sources

The 2025 CHNA relied upon data sources used in the 2024 CHNA (See Appendix A), specifically:

- **Secondary data:** The most recently available U.S. Census and American Community Survey data were used to understand the demographics of the community and changes over time. 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 Nantucket Health Department, 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.

- **Stakeholder Interviews:** Over a dozen stakeholders, including a range of service providers on the island, were interviewed to understand the health-related needs of the populations they serve.
- **A Community Survey:** An online survey of community members (n=120) was conducted in multiple languages to understand health-related needs and disparities on the island.

The 2025 CHNA also relied upon a community focus group involving 34 representatives from various organizations on and/or serving Nantucket, including healthcare providers, social workers, and community leaders. The group was one hour in length and included members from organizations such as the Warming Place, the Community Foundation for Nantucket, Addiction Solutions, JRI Foster Care, Community Solutions for Behavioral Health, and VNA of Cape Cod, and more. The focus group was held online and facilitated by an outside consultant to provide members with anonymity. Participants were asked to consider the community needs, assets, and priorities from the last CHNA and discuss whether and how they may have changed in the past year. They were also asked if there were additional needs or disparities that have arisen since the 2024 CHNA. Finally, they reviewed and discussed the leading causes of premature death in Massachusetts (i.e., cardio metabolic disease, substance use disorders, maternal health, and cancer) and asked whether the conditions resonate with what they see on the island and if there are other health conditions impacting life expectancy and quality of life in the Nantucket community. Results were analyzed for major themes. A summary of the focus group results can be found in Appendix B.

C. Role of the Community Advisory Board

The Nantucket Cottage Hospital Community Advisory Board (CAB) is comprised of 11 members, five community leaders who work with and/or represent populations at-risk for disparities in health outcomes, SDOH, and access to care as well as six internal NCH leaders of areas that address the needs of low-income patients, including clinical conditions, insurance and financial concerns, interpreter services, transportation needs, and other social services. A list of CAB members is available in Appendix C. On September 29, the CAB reviewed the assessment data, affirmed the hospital's target community and populations, determined the priorities to be addressed in the hospital's next Community Health Improvement Plan (CHIP), and approved the CHNA.

III. Assessment Findings

The 2024 CHNA (See Appendix A) concluded that Nantucket benefits from its sense of community and for having an abundance of non-profit organizations offering a range of resources and services. While Nantucket is one of the healthiest counties in the Commonwealth,ⁱⁱⁱ there are significant needs impacting the health and well-being of residents. In particular, the CHNA revealed needs related to housing and food insecurity, mental health and substance use disorders, cancer care, resources for youth. Although these issues impact the community overall, our Hispanic and Spanish-speaking members are disproportionately impacted. Ultimately, the CAB determined that the priorities resulting from the 2024 assessment were *behavioral health* and *substance use*, *access to care*, *housing insecurity*, and *ethnic disparities*.

The 2025 focus group (See Appendix B) confirmed that the island's assets include a willingness to help one another and the existence of a wealth of nonprofits. They added that residents are resilient and that there is generally good infrastructure (e.g., side walks, bike trails) to support health and wellness. The group also agreed that the 2024 priorities are still relevant one year later and elaborated on the status of the priorities today.

- Although primary care and urgent care access are generally better on Nantucket than elsewhere in the state, gaps exist for some types of care (e.g., specialists, oral health, vision and hearing services) and for a subset of the population, especially those on MassHealth.
- Islanders face significant challenges accessing addiction-related services beyond MAT. Overdoses, especially among young adults, are of particular concern.
- Having to travel off island for care is time-consuming and costly and is particularly problematic for low-wage/hourly workers and those without childcare.
- While technology has improved access to care, digital equity is still a challenge on the island.
- Supports for older adults are generally sufficient and available at a sliding scale, but more communication about their availability is needed.
- Although fear was present within the immigrant community in 2024, a year later the heightened anxiety related to raids by U.S. Immigration and Customs Enforcement and subsequent detention and deportation of immigrants has caused many immigrants to become isolated, cutting them off from the services and resources they need for their health and well-being.
- There is a growing need for mobile health services, especially in light of how immigration concerns are impacting visits to health and behavioral health programs and given the challenges older adults face regarding transportation. Non-citizens relying on MassHealth do not have coverage for home health services.
- Beyond the significant lack of affordable housing on Nantucket, many who are "housed" live in over-crowded and unsafe conditions that lack basic amenities. People are reluctant to report sub-standard housing because, without it, individuals and families would be made homeless. There is no family shelter on the island.

The focus group participants also suggested adding food insecurity to the list of priorities for the 2025 CHNA. They explained that 46% of school children and 1 in 5 year-round households are food insecure.

IV. Conclusions

A. Broad Landscape of Health

During the 2024 CHNA process and in the 2025 focus group, we heard overarching concerns that are deeply interconnected with morbidity and the broader landscape of social determinants of health. Residents face persistent hardship from a variety of factors and often endure higher levels of chronic disease, as well as 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 2025 focus group and those who informed our previous CHNA described many challenging experiences that contribute to chronic stress, many of which are closely connected to other topic areas in this report. Experiences included living paycheck to paycheck and facing economic instability, isolation for seniors and persons with disabilities, the influence of shifting federal policies, and unstable housing and food insecurity. The themes we explicitly identified are the following, recognizing there are many factors that contribute to each: **(1) Life Expectancy, Premature Mortality and Quality of Life and (2) Mental Health/Chronic Stress/Isolation.**

B. Health Priorities

On Nantucket 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. At a system level, MGB is focused on improving outcomes related to: **(1) Cardiometabolic Disease; (2) Cancer; (3) Substance Use Disorders/Misuse; and (4) Maternal Health.** NCH has made and will continue its investments in addressing **Behavioral Health and Substance Use** challenges faced on the island.

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. Areas with concentrated poverty, limited transportation and under resourced infrastructure often experience higher rates of chronic disease and premature death. To help address these disparities from the root cause, we will focus on the following SDOH priorities on Nantucket: **(1) Housing; (2) Access to Healthy Food/Food Security; and (3) Access to Care and Services.**

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. Across the MGB system these emerging needs include:

- (1) Extreme Heat and Climate Vulnerability:** Within the various CHNAs conducted across the MGB system, we learned about the impact of extreme heat and poor air quality on the health of residents, particularly older adults, those with pre-existing health concerns, and lower-income individuals who cannot afford air conditioning and the associated electricity. 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. NCH practitioners are leaders in treating tick-borne diseases. The hospital publishes information and hosts annual educational sessions on avoiding, identifying, and treating tick-borne diseases. Because Nantucket has a more temperate climate than the mainland, its environmental concerns are different. 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. Storms frequently cause damage to our already insufficient housing stock. NCH is part of the emergency response infrastructure on the island and will continue to address the impact of climate factors on resident health. There is also significant environmental concern within the community about the impact of polyfluoroalkyl substances (PFAS) in ground water.

(2) Immigrant Health: While Nantucket’s diverse communities face ethnic disparities in health outcomes and the social determinants of health, the impact of fear and concern about deportation has severely limited access to critical resources and services for the island’s immigrant population, which will have long-lasting effects on the health of immigrant families.

(3) Access to Health Insurance and Social Support Services: Cuts at the federal and state level to Medicaid, other public assistance programs, and public health funding to community programs will have a devastating impact on the ability of our lower-income residents to access care and resources they require. Many island residents already struggle with basic costs of living (e.g., food, housing, transportation, childcare). We anticipate that the impending cuts will only exacerbate health-related crises for those individuals and families while community agencies will struggle with fewer resources and staffing to help them.

With an understanding of the MGB system -level activities and other work at NCH to address concerns described above, the CAB reviewed the findings from the CHNA and approved the following priorities and objectives for the NCH’s next CHIP (See Figure 1).

Figure 1. Nantucket Cottage Hospital 2025 CHNA priorities

Priorities	Objectives
Behavioral Health and Substance Use	Increase access to/improve supports and resources for mental health and substance use disorders.
Access to Care	Increase access to healthcare for the Nantucket community.
Housing and Food Insecurity	Improve access to safe, stable, affordable, year-round housing and nutritious food across all income levels.
Ethnic Disparities	Increase support for the social determinants of health for vulnerable patient populations.

V. References

ⁱ Massachusetts Department of Health. (2024, June 1). *Massachusetts Community Health Needs Assessment*. Massachusetts Health Data Tool. <https://healthdatatool.mass.gov/>

ⁱⁱ USAFacts. (2024, November). Our Changing Population: *Nantucket County, MA*. Source: Bureau of Labor Statistics data compiled by USAFacts. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/massachusetts/county/nantucket-county/?endDate=2022-01-01&startDate=2010-01-01>

ⁱⁱⁱ Nantucket Health Department (2020). Nantucket chronic disease report. Department of Health. Retrieved from, <https://www.nantucket-ma.gov/DocumentCenter/View/35203/Chronic-Disease-Report-2020-PDF>

VI. Appendices

- a. Nantucket Community Hospital 2024 CHNA Report
- b. Summary for 2025 focus group with community leaders on Nantucket
- c. Community Advisory Board Members

Nantucket Community Health Needs Assessment (CHNA)

November 2024



Mass General Brigham
Nantucket Cottage Hospital

Executive Summary

Introduction

Nantucket Cottage Hospital (NCH) remains the primary medical service provider on Nantucket. It has become one of the most trusted sources for healthcare leadership on the island. NCH proactively collaborates with community members, government agencies, and civic associations to better understand the health challenges impacting Nantucket's year-round and seasonal residents.

The goals of this Community Health Needs Assessment (CHNA) are to: 1) identify the primary health - related needs that residents of Nantucket face, 2) understand how those needs are currently being addressed, and 3) identify opportunities to address needs in the future.

The CHNA report includes:

- A review of key demographics of the island and health outcomes data for Nantucket residents
- A summary of findings from a community engagement process that included public town halls, surveys, and a robust series of stakeholder interviews.
- A report of social determinant of health outpatient screening actively affecting community members.
- A review of high utilizers of healthcare.

Context

This Community Health Needs Assessment (CHNA) is the first assessment post- COVID pandemic. This is important given how many community health needs were addressed during COVID, which no longer are to the same degree. The CHNA was produced by the Community Benefit Advisory Committee which is a group of Nantucket Cottage Hospital employees, community-based organizations, and community residents. The CHNA aims to identify the most important health needs on island and provide an opportunity to outline sustainable system, environmental, and policy changes to support health improvement in the community. Historically, Nantucket CHNA identified housing instability, financial instability, behavioral health needs, and cancer resources as important health needs. Since the last CHNA, there have been many positive changes on island to address the identified needs. To highlight a few: the expansion of urgent access, NCH sponsored housing development, increased access to oncology, development of the island's first overnight homeless shelter, and expansion of mental health resources.

Key Findings

This year's CHNA survey identified the following community health needs perceived by community members: mental health, affordable housing, access to care, and substance use disorder (Figure 1). Routine outpatient screening of social determinants of health currently affecting residents identified housing, food, education, and finances as active SDOH affecting community members at the time of their healthcare appointment (Figure 2). Hispanic and

Spanish-speaking community members were disproportionately affected by SDOH identified during outpatient health screening.

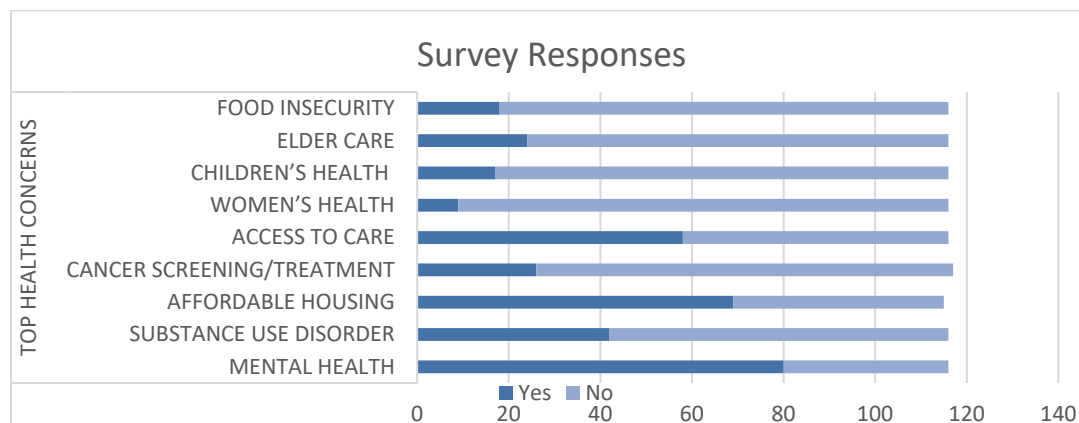


Figure 1. Shows CHNA survey results highlighting top health concerns perceived by community members: Mental health, affordable housing, and access to care. Dark blue bars represent the number of surveyors who indicated “yes”, this is a health need.

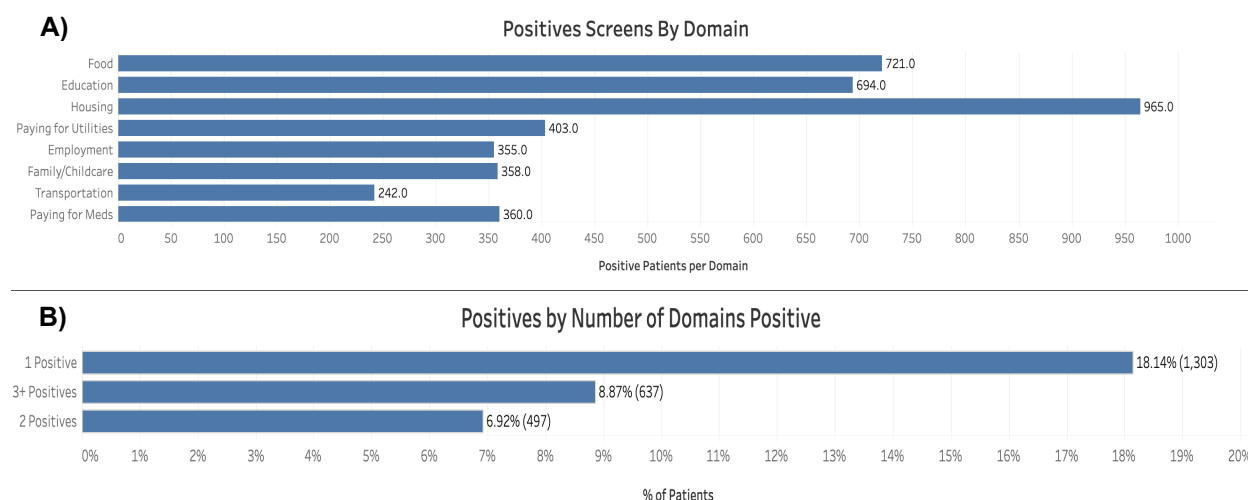


Figure 2. A) Shows outpatient patient survey screening for social determinants of health (SDOH) currently affecting the patient at the time of their outpatient visit. Leading SDOH were housing, food insecurity and education. B) Highlights that 34% of individuals surveyed screened positive for at least 1 SDOH and approximately 9% were affected by more than 3 SDOH concerns.

Methods

This community health needs assessment reflects a compilation of qualitative and quantitative data collected through direct community outreach with surveys, stakeholder interviews, existing US census data, and health data collected to identify individuals who have been particularly burdened by health challenges or social, economic, and language barriers.

Community Assets and Strengths

- Year-round residents on the island expressed pride in the sense of community on island and the ability to come together when needed.
- Numerous non-profit organizations on island support community needs.
- Nantucket county ranks among the healthiest counties in Massachusetts (Highest 75-100%) [7].

Community Health Needs Survey Results

- The four consistent community health needs identified during this survey period were mental health, substance use, affordable housing, and access to care.
- There were 120 completed CHNA surveys, with 86 being females, 26 males. 2 gender queer or nonconforming, and 6 who did not answer. Unfortunately, this is less than 1% of the island's estimated year-round population
- 107 of the 120 were year-round residents, 1 identified as a year-round commuter, and 7 part-time/seasonal, while 5 did not answer.
- 100 were born in the US. El Salvador, Brazil, Europe, and Jamaica were also represented as places of birth. The goal is to further identify the migrant population to better understand the needs of those with immigration stressors.
- 107 identified as English speaking, 6 did not answer, 1 Spanish speaking, 1 Portuguese speaking, and 1 English as a second language.
- 54% of those who filled out the survey, reported a household income of >\$100,000, with 25% reporting a household income >\$200,000. 26% preferred not to answer.
- 75% of those who filled out the survey were 50 years or older.

Overall Health, Morbidity and Mortality

- **Community Health Perceptions:** The health concerns expressed by community leaders and interest groups interviewed were mental health, affordable housing/housing insecurity, and access to care. Similarly, social determinants of health screening during routine outpatient visits identified housing insecurity, food insecurity, and financial insecurity as domains actively affecting care. (Figure 1&2).
- **Leading Causes of Death:** Heart disease and cancer were the leading causes of death on Nantucket Island in 2021, followed by chronic lower respiratory disease, opioid-related death, cerebrovascular disease, and diabetes related complications [12].
- **Leading Causes of Premature Death:** Overall cancer is the leading cause of premature death in patients under the age of 75 years old [12]. The accidental death rate per 100,000 people is 33.8 in Nantucket which is lower than the US and State of Massachusetts (58 individuals per 100,000 people). However, in Nantucket, 33% of motor vehicle crash deaths involved alcohol which is higher than the state and national percentage [12].
 - o From 2018- 2022, Nantucket County experienced 58.7 unintentional deaths per 100,000 people. Since 2017, there has been a significant decline in opioid-related unintentional deaths, and now similar to statewide rates [12].

Leading Causes of Mortality in 2021 in Massachusetts and Nantucket¹²

	Massachusetts	Nantucket
1	Cancer	Cancer and heart disease
2	Heart Disease	
3	COVID-19	Chronic Lower Respiratory Disease
4	Unintentional Injuries	Opioid Related
5	Chronic Lower Respiratory Disease	Cerebrovascular and Diabetes

Table 1. Shows the leading causes of mortality on Nantucket compared to the state trends. Modified from the Department of Health Death Report [12].

Behavioral Health

Locals agree that the mental health needs continue to impact islanders. CHNA survey identified that 80% of individuals who filled out the survey have known someone who died by suicide. Nantucket experienced increasing demands for mental health resources with the highest rate of death by suicide in the state of Massachusetts in 2017 and highest rate of suicide of all counties in Massachusetts [4]. Over the past few years, although no longer the state leader in deaths by suicide, mental health resources and support remain among the highest of needs for the Nantucket community. Anxiety, depression, and substance use are the most common behavioral health needs that community members seek for healthcare.

Progress on the island since the last CHNA

Since the last CHNA numerous efforts on island have worked towards addressing the identified health needs.

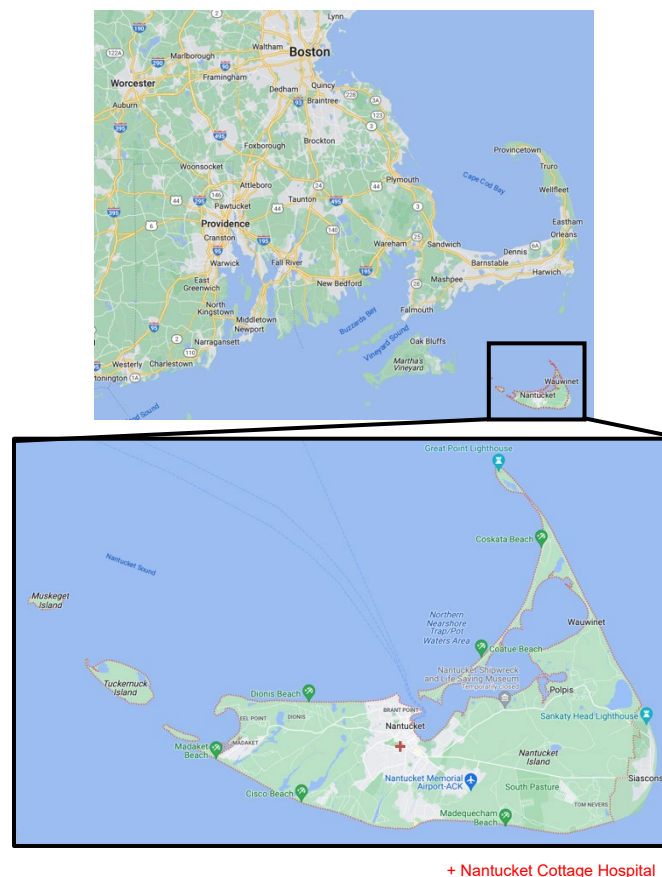
- The Warming Place provided the first overnight shelter on Nantucket Island this past winter.
- Nantucket Cottage Hospital invested in \$6.1 million for expansion of staff housing. NCH is the second largest employer on island, so this contribution has a significant impact on supporting workers and addressing SDOH inequities.
- Access to oncological care has increased over the past several years with a full time NP on island, oncology physician once per week, and utilization of infusion center on island.
- Expansion of urgent access has increased access to care throughout the year, particularly during the summer months.

Community Health Needs Assessment Report

Background

Nantucket is located 30 miles off the coast of Cape Cod, Massachusetts. It is a town, a county, and an island, with a geographic area of roughly 47 square miles. More than 60 percent of the island is permanently protected conservation land.

Located on Nantucket, Nantucket Cottage Hospital (NCH) delivers health care under unique circumstances given its geographic location and fluctuating demographics during the year. Population estimates collected by the US Census are historically known to underestimate the true population. Islanders universally agree that Nantucket swells during the summer months due to well-known tourism and vacation homes. NCH was founded in 1911 and has grown significantly throughout its tenure, offering emergency care, access to specialized services both in the in-patient and outpatient settings.



+ Nantucket Cottage Hospital

The Community Health Needs Assessment is an opportunity for Nantucket Cottage Hospital to assess the health needs and gaps in health equity that exist on island. The report is generated based on quantitative and qualitative data collected from available data, completion of the CHNA survey, and interviews with island stakeholders. The top health needs identified during this Community Health Needs Assessment (2023): 1) mental health, 2) affordable housing, 3) access to care, and 4) substance abuse. This is similar to health needs previous identified

during the 2021 CHNA: 1) affordable housing, 2) mental health, 3) cancer, and 4) substance abuse.

Context

Available data from the US census and US Data Platform was used to identify island demographics. However, one limitation is that the census failed to capture any foreign-born individuals from Africa, Oceania, or Latin America [6]. The US Census captured 15.6% of the population speaks a language other than English at home [3], with Spanish being the most common alternative (8.4%). Locals acknowledge that the US Census historically fails to capture the diversity of the year-round population on island and acknowledge a growing diverse population.

NANTUCKET POPULATION

Population

With an estimated year-round population of 14,444 individuals spread over 46 square miles, Nantucket County is the least populous county in Massachusetts [5]. However, during the summer months (July and August) and the shoulder seasons (April, May, June, September, and October), the population swells. Locals estimate 70,000 - 100,000 individuals on island during these summer months driven by seasonal homeowners, tourists, and day visitors.

Population growth

- Historically, the US census has failed to capture the diversity of Nantucket population, although over the past several years, racial and ethnic diversity continued to grow.
- Since 2010, the population on island has grown 40% with an estimated population of 14,444 in 2023; demonstrating a much larger population growth compared to the state of Massachusetts which grew by 7.7% and the US population 6.3% over the same time-period [1,5]. The largest population increase on island was 25.7% between 2019 and 2020 [1;16].

Age:

- The age distribution on Nantucket Island is similar to state and national distribution trends (Table 2).
- The newborn population 0-4 years old saw a decreased growth whereas the aging population, 65 and older increased between 2010-2022 [1].

	Nantucket		Massachusetts		United States	
	Total	Percent	Total	Percent	Total	Percent
Age 0-4	741	5.27%	351,208	5.03%	19,004,925	5.74%
Age 5-17	2,470	17.56%	1,015,808	14.54%	54,208,780	16.37%
Age 18-24	912	6.48%	679,088	9.98%	31,282,896	9.45%
Age 25-34	1,727	12.28%	985,356	14.11%	45,388,153	13.71%
Age 35-44	1,906	13.55%	881,980	12.63%	42,810,359	12.93%
Age 45-54	2,140	15.22%	896,657	12.84%	41,087,357	12.41%
Age 55-64	1,929	13.71%	960	13.75%	42,577,475	12.86%
Age 65+	2,240	15.93%	1,195,589	17.12%	54,737,648	16.53%

Table 2. Age distribution of Nantucket reflects that of the state and national trends [5]

Gender

The US census captured more males than females on island. The opposite was seen in Massachusetts and United States (See Table 3).

	Nantucket		Massachusetts		United States	
	Total	Percent	Total	Percent	Total	Percent
Male	7,722	54.90	3,419,339	48.96	163,200,298	49.59
Female	6,343	45.1	3,564,866	51.04	166,897,295	50.41

Table 3. Shows the total number and percentage of males and females within the population in Nantucket, Massachusetts, and US [3,5].

DEMOGRAPHICS – Race, Ethnicity, and Language

Race:

- Immigrant communities are recognized on island as hardworking, important for providing services on island, family oriented, but lack trust in the community and government. Several undocumented immigrants experience barriers to housing, access to care, and health insurance, but do not seek resource or assistance programs due to fear of deportation and the politics of seeking asylum.
- Nantucket's racial and ethnic diversity increased over the 12-year span from 2010-2022 [1]. Most residents in 2023 on Nantucket are white (70.8%) which is slightly higher than Massachusetts (68.9%), although the diversity has increased compared to 85.2% white in 2015-2019. Population of Blacks and Hispanic/Latino communities saw the largest increases in population size: Hispanic/Latino population grew from 6.4% to 15.9% followed by Blacks currently making up 9.5% from 6.8% in 2010 [1]. Other census data estimates 17.7% Hispanic [2]. Although the overall percentage of Asian residents on Nantucket Island has increased since 2021, Nantucket continues to have a significantly lower percentage of Asian residents 1.84% compared to the state-wide percentage of 6.6%. [5].
- Nantucket has 15.3% foreign born population which is higher than the national average of 13.6%.

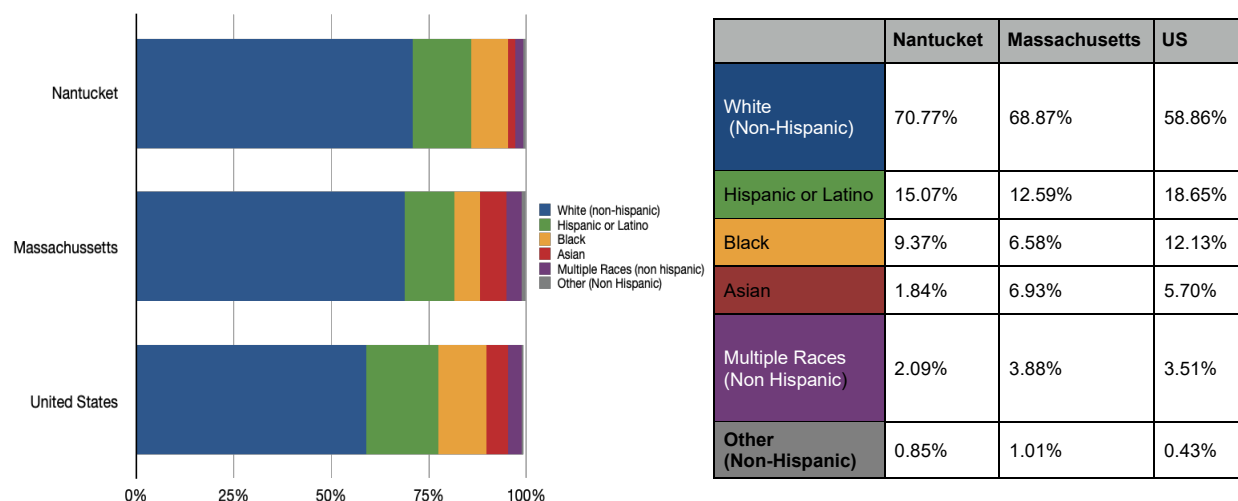


Figure 3. a) Bar graph reflects race distribution on Nantucket Island compared to Massachusetts and US. B) Table showing the race percentage for Nantucket compared to Massachusetts and US.

Community Assets and Strengths

- Many islanders would consider the community members and community support to be a defining asset of the community.
- Community members are known for their willingness to help.
- Nantucket has a high concentration of non-profit organizations, more concentrated than the state of MA and the US. Some would argue that this is a liability, not a strength
- Community members appreciate the walkability, green space, and bike paths on island that help promote health and support wellness.
- Islanders are described as resilient due to the unique circumstances that impact a community isolated 30 miles off coast of Cape Cod.
- Despite the isolated demographic challenges, community leaders have been able to support youth education, access to food and access to medical care.

OVERALL HEALTH

Community Perceptions of Health (CHNA survey)

- The health concerns expressed by community leaders and interest groups interviewed were mental health, affordable housing/housing insecurity, and access to care. Similarly, social determinants of health screening during routine outpatient visits identified housing insecurity, food insecurity, and financial insecurity as domains actively affecting care. (Figure 1&2).

Social Determinants of Health

Housing

- Residents expressed that housing insecurity remains a burden for many families on the island due to short-term rentals, lack of affordable homes, and rental properties not up to code.
- The Massachusetts Department of Health describes housing insecurity as a link to poor health outcomes and decreased quality of life. On island, it is also a unique barrier for recruiting workers to the island.

Housing Insecurity

- Housing insecurity was the second leading health concern identified on the CHNA survey:
 - o Of those that completed the CHNA survey, community members considered moving often, but availability and uncertainty about safety and finances were barriers to housing stability.
 - o Many people who completed the CHNA also state that they do not know where to seek help for housing insecurity.
- Historically the housing crisis is compounded by housing units having known building code violations.
- The aging Nantucket population expressed concerns that they are unable to maintain their homes or age in place due to rising costs. There is no assisted living options here.

Housing Affordability:

- The US Census reported median value of owner-occupied housing units at \$1,265,600, while the median per capita income is \$62,153 and median household income is \$135,590 [5,6]. This is more than double the median value of owner-occupied housing units in MA (\$483,900) and almost 4 times the median in the US (\$281,900) [5]. Further, 95% of housing is valued at more than \$150,000 and 87% is valued at more than \$300,000 [3,6].
- The median price of a home in 2023 in the US is \$413,200 compared to Nantucket which was \$3.195 million and an average cost of \$4.43 million [18,19].
- According to the US Census Bureau, there are 6,691 vacant housing units, which is 62% of all units in Nantucket County [3]. This is almost 8 times higher than the state Massachusetts [5]. Additionally, there are 302 vacant residential addresses (2.55% vacancy) on the island which is higher than the state and national averages [5].
- The commonwealth of Massachusetts requires 10% of year-round housing to be affordable to households earning 80% of area medium income or less. As of 2018, Nantucket had fulfilled 2.5% of the 10% requirement [5].
- Property value of housing on Nantucket is also much higher than the rest of the United States [2], and median property value on Nantucket is more than double the median in Massachusetts [3,6].
- Although the property value of houses continues to go up, the average number of days on the market in 2024 decreased compared to 2023 (93 days compared to 106 days). The

“My family moved 8 times in 3 years even with a substantial income.”

average single-family home sales price for 2024 is \$4,461,225 compared to \$3,777,774 over the same timeframe last year. The average asking price is currently \$6,723,366 compared to \$6,557,000 last year.

- Nantucket residents tend to spend more in annual property taxes as well, with the highest percentage of families paying in the \$3,000 range.
- US News and World report estimated that individuals need to work 69 hours a week to be able to afford a home [8].
 - o 50% of year-round residents are estimated to have difficulty paying for rent or housing costs.
 - o Affordable housing was identified as the leading SDOH actively affecting the NCH community members during routine screening at outpatient primary care appointments [MGB SDOH dashboard; See Figure 2a].

Food Insecurity

- Given that only 34.6% of the Nantucket population participated in the census, the percentage of individuals experiencing food insecurity is likely higher than the reported 6% by the US census. Both the CHNA survey and outpatient SDOH screening captured 10% of community members currently experiencing food insecurity (See figure 2a).
- Local leaders express the magnitude of food Insecurity on island by noting that: *"The line for the food bank wraps around the building daily."*
- Food insecurity was compounded by the pandemic and growing inflation rates over the past few years.
- The Community Food Bank served over 400 households in January alone in 2023, which is almost double compared to 2022 [10]. The Nantucket Food Pantry reports providing over 20,000 bags of groceries in the past year, although acknowledge that even this did not meet the need of the community [10].
- It is important to note that disparities in food insecurity includes access to affordable, healthy options.
 - o According to the US Department of Agriculture, there are no farmer's markets located on the island [5]. Comparatively, for an estimated 14,255 total population, there are 19 fast food establishments on the island (defined limited service" establishments where the customer typically orders or selects items and pay before eating), which makes it a higher density of fast-food establishments per 100,000 people compared to the state of Massachusetts and the country (133.29 Nantucket vs 75.31 in Massachusetts, and 96.16 in the US) [5]. There are 6 SNAP authorized retailers on island.
 - o However, locals appreciate the farmer's market weekends in the summer, and acknowledge 3 places selling locally grown food on the island (Bartletts Farm, Moors End Farm, and Sustainable's Farm Stand), and while there are many mostly seasonal take-out food providers, there are no fast-food chains present on the island. This is another example how national data often fails to capture elements on island.

FINANCIAL STABILITY

Income and Poverty

- According to the US Census 4.9% of people in Nantucket county live below the poverty line, compared to 10.4% of Massachusetts people, with a significant burden (7.6%) of poverty affecting the community 65 years and older [6; See figure 4]. However, this does not consider the higher cost of living on the island for housing, food, utilities, etc..
- The 2015 US census bureau estimated that 17.19% of Nantucket resident household costs exceed 50% of income, which is higher than Massachusetts (15.78%) and the US (14.06%) [14].
- In 2022, it is estimated that 39.3% of Nantucket household spend at least 30% of their income on housing which exceeds the national average of 23.5% [8].
- Referring to the SDOH outpatient screening, after housing and food insecurity, financial instability is currently affecting patients. Financial burdens were reflected by patients screening positive for challenges paying for medications, paying for utilities and employment (see Figure 2a).

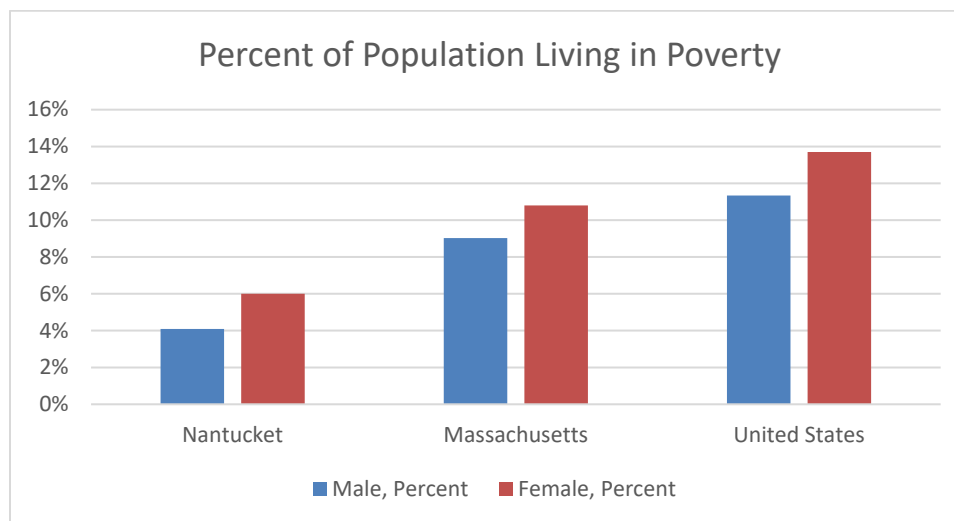


Figure 4. Shows the percentage of males and females living below the poverty line in Nantucket which is less than the percentage in Massachusetts, and the United States. Figure adapted from US Census Data

Employment

- Employment grew by 12.7% from 2020 to 2021, with a current employment rate of 66.4% [3]. Most common employment sectors are construction, health care, social assistance, and educational services [2]. Non-Hispanic whites on island continue to have the highest percentage of unemployed individuals at 5.8% [5].
- Massachusetts Department of Public Health reports higher business vacancy rates in the fourth quarter of 2023 with a 15.3% vacancy compared to Massachusetts (9.1%) and nationally (8.9%). Historically (2018 – 2022), Nantucket has been below state and national rates of business vacancy. Similar trends are seen in residential vacancy; see 'housing insecurity' above) [5].

ACCESS TO CARE – insured, primary care physician, dental care

- Given the unique circumstances in which NCH delivers health care, access to care remains an area of concern among community members, as this was the 3rd leading health concern identified by the CHNA survey (See Figure 1).
- Despite a shortage of primary care, mental health providers, and dentists, islanders obtain routine care no less than the national average:
 - o On island, there are 1,422 patients per dentist compared to neighboring Duke's County which experiences 1,022 patients per dentist [2] (See Figure 5).
 - However, NCH survey reports less than 20% of people who have not seen a dentist in the past year.
 - o Rate of primary care physicians per 100,000 people is less than half compared to the state of MA. There are 6 primary care physicians (PCP) reported on island, which equates to 41 PCPs per 100,000 people compared to MA [101 PCPs per 100,000 people] and US [75 PCPs per 100,000 people] (See Figure 5; [5]).
 - Despite this, 73.4% of Nantucket adults went for a routine checkup this past year, which is on point with the national average of 73.6% of adults.
 - Multiple new primary care providers hired for the upcoming year to help increase access to care.
- Life expectancy in Nantucket is 83.3 years which is higher than the state and national life expectancy (Massachusetts 80.6 years; US 77.5 years) [5].

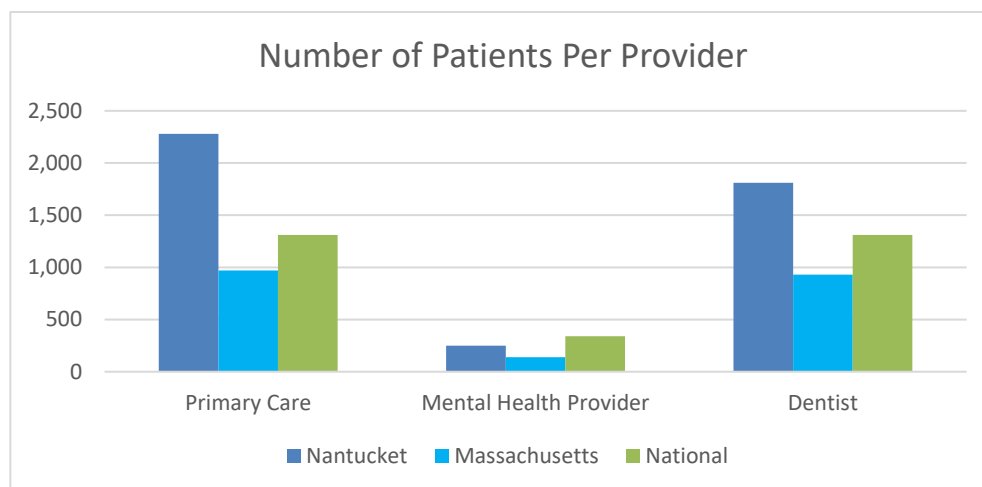


Figure 5. Shows the number of patients per provider (primary care, mental health, dentist) on island compared to the state and national ratios.

Medicare Recipients

Medicare Recipients on island tended to have higher rates of emergency room visits than MA and US Medicare recipients. However, Nantucket Medicare recipients were found to have fewer inpatient admissions for 2022 (See Table 5).

	Nantucket	Massachusetts	United States
Medicare Beneficiaries (Part A & B)	2,296	1,278,383	68,192,489
Emergency Room Visits	1,600	406,925	17,059,786
Emergency Room Visits (per 1,000 beneficiaries)	831.6	570	218.27
Percent of beneficiaries with ED visits	38.93%	29.48%	28.83%
Inpatient stays	243	110,653	4,177,285
Inpatient Stays (per 1,000 beneficiaries)	190.75	244.39	218.27
Percentage with inpatient stays	12.63%	15.5%	14.09%

Table 5. Summarizes the number of emergency room visits and inpatient stays by Medicare beneficiaries on island, in Massachusetts, and across the US. Nantucket Medicare beneficiaries have a higher rate of emergency room visits per 1,000 beneficiaries, but less inpatient stays in 2022. Adapted from CMS statistics [17]

Percent of Uninsured adults

Uninsured adults, both males and females, in Nantucket is higher than the state percentage of uninsured but less than national percentages (See Table 6) [5,6].

	Nantucket	Massachusetts	United States
Gender			
Male	6.75%	3.32%	9.72%
Female	2.17%	2.08%	7.67%

Table 6. Shows the percentage of uninsured adults, 2018-2022.

Mental Health/Substance Use Disorder

Historically mental health needs have been an area of concern on island and continue to be identified as an island need.

Background

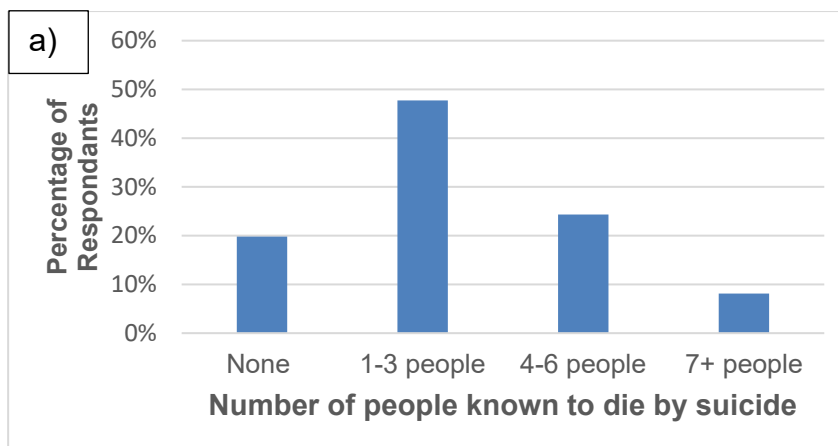
- According to the Nantucket Behavioral Health Assessment Report for 2022, 64% of individuals find it somewhat challenging or very challenging to get help when needed.
- Community surveys used to complete the Nantucket Behavioral Health Assessment, reported 37% of people wait more than a month to receive resources and an additional 28% wait between 1 week to 1 month [9]. The report showed that Nantucket people would like to see increased mental health beds, resources when

individuals come back from off-island inpatient stays, and increased counselling resources. This is similar to the results obtained during this year's CHNA survey.

- There are 59 mental health providers on island, which equates to 1 mental health provider per 245.7 persons. This ratio is better than the national average (1 provider per 338 persons) but lags Massachusetts (1 provider per 141 persons) [5].

CHNA survey

- Mental health is the leading health concern identified by the CHNA survey (see Figure 1).
- According to the CHNA survey, maintaining anonymity on island and limited access to affordable therapy and other mental health resources are barriers to seeking care when needed despite resources available.
- Other barriers to mental health care reported by community members on the CHNA survey and discussions with community members: access to providers, hours of availability of providers, crisis management, and lack of active wellness programs on island.
- Investment in meaningful programs, wellness programs, and a central hub for supportive resources were comments suggested throughout the CHNA survey.
- Community members are hoping to continue efforts to break down the social stigma surrounding mental health.
- Approximately 80% of locals who completed the survey reported knowing at least 1 person who died by suicide [CHNA results] and 34% who knew 4+ people who have died by suicide (Figure 6a).
- Deaths by suicide are 1-2 persons per year, with a high of 7 deaths by suicide in 2017 (See table 6b) [12,24].



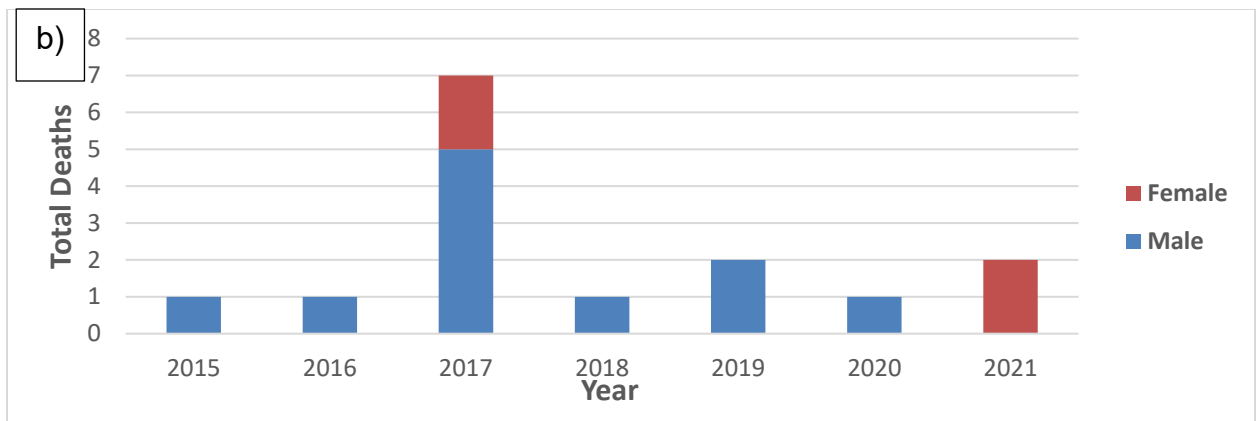


Figure 6. a) Shows the percentage of people who completed the CHNA survey who knew someone who died by suicide. b) Shows the total number of deaths by suicide by year in Nantucket County.

- Community Suggestions through qualitative interviews and the completed surveys:
 - o Consideration of a psych NP or community liaison to serve as a transitional support following inpatient hospitalization for primarily psychiatric illness or substance use disorder.
 - o Affordable gym and fitness centers with hours that support the working class.
 - o Confidential resources, possible telehealth, or off island connections to maintain anonymity.

Substance Use Disorder

There is a recognized link of mental health with addiction and substance use disorders, as mental illness often precedes substance use disorder. Individuals experiencing anxiety or depression are at an increased risk of using illicit drugs, marijuana, opioids, and alcohol use.

- Centers for Medicare and Medicaid recorded only 1 facility with 4 providers on island that specializes in addiction and substance abuse [5]. However, there are 8 liquor stores on island [5]
- Alcohol use disorder
 - o No current detox facilities on island although there are partnerships with facilities off island.
- Opioid use disorder (OUD)
 - o Currently one suboxone provider on island, and no methadone provider for opioid use disorder.
 - o Continues to affect a significant proportion of community members on island.
 - o Historically, OUD was a leading contributor to premature deaths on island.

Cancer Care

- Malignant neoplasms were noted be the leading cause of death under the age of 75 in Nantucket in 2018-2020 [12].
- Massachusetts and Nantucket experienced higher incidence rate of lung cancer compared to the national rates from 2018-2022 [5,15] (See table 7).

- Massachusetts and Nantucket experienced higher incidence rate of prostate cancer compared to the national rates from 2018-2022 [5,15] (see table 8).
- Nantucket experienced higher incidence of all cancers compared to Massachusetts and national rates [5] (see table 9). However, according to CDC US Cancer statistics, there were 343 new cases from 2017-2021, indicating 414 cancer cases per 100,000 people, while the state of Massachusetts recorded 190,821 cases of cancer between 2018-2022, with a rate of 433 cancer cases per 100,000 people [15]. These discrepancies in overall cancer incidence rates continue to highlight the inconsistencies in population counts. This is important because one source shows an alarmingly high cancer incidence while the other source reflects rates at the national and state levels. Fortunately, recent trends for the past 5 years, shows a decline in cancer incidence [20].

	Estimated Population	New Cases (annual average) of Lung Cancer	Cancer Incidence Rate (per 100,000 individuals)
Nantucket	14,084	8	56.8
Massachusetts	8,939,189	5,292	59.2
United States	398,716,666	215,307	54

Table 7. Shows the annual average of new lung cancers diagnosed in Nantucket, Massachusetts, and nationally from 2018 to 2022.

	Estimated Population	New Cases (annual average)	Cancer Incidence Rate (per 100,000 individuals)
Nantucket	7,479	10	133.7
Massachusetts	4,296,819	4,864	113.2
United States	192,519,457	212,734	110.5

Table 8. Shows the annual average of new prostate cancer diagnoses in Nantucket, Massachusetts, and nationally from 2018 to 2022.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Nantucket	13,487	71	526.4
Massachusetts	8,615,709	38,719	449.4
United States	383,976,486	1,698,328	442.3

Table 9. Cancer incidence Rate in Nantucket remains higher than state and national levels per 100,000 people in 2018-2022.

- Since the last CHNA, cancer has been an area of attention and efforts have been made to increased resources on island. The transfusion center has increased medical recourses and treatment capabilities to decrease the need to send patients off island for oncology treatments.
 - o There is one full time Nurse Practitioner who provides stability for the oncology department, with increased access to oncological specialty care on island.
 - o With the established cancer clinic, initial imaging, lab work, and biopsies (excluding lung and breast) are performed on island.

- An increasing number of infusions can be performed on island, decreasing the necessity of transfer to Boston or Cape Cod.
- Radiation and oncological surgery require specialty care and equipment off island but are arranged through Mass General or Cape Cod hospital.
- More research is being done to explore if there are environmental factors contributing to increased incidence, if this a matter of discrepancies in population data, or is a result of higher compliance of routine cancer screening.
- People of Nantucket are more compliant with routine cancer screening than the national rates of screening: of eligible adults, 79% have completed mammography screening, 86.6% cervical cancer screening and 79.3% colorectal cancer screening [National rates: mammography 78.2%, cervical cancer 82.8%, colorectal cancer 72.4%].
- Suggested opportunities to grow within this department are the need for case managers and social workers to provide survivorship support and coordination of care. Increased diversity of patient population (historically, predominantly white, English speaking now with increasing number of Spanish speaking and Hispanic ethnicity).

Clinical Data

Emergency Department High Utilizers

High utilizers are defined as individuals who used the NCH Emergency department more than 5 times in a year.

- High utilizers tended to be low acuity patients, viral upper respiratory illness, nonspecific pain (chronic, abdominal, or chest without diagnosis) and trauma. Out of the combined 5,072 visits from all high utilizers, 4267 resulted in discharge.
- In evaluation of the NCH Emergency Department Highest Utilizers (>5 ED visits/year), most patients had a government supported health insurance (See Figure 7a). In 2023, the percentage of Medicaid insurance plans dropped (see Figure 7B) This drop likely does not reflect community members decreased need in government insurance but more likely reflects lack of redetermination.
- When we look at the type of government insurance plan Medicaid was slightly more prominent than Medicare until the past year in 2023 when Medicare became the insurance of most high utilizers. Again, likely a result of the need to redetermine and likely unfilled by beneficiaries (see Figure 7B).

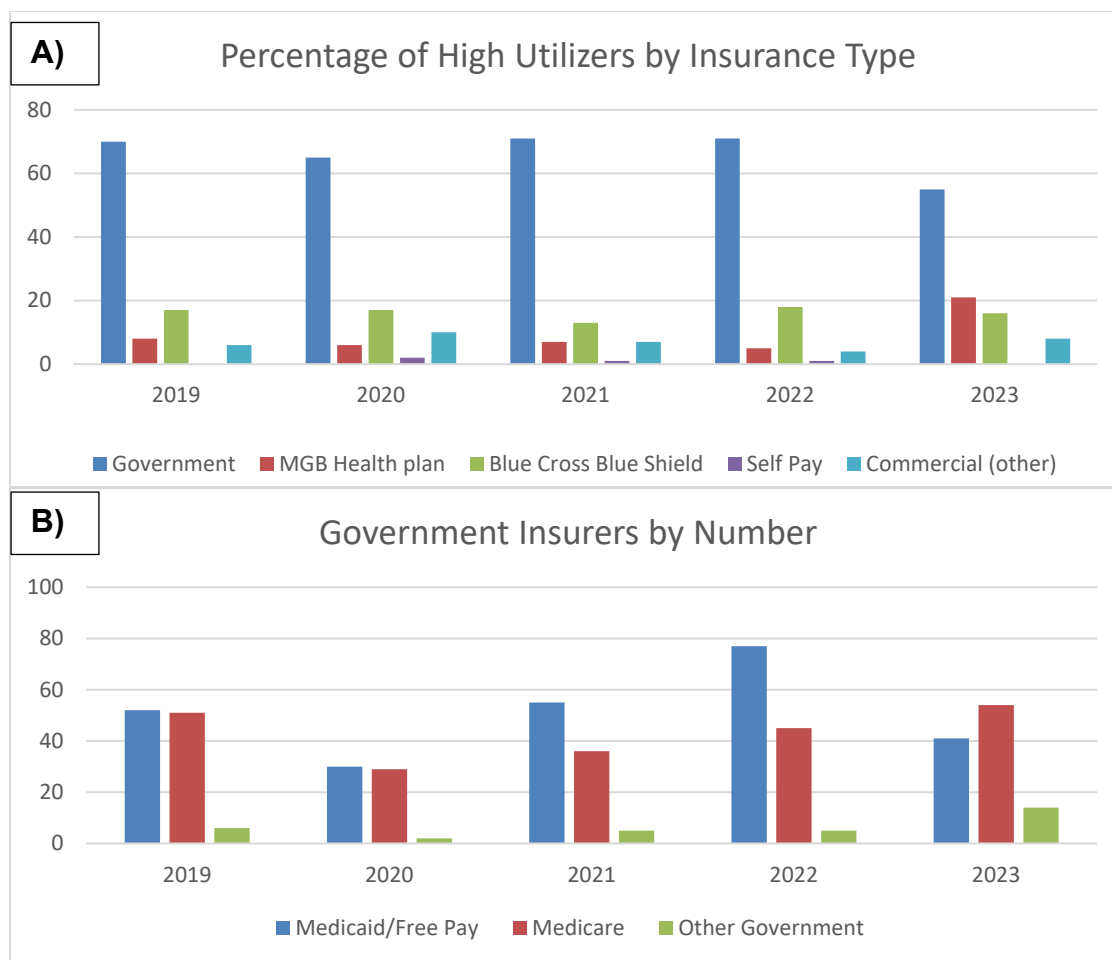
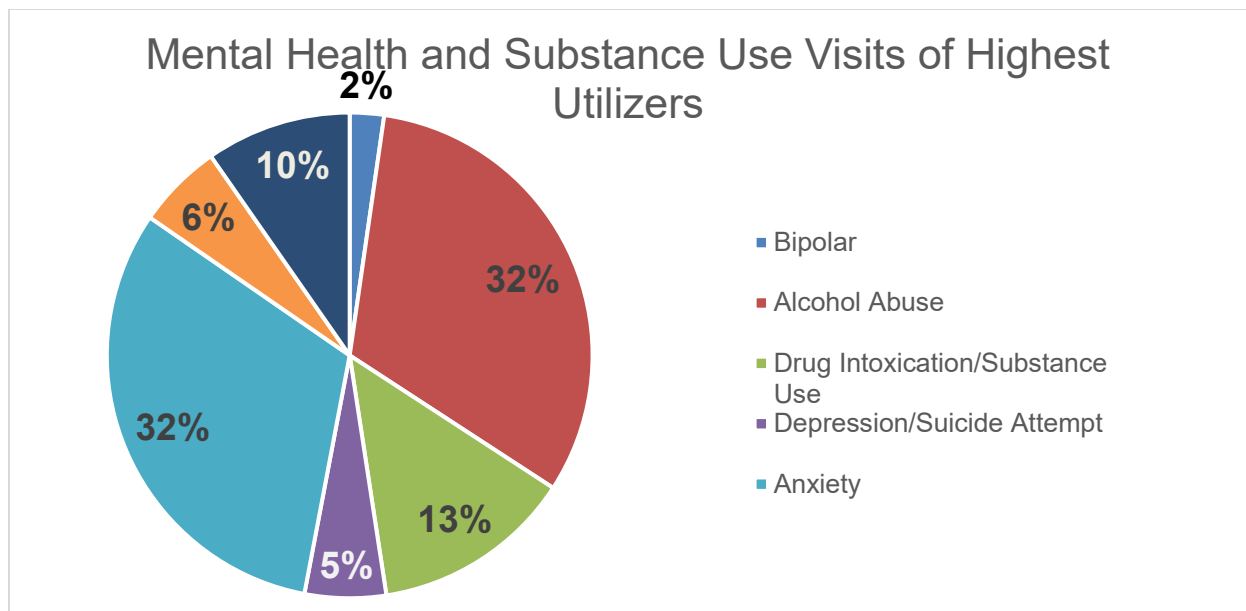


Figure 7. A) Percentage of high utilizers by insurance type per year. B) Break down of type of government insurance per year 2019-2023.

- Comparing the highest utilizers, the highest percentage of admissions were alcohol related complications (such as cirrhosis, pancreatitis, spontaneous bacterial peritonitis, and alcohol induced gastritis) and 10% required transport. This is important because it shows that alcohol related medical presentations also come with a financial burden particularly when requiring admission or transfer.
 - o Of the highest utilizers, alcohol and anxiety were the two-leading chief complaints for mental health and substance use related visits.



- In evaluation of the Emergency Department highest utilizers, patients who presented with mental health or substance abuse chief complaint were 3x more likely to leave against medical advice or without being seen than any other group of high utilizers (n=18). This highlights a vulnerable patient population with unmet needs as community members. This is important because alcohol related complications are among the top percentage of high utilizer admissions and transfer reflecting high medical burden in cost.

SDOH Outpatient Screening

Family and internal medicine outpatient clinics asked patients to voluntarily fill out a questionnaire with the goal to capture and quantify the social determinants of health actively affecting patients.

- Of 8427 surveys distributed, there were 7246 completed questionnaires, approximately 86% completion rate.
- Housing was the leading social determinant of health affecting patients, followed by food and financial insecurities (See Figure 8a). Of all the patients that completed a questionnaire, 34% were affected by at least one social determinant of health (see Figure 8B).

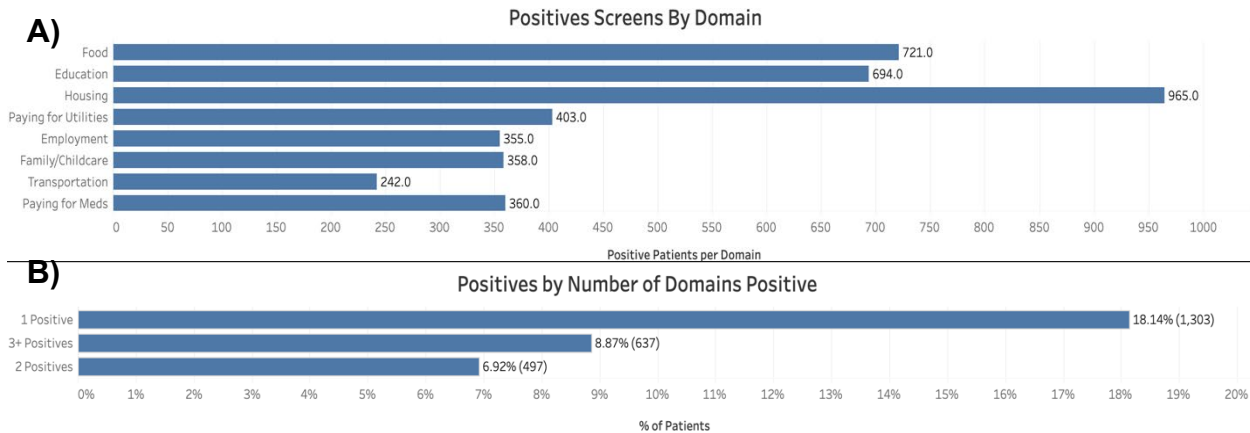
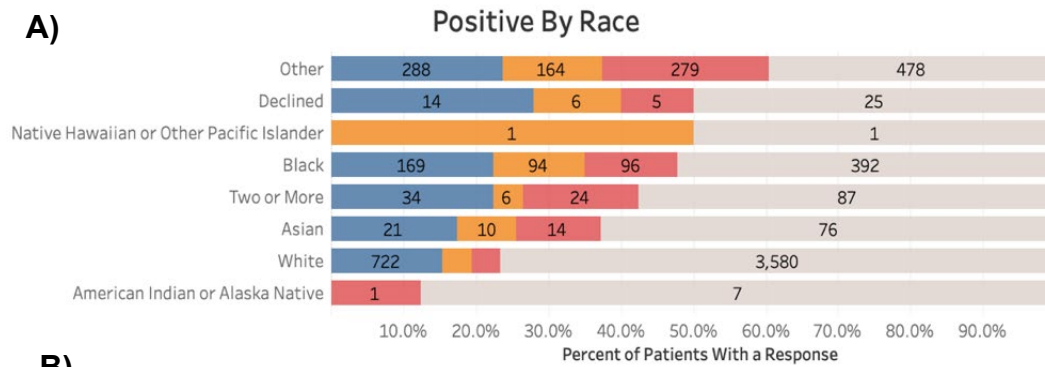


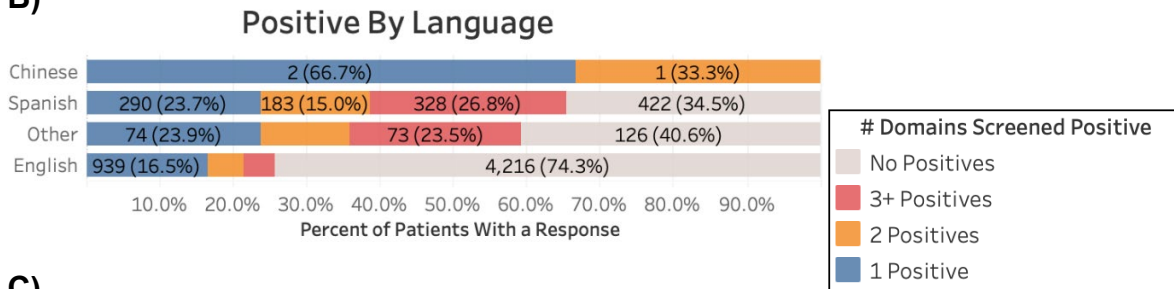
Figure 8. A) Summarizes the total positive screening SDOH affecting patients at the time of the visit. B) Percentage of patients per number of positive SDOH screening.

- Black patients are much more likely to screen positive for multiple social determinants of health than other races (See Figure 9).
- Non-English-speaking patients are more likely to screen positive for multiple social determinants of health than English speaking patients; particularly, Spanish speaking individuals (See Figure 9B). The proportion of Spanish speaking community members experiencing social determinants of health needs is almost double that of the English-speaking community members.
- Hispanic patients screen positive disproportionately more for multiple social determinants of health compared to non-Hispanic (See Figure 9C).
- Younger adults were more likely to screen positive for multiple social determinants of health (See figure 9D).

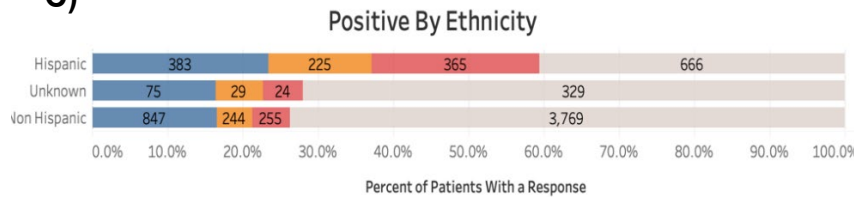
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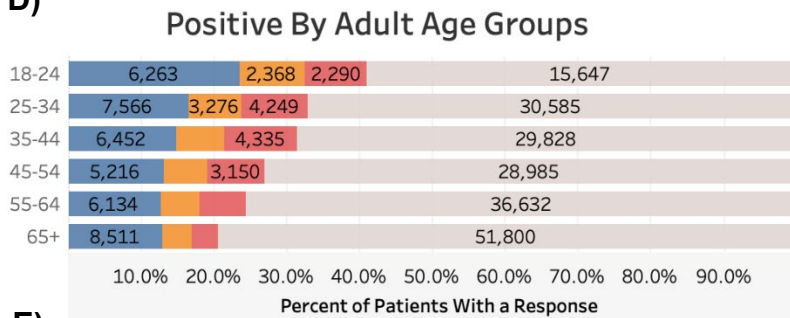
B)



C)



D)



E)

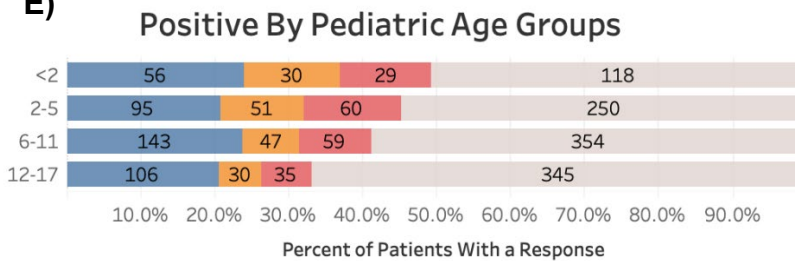


Figure 9. Summarizes the demographics of the patients screened for SDOH. A) Evaluates percentage of patients based on race; B) Shows the percentage of patients screening positive for SDOH based on language; C) Shows the percentage of patients screening positive for SDOH based on ethnicity; D) Shows the percentage of patients screening positive for SDOH based on adult ages; E) Shows the percentage of patients screening positive for SDOH based on pediatric age groups.

Elder Health and Aging Population Needs

Children's Health

Children's Health:

- Of the student population in the Nantucket public schools, 38.5% of students identified as low income, which is a 140.62% increase since 2015.
- High School graduation rates are 92.2% which is higher than the Massachusetts (84%) and National rates (80%) [5]. This is a significant improvement in 2021 from 2020 which reported 86.2% graduation rate.
- The mental health crisis has impacted the youth in Nantucket as well. According to the 2018 -2019 Pride Survey of Nantucket Public School department, 6.6% of students in grades 6 -12 reported thinking about suicide "a lot" or "often". Further, increasingly more students have reported recreational substance use of marijuana (20.7%), illicit drugs (+18.0%), alcohol (+13.3%) and hallucinogens (+11.1%) [4]. 38% of survey respondents identified that being "afraid that someone might find out" is "always" or "often" a barrier to care.
- There are many resources on island to support the children, including Boys & Girls Club afterschool programs, ACK teen collaboratives at Health Imperatives for after school fitness. Our House is an after-school program for high school students to help support life skills, engage in activities, healthy habits, and fresh cooked meals.
- Accessing Childcare Services: In focus groups and interviews, childcare emerged as an important community need, highlighted by the pandemic. Nantucket residents report unmet childcare needs. Concerns that lack of childcare is emerging as a SDOH and is a barrier to parental health care as well as overall wellness due to the financial strain it places on families.
 - o Families reported on the CHNA survey that childcare places financial constraints affecting childcare as well as restricted childcare hours, which do not always support working family needs. The state does offer childcare financial assistance programs (CCFA) via the Department of Early Education and Care (EEC).

Educational attainment

- Nantucket has a higher rate of high school graduation than the state and national average since 2018. The Nantucket High School graduation rate (92.2%) is higher than the Massachusetts (84%) and National rates (80%) [5]. This is a significant improvement in 2021 from 2020 which reported 86.2% graduation rate.
- Historically white, African American/black, and multi-race students have graduated in 4 years at a higher rate compared to the state. Hispanic/Latino high school students historically had a below average rate of 4-year graduation. However, in 2022 there was a marked increase in Hispanic high school students graduating within 4 years (79.2%), and matching state averages (80%) (See Table 4).

	School District Demographics by Race						4 Year Graduation Rates by Race					
	Nantucket			Massachusetts			Nantucket			Massachusetts		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
African American / Black	9.8	9.4	8.6	9.2	9.3	9.3	95	100	93.8	79.9	83.1	84.4
Hispanic/Latino	34	36.1	39.2	21.6	22.3	23.1	62.1	57.1	79.2	74.4	77.2	80
White	50.2	48.5	46.1	57.9	56.7	55.7	97.5	93.9	94.1	92.7	93.2	93.2
Multiracial (non hispanic)	3.9	4.4	4.5	3.9	4.1	4.3	100	100	--	87.6	88.6	88.8
Asian	1.8	1.4	1.4	7.1	7.2	7.2						

Table 4. Shows the 4-year graduation rates by race in Nantucket and Massachusetts.

- According to the US Census, Nantucket Island residents have a higher level of educational attainment, with 57.37% of individuals who have attained a bachelor's degree or higher compared to 45.91% in the state of MA and 34.31% of individuals in the US.

Conclusions

- The Nantucket community is known for its overall good health. It has been listed as one of the healthiest counties in Massachusetts (Highest 75-100%) [7].
- Recurrent themes of community health needs generated by community engagement and discussion: housing insecurity, food insecurity, mental health/substance use disorders, cancer care, youth resources.
- Limitations of this year's CHNA: US Census fails to capture the ethnic, racial, and financial diversity on the island. Further, survey completion did not appropriately capture the island demographics. For example, the CHNA survey captured 10% of respondents affected by food insecurity, whereas outpatient screened revealed 10% of those who filled out the screening was affected by food insecurity.
- Outpatient screening of social determinants of health currently affecting community members showed that Hispanic and Spanish-speaking individuals are disproportionately being affected by SDOH compared to non-Hispanic and English-speaking individuals.
- Nantucket known for sense of community. It is also shows to have the most density of non-profit organizations compared to MA and US [5].

Community's Vision and Community Suggestions

- Continued efforts for overall wellness and preventative care
- Addresses barriers that compromise anonymity
- Continue to strength partnership with local agencies
- Continued collaboration with Fairwinds and other behavioral health agencies on island
- Consider a centralized hub for information
- Continue efforts to support integration of immigrants
- Improve housing affordability
- Improve access to and quality of behavioral health care



Nantucket Community Health Improvement Plan (CHIP)

November 2024

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The community health needs assessment identified four priority areas to focus future efforts to address the health inequities and areas of improvement on Nantucket Island. The overarching commitment to achieving socioeconomic health equity in Nantucket underpin the CHIP priorities areas for 2024.

 Behavioral Health and Substance Use	 Access to Care	 Housing Insecurity	 Ethnic Disparities
<i>Continue support and enhance resources for mental health and substance use disorder</i>	<i>Enhance access to healthcare for the Nantucket community</i>	<i>Improve access to safe, stable, affordable, year-round housing across all income levels</i>	<i>Improve support of social determinants of health for vulnerable patient populations</i>



Behavioral Health and Substance Use

GOAL: *Enhance access to resources related to mental health and substance use disorders on Nantucket for individuals of all socioeconomic backgrounds*

OBJECTIVE 1: *Provide an inclusive and interconnected system of prevention, intervention, treatment, and recovery opportunities for those affected by mental health and/or substance use disorder.*

Strategies:

- Play a leadership role through Community Solutions for Behavioral Health to identify and provide Nantucket behavioral health resources in line with The State of Massachusetts's *Roadmap for Behavioral Health Reform*.
- Continue to strengthen collaborative efforts with Addiction Solutions and increase community awareness of this resources.
- Continue to strength collaborative efforts with Fairwinds.

- Increase the community's awareness of mental health and substance use disorder resources on island.

OBJECTIVE 2: Improve the coordination of care to increase the number of psychiatric and substance use disorder follow up visits after being seen in an NCH sponsored facility (i.e the emergency department, primary care office, Fairwinds, off-island hospitalization, etc.) within 7 days based on acuity, and 48h for high-risk individuals, in compliance with MassHealth quality metrics framework¹.

Strategies:

- Consider adding additional case managers or providers to improve access to care and follow up resources.
- Consider an additional psychiatric nurse practitioner to NCH staff to increase access to care and provide additional mental health appointments.
- Identify high risk patients or patients with high rates of relapse and collaborate with outpatient resources (i.e Addiction solutions & Community Solutions for Behavioral Health) to help decrease subsequent relapse and need for hospitalizations.

OBJECTIVE 3: Reduce barriers to accessing preventative mental health and substance use disorders services, especially among populations at greatest risk.

Strategies:

- Continue to support efforts to break the negative stigmas around mental health.
- Consider increased telehealth resources.
- Continue to support resources that protect anonymity despite small community.
- Inform the community of mental health, and drug misuse resources available.



Access to Care

GOAL: *Enhance access to healthcare for the Nantucket community.*

OBJECTIVE 1: To improve access and decrease wait time to see providers.

Strategies:

- Evaluate the number patients per provider and maximize the new patients added to established providers.
- Consider additional primary care providers to increase NCH capacity to provide care to the community.

¹ MassHealth Comprehensive Quality Strategy Effectiveness Evaluation. *Commonwealth of Massachusetts*, Executive Office of Health and Human Services, 2023. <https://www.mass.gov/doc/masshealth-comprehensive-quality-strategy-effectiveness-evaluation-0/download>

- Continue to strengthen NCH collaboration with The Family Resource Center, and increase community awareness of their resources.
- Consider increased case managers to provide support in each of the domains at highest need: oncology, substance use, elder services, and within the Hispanic Community.
- Continue effort to support overall wellness and preventative health care.

OBJECTIVE 2: Increase access and improve pediatric vaccination rates among eligible school-aged children.

Strategies:

- Consider partnering with the school system to host free vaccination clinics to address the current gap in vaccinations (200 students are not fully vaccinated, which equates to ~1700 vaccines that have not been to eligible school aged children).
- Understanding socioeconomic factors that lead to under-vaccination in pediatric children.

OBJECTIVE 3: Increase resources for the aging population: particularly access to care, Medicare enrollment, housing.

Strategies:

- Increase community awareness of resources available for this aging population.
- Consider additional case managers that can help coordinate care.
- Consider additional primary care providers and internists.

OBJECTIVE 4: Develop an understanding of the key characteristics and factors leading to high utilization of the emergency department (individual with >5 ED visits in a year).

Strategies:

- Research the factors impacting high utilization of emergency care and understand areas to improve preventative care intervention.
- Consider "flagging" patients within the electronic medical record who have utilized the emergency department >5 times in a year. Identify the barriers to accessing to care in the community to help this patient navigate available outpatient resources.



Housing Insecurity

GOAL: *Improve access to safe, stable, affordable, year-round housing across all income levels*

OBJECTIVE 1: Increase the total number of affordable and year - round rentals on Nantucket

Strategies:

- Continue to support and development of the Nantucket Cottage Hospital housing project to increase access and available of safe, stable, and affordable housing opportunities for NCH workers to free up community affordable housing resources.
- Continue to collaborate with The Warming Place and help increase awareness of this resource on island.

OBJECTIVE 2: Advocate for the passage of Massachusetts House Bill 4201, An Act authorizing the Town of Nantucket to impose a real estate transfer fee for affordable and workforce housing and House Bill 1377, An Act empowering cities and towns to support affordable housing with a fee on certain real estate transactions

Strategies:

- Leverage Mass General Brigham government Affairs Department to lobby the Massachusetts House to pass H.4201 and H.1377
- Expand and promote the existing First Time Home Buyers Education Program and other existing affordable housing education programs to include online and multi-lingual offerings.



Ethnic Disparities

GOAL: Enhance support of social determinants of health for vulnerable patient populations, particularly Hispanic and Spanish-speaking individuals.

OBJECTIVE 1: To bridge the gap in health disparities disproportionately affecting the Hispanic and Spanish speaking community.

Strategies:

- Continue to do research on the social determinants of health affecting this community and understand how this impacts their health.
- Identify and strengthen the relationship between employers of this population to help decrease the burden of these SDOH.

OBJECTIVE 2: To provide equitable care to all and continue to research ways to address the socioeconomic barriers to care.

Strategies:

- Collaborate with the primary care providers where this vulnerable population is seeking care.
- Continue to strength NCH relationship with the churches who have supported this community.

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Appendix

Appendix A: CHNA Steering Committee Members

Amy Lee, Chair

Amy Beaton
Aimee Carew-Lyons
Jeff Coakley
Sunny Daily
Jamie Foster.
Cynthia Gaudet
Charity Grace Mofsen
Chris Glowacki
Gretchen Hull
Luciana Pavie
Melissa Philbrick
Cynthia Winston
Sarah Wright

Appendix B: CHNA Online Community Survey (English)

Purpose: Nantucket Cottage Hospital is conducting the Community Health Needs Assessment for 2024. The goal of this assessment is to identify the island's most important health concerns and identify new ways to address them.

Instructions: Please answer as many questions as you feel willing and able to. All answers will be kept anonymous. Thank you in advance for your participation.

1. What do you feel are the greatest health needs in our community?
2. Below is a list of health concerns previously reported by Nantucket residents. What would you say are the **top three** most important health concerns?
 - a. Mental health
 - b. Substance use disorder
 - c. Affordable housing
 - d. Cancer Screening/Treatment
 - e. Access to care
 - f. Women's health
 - g. Children's health
 - h. Health care for elders
 - i. Food insecurity

Housing/Access to food

3. In the past month, did you have to worry about whether you would have enough money for food?
 - a. Yes
 - b. No
4. How often are you relying on the community food pantry for your meals? **Please select one**
 - a. Daily
 - b. Weekly
 - c. Monthly
 - d. Rarely

- e. Never
5. How often in the past year have you moved or considered moving due to unstable housing or inadequate conditions? **Please select one**
- a. None
 - b. Once
 - c. Weekly
 - d. Monthly
 - e. Occasionally
6. What are the barriers to moving to more stable housing? **Select all that apply**
- a. Nowhere else to go
 - b. Finances
 - c. Uncertainty
 - d. Safety
 - e. Other (please define): _____
 - f. Not applicable – currently in stable housing
7. What is primary motivation when considering moving? **Please select one**
- a. Temporary contract in current living space
 - b. Housing infrastructure
 - c. Location of housing
 - d. Too expensive
 - e. Other (please define): _____
 - f. Not applicable – not currently looking to move
8. In the 3 years, have you been forced to move due to temporary housing changes?
- a. Yes; if so, how many times?
 - b. No
9. Do you know where to seek help for housing insecurity?
- a. Yes
 - b. No
10. Do you have access to child care that is affordable and available during the hours you need?
- a. Yes
 - b. No

If no, how old is your child? ____ How can we help improve access?

11. If you use a childcare voucher, have you found a facility that accepts vouchers and has space for your child?
- a. Yes
 - b. No
 - c. N/A
- If no, what age is your child? _____
12. Does access to childcare affect your ability to access your own health needs?
- a. Yes
 - b. No
13. Does access to childcare affect your ability to work?
- a. Yes
 - b. No

Mental Health

14. Do you know where to seek help for mental health?

- c. 4-5 times/week
 - d. Weekly
 - e. Monthly/ occasionally
 - f. Never
27. How often do you use cocaine or other stimulants?
- a. Daily
 - b. 2-3 times/week
 - c. 4-5 times/week
 - d. Weekly
 - e. Monthly/ occasionally
 - f. Never
28. How many times in the past year have you attempted to get sober from alcohol or recreational drugs?
- a. Once
 - b. Multiple times
 - c. Not applicable, not trying to get sober

Health

29. Do you feel there are enough community resources to promote physical wellbeing?
- a. Yes
 - b. No
- If no, do you have any suggestions to help support your physical health?*
30. Below is a list of barriers to people pursuing health and happiness. Which of the following do you think are present on Nantucket?
- a. Discrimination again people who do not have a lot of education
 - b. Discrimination towards people who are not US citizens
 - c. Financial hardship
 - d. Lack of health insurance
 - e. Discrimination against people who do not speak English
 - f. Access to
 - g. Other: _____

Access to healthcare

31. Do you currently have health insurance?
- a. Yes
 - b. No
32. Do you know who to talk to obtain health insurance?
- a. Yes
 - b. No
33. In the past year, have you seen a primary care physician, physician assistant or nurse practitioner?
- a. Yes
 - b. No
34. In the past year, have you had trouble with access to care of a medical specialist on the island?
- a. Yes
 - b. No
- If yes, which specialist _____
35. In the past year, have you seen a dentist?
- a. Yes
 - b. No
36. If you have not seen a dentist in the past year, which of the following have contributed to this?
- a. Cost of care
 - b. Access to care, unable to get in with a dentist
 - c. Do not feel the need to see a dentist at this time
 - d. Other: _____

37. Is there **insufficient** access on island to any of the following medical services?
- | | |
|-------------------------------------|--|
| a. Dentist | h. Alternative healthcare
(e.g acupuncture, yoga,
meditation, massage therapist) |
| b. Physical therapy | i. Mental health providers |
| c. Occupational therapy | j. Counselors/therapist |
| d. Oncology (treatment for cancer) | k. Other: _____ |
| e. Pediatrician | |
| f. Primary Care Providers | |
| g. Cardiac services (heart doctors) | |
38. Do you feel there is appropriate translators or accessibility to the health services above in your preferred language?
- | | |
|--------|-------|
| a. Yes | b. No |
|--------|-------|
- If no, which service do you have trouble accessing? _____
- If no, which language should be represented? _____

Demographics

39. What is your primary language? _____
40. In what country were you born? _____
41. In what country were your parents born? _____
42. What is your gender identity? _____
43. What is your sexual orientation? _____
44. How many years have you lived on Nantucket? _____
45. What is your combined household income?
- | | |
|------------------------|------------------------|
| a. <\$50,000 | d. \$150,001 – 200,000 |
| b. \$50,000-100,000 | e. >\$200,000 |
| c. \$100,001 – 150,000 | f. Prefer not to ans |
46. Which of the following age range do you fall into?
- | | |
|------------------|------------|
| a. <21 years old | e. 50 – 59 |
| b. 21-29 | f. 60 – 69 |
| c. 30-39 | g. 70 – 79 |
| d. 40 – 49 | h. 80+ |
47. How do you identify yourself:
- | |
|--------------------------------|
| a. year-round resident |
| b. year-round commuter |
| c. Visitor |
| d. Part time/seasonal resident |

Appendix C: CHNA Online Community Survey (Spanish)

Propósito: Nantucket Cottage Hospital está realizando la Evaluación de las Necesidades de Salud de la Comunidad para 2024. El objetivo de esta evaluación es identificar los problemas de salud más importantes de la isla e identificar nuevas formas de abordarlos.

Instrucciones: Responda tantas preguntas como se sienta dispuesto y capaz de hacer. Todas las respuestas se mantendrán anónimas. Gracias de antemano por su participación.

48. ¿Cuáles considera que son las mayores necesidades de salud en nuestra comunidad?
49. A continuación, se muestra una lista de problemas de salud informados anteriormente por los residentes de Nantucket. ¿Cuáles diría que son los **tres** problemas de salud más importantes?
- | | |
|--|--|
| a. Salud mental | e. Acceso a la atención |
| b. Trastorno por consumo de sustancias | f. Salud de la mujer |
| c. Vivienda asequible | g. Salud de los niños |
| d. Detección/Tratamiento del cáncer | h. Atención médica para personas mayores |
| | i. Inseguridad alimentaria |

Vivienda/Acceso a alimentos

50. En el último mes, ¿tuvo que preocuparse por si tendría suficiente dinero para comprar alimentos?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|
51. ¿Con qué frecuencia depende de la despensa de alimentos de la comunidad para sus comidas? **Seleccione uno**
- | | |
|-----------------|---------------|
| a. Diariamente | d. Casi nunca |
| b. Semanalmente | e. Nunca |
| c. Mensualmente | |
52. ¿Con qué frecuencia durante el último año se ha mudado o ha considerado mudarse debido a una vivienda inestable o condiciones inadecuadas? **Seleccione uno**
- | | |
|-----------------|-------------------|
| a. Nunca | d. Mensualmente |
| b. Una vez | e. Ocasionalmente |
| c. Semanalmente | |
53. ¿Cuáles son las barreras para mudarse a una vivienda más estable? **Seleccione todo lo que corresponda**
- | | |
|--------------------------------|--|
| a. Ningún otro lugar adonde ir | e. Otro (defina): _____ |
| b. Finanzas | |
| c. Incertidumbre | f. No corresponde; actualmente en vivienda estable |
| d. Seguridad | |

54. ¿Cuál es la motivación principal al considerar mudarse? **Seleccione uno**
- | | |
|---|---|
| a. Contrato temporal en el espacio habitable actual | e. Otro (defina): _____ |
| b. Infraestructura de la vivienda | f. No corresponde; actualmente no busco mudarme |
| c. Ubicación de la vivienda | |
| d. Demasiado costoso | |
55. En los últimos 3 años, ¿se ha visto obligado a mudarse debido a cambios temporales de vivienda?
- | | |
|-----------------------------------|-------|
| a. Sí; si es así, ¿cuántas veces? | b. No |
|-----------------------------------|-------|
56. ¿Sabe dónde buscar ayuda para la inseguridad de vivienda?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|
57. ¿Tiene acceso al cuidado infantil que sea asequible y esté disponible durante las horas que necesita?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|
- Si respondió No, ¿cuántos años tiene su hijo? ____ ¿Cómo podemos ayudar a mejorar el acceso?
58. Si usa un vale de cuidado infantil, ¿ha encontrado un establecimiento que acepte vales y tenga espacio para su hijo?
- | | |
|--------|--|
| a. Sí | |
| b. No | |
| c. N/C | |
- Si respondió No, ¿qué edad tiene su hijo? _____
59. ¿El acceso al cuidado infantil afecta su capacidad para acceder a sus propias necesidades de salud?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|
60. ¿El acceso al cuidado infantil afecta su capacidad para trabajar?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|

Salud mental

61. ¿Sabe dónde buscar ayuda para la salud mental?
- | | |
|-------|-------|
| e. Sí | f. No |
|-------|-------|
62. ¿Le preocupa la seguridad de su empleo?
- | | |
|-------|-------|
| g. Sí | h. No |
|-------|-------|
63. ¿Siente que su empleo/obligaciones laborales le impiden tener tiempo para usted o su familia?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|
64. ¿Siente que tiene apoyo para el manejo del estrés?
- | | |
|-------|-------|
| a. Sí | b. No |
|-------|-------|

65. ¿Siente que cuenta con suficiente apoyo activo por parte de Nantucket Cottage Hospital para promover el bienestar **emocional**?
- c. Sí d. No
- Si respondió No, ¿qué puede hacer el hospital para que se sienta más apoyado?*
66. En el último mes, ¿ha tenido pensamientos suicidas?
- a. Sí b. No
67. ¿Cuántas personas ha conocido que hayan muerto por suicidio?
- a. Ninguna c. 4 – 6
- b. 1 – 3 d. 7+
68. ¿Sabe dónde buscar ayuda si tiene pensamientos suicidas?
- a. Sí b. No
69. ¿Qué aspecto de la salud mental considera que es más importante abordar/apoyar?
70. ¿Cómo puede Nantucket Cottage Hospital mostrar más apoyo a las necesidades de salud mental?

Abuso de sustancias

71. ¿Con qué frecuencia bebe alcohol?
- a. Diariamente d. Semanalmente
- b. 2-3 veces/semana e. Mensualmente/ocasionalmente
- c. 4-5 veces/semana f. Nunca
72. ¿Con qué frecuencia consume marihuana?
- a. Diariamente d. Semanalmente
- b. 2-3 veces/semana e. Mensualmente/ocasionalmente
- c. 4-5 veces/semana f. Nunca
73. ¿Con qué frecuencia usa opioides sin receta?
- a. Diariamente d. Semanalmente
- b. 2-3 veces/semana e. Mensualmente/ocasionalmente
- c. 4-5 veces/semana f. Nunca
74. ¿Con qué frecuencia consume cocaína u otros estimulantes?
- a. Diariamente d. Semanalmente
- b. 2-3 veces/semana e. Mensualmente/ocasionalmente
- c. 4-5 veces/semana f. Nunca
75. ¿Cuántas veces durante el último año ha intentado dejar de beber alcohol o consumir drogas recreativas?
- a. Una vez c. No corresponde, no intento
- b. Varias veces d. dejar de beber o consumir

Salud

76. ¿Considera que hay suficientes recursos comunitarios para promover el bienestar físico?
- a. Sí b. No
- Si respondió No, ¿tiene alguna sugerencia para ayudar a apoyar su salud física?*

77. A continuación, se muestra una lista de barreras para las personas que buscan salud y felicidad. ¿Cuáles de los siguientes considera que están presentes en Nantucket?
- | | |
|--|--|
| a. Discriminación contra las personas que no tienen mucha educación | c. Dificultad financiera |
| b. Discriminación hacia personas que no son ciudadanos estadounidenses | d. Falta de seguro médico |
| | e. Discriminación contra las personas que no hablan inglés |
| | f. Acceso a |
| | g. Otro: _____ |

Acceso a la atención médica

78. ¿Tiene actualmente seguro médico?
- c. Sí d. No
79. ¿Sabe con quién hablar para obtener un seguro médico?
- c. Sí d. No
80. En el último año, ¿ha visitado a un médico de atención primaria, asistente médico o enfermero profesional?
- c. Sí d. No
81. En el último año, ¿ha tenido problemas para acceder a la atención de un especialista médico en la isla?
- c. Sí d. No
- Si respondió Sí, ¿qué especialista? _____
82. En el último año, ¿ha visitado a un dentista?
- c. Sí d. No
83. Si no ha visitado a un dentista durante el último año, ¿cuál de los siguientes ha contribuido a ello?
- | | |
|---|--|
| e. Costo de la atención | g. No considero que deba visitar a un dentista en este momento |
| f. Acceso a la atención, no poder consultar a un dentista | h. Otro: _____ |
84. ¿Hay acceso **insuficiente** en la isla a alguno de los siguientes servicios médicos?
- | | |
|---------------------------------------|--|
| l. Dentista | s. Atención médica alternativa (p. ej., acupuntura, yoga, meditación, terapia de masaje) |
| m. Fisioterapia | t. Proveedores de salud mental |
| n. Terapia ocupacional | u. Consejeros/terapeuta |
| o. Oncología (tratamiento del cáncer) | v. Otro: _____ |
| p. Pediatra | |
| q. Proveedores de atención primaria | |
| r. Servicios cardíacos (cardiólogos) | |
85. ¿Considera que hay traductores adecuados o accesibilidad a los servicios de salud mencionados anteriormente en su idioma preferido?

- a. Sí
Si respondió No, ¿a qué servicio tiene problemas para acceder? _____
Si respondió No, ¿qué idioma debería estar representado? _____
- b. No

Datos demográficos

86. ¿Cuál es su idioma principal? _____
87. ¿En qué país nació? _____
88. ¿En qué país nacieron sus padres? _____
89. ¿Cuál es su identidad de género? _____
90. ¿Cuál es su orientación sexual? _____
91. ¿Durante cuántos años ha vivido en Nantucket? _____
92. ¿Cuál es su ingreso familiar combinado?
- | | |
|------------------------|--------------------------|
| g. <\$50,000 | j. \$150,001 – 200,000 |
| h. \$50,000-100,000 | k. >\$200,000 |
| i. \$100,001 – 150,000 | l. Prefiero no responder |
93. ¿En cuál de los siguientes rangos de edad se encuentra?
- | | |
|-------------|------------|
| a. <21 años | e. 50 – 59 |
| b. 21-29 | f. 60 – 69 |
| c. 30-39 | g. 70 – 79 |
| d. 40 – 49 | h. 80+ |
94. ¿Cómo se identifica?
- | | |
|--------------------------|--|
| e. residente todo el año | h. Residente a tiempo parcial/estacional |
| f. viajero todo el año | |
| g. Visitante | |

Appendix D: CHNA Online Community Survey (Portuguese Brazil)

Finalidade: O Nantucket Cottage Hospital está realizando a Avaliação de Necessidades de Saúde da Comunidade para 2024. O objetivo desta avaliação é identificar as principais questões relacionadas a saúde da ilha e identificar novas formas de tratar tais questões.

Instruções Responda o máximo de perguntas que quiser. Todas as respostas são anônimas. Muito obrigado por sua participação.

95. Na sua opinião, quais são as maiores necessidades relacionadas à saúde em sua comunidade?
96. A lista abaixo traz questões relacionadas à saúde previamente relatadas pelos residentes de Nantucket. Para você, quais são as **três principais** questões de saúde?
- | | |
|---------------------------------------|------------------------------------|
| a. Saúde mental | e. Acesso a tratamento |
| b. Problemas com abuso de substâncias | f. Saúde da mulher |
| c. Moradia acessível | g. Saúde infantil |
| d. Exames/Tratamentos para câncer | h. Tratamento de saúde para idosos |
| | i. Insegurança alimentar |

Moradia/Acesso à alimentação

97. No último mês, você se preocupou se teria dinheiro suficiente para alimentação?
- | | |
|--------|--------|
| a. Sim | b. Não |
|--------|--------|
98. Com que frequência você precisa utilizar bancos de alimentos da comunidade para suas refeições? **Selecione somente uma alternativa**
- | | |
|-----------------|--------------|
| a. Diariamente | d. Raramente |
| b. Semanalmente | e. Nunca |
| c. Mensalmente | |
99. No ano passado, você se mudou ou pensou em se mudar devido a instabilidade habitacional ou condições de moradia inadequadas? **Selecione somente uma alternativa**
- | | |
|-----------------|-------------------|
| a. Nenhuma vez | d. Mensalmente |
| b. Uma vez | e. Ocasionalmente |
| c. Semanalmente | |
100. Quais são as barreiras para você se mudar para uma habitação mais adequada? **Selecione todas as alternativas aplicáveis**
- | | |
|----------------------------------|--|
| a. Não tenho outro lugar para ir | e. Outro (informar): |
| b. Motivos financeiros | |
| c. Incerteza | f. Não aplicável - atualmente estou em moradia estável |
| d. Segurança | |

101. Qual a sua principal motivação para pensar em se mudar? **Selecione somente uma alternativa**

- a. Contrato temporário para o local onde moro atualmente
- b. Infraestrutura da moradia
- c. Localização da moradia
- d. Muito caro
- e. Outro (informar):
- f. Não aplicável - não penso em me mudar no momento

102. Nos últimos 3 anos, você precisou se mudar devido a mudanças em moradias temporárias?
- a. Se sim, quantas vezes? b. Não

103. Você sabe onde buscar ajuda para insegurança habitacional?
- a. Sim b. Não

104. Você tem acesso a creche com valor acessível e disponível durante os horários que precisa?
- a. Sim b. Não

Em caso negativo, qual a idade de seu filho? ____ Como podemos ajudar a melhorar esse acesso?

105. Se você utiliza voucher para creche, encontrou uma instituição que aceita vouchers e tem vaga para seu filho?

- a. Sim
b. Não
c. N/A

Em caso negativo, qual a idade de seu filho?

106. O acesso a creche afeta sua capacidade de cuidar de suas questões de saúde?
- a. Sim b. Não

107. O acesso a creche afeta sua capacidade de trabalhar?
- a. Sim b. Não

Saúde mental

108. Você sabe onde buscar ajuda para saúde mental?
- i. Sim j. Não

109. Você se preocupa com sua segurança em relação ao trabalho?
 k. Sim l. Não

110. Você considera que seus compromissos de trabalho te impedem de ter tempo para você e sua família?
- a. Sim b. Não

111. Você considera que tem suporte para controle de estresse?
- a. Sim b. Não

112. Você considera que tem suporte ativo do Nantucket Cottage Hospital para promover bem-estar **emocional**?
- e. Sim f. Não
- Em caso negativo, o que o hospital pode fazer para que se sinta mais apoiado*
113. No último mês, você teve algum pensamento suicida?
- a. Sim b. Não
114. Quantas pessoas você conhece que cometeram suicídio?
- a. Nenhuma c. 4 – 6
- b. 1 – 3 d. 7+
115. Você sabe onde procurar ajuda caso se sinta suicida?
- a. Sim b. Não
116. Que aspecto da saúde mental você considera mais importante para tratar ou obter apoio?
117. Como o Nantucket Cottage Hospital pode demonstrar mais suporte às necessidades relacionadas à saúde mental?

Abuso de substâncias

118. Com que frequência você bebe álcool?
- a. Diariamente d. Semanalmente
- b. 2 a 3 vezes por semana e. Mensalmente/Ocasionalmente
- c. 4 a 5 vezes por semana f. Nunca
119. Com que frequência você consome maconha?
- a. Diariamente d. Semanalmente
- b. 2 a 3 vezes por semana e. Mensalmente/Ocasionalmente
- c. 4 a 5 vezes por semana f. Nunca
120. Com que frequência você usa opioides sem prescrição médica?
- a. Diariamente d. Semanalmente
- b. 2 a 3 vezes por semana e. Mensalmente/Ocasionalmente
- c. 4 a 5 vezes por semana f. Nunca
121. Com que frequência você consome cocaína ou outros estimulantes?
- a. Diariamente d. Semanalmente
- b. 2 a 3 vezes por semana e. Mensalmente/Ocasionalmente
- c. 4 a 5 vezes por semana f. Nunca
122. Quantas vezes no último ano você tentou ficar sem consumir álcool ou drogas recreativas?
- a. Uma vez c. Não aplicável, não estou tentando ficar sóbrio
- b. Várias vezes

Saúde

123. Você considera que existem recursos comunitários suficientes para promover bem-estar físico?

a. Sim

b. Não

Em caso negativo, você tem alguma sugestão para obter apoio para sua saúde física?

124. A lista abaixo traz obstáculos para as pessoas que buscam a saúde e a felicidade. Quais você considera estarem presentes em Nantucket?

a. Discriminação contra pessoas que não tiveram uma educação adequada

d. Ausência de um plano de saúde

e. Discriminação contra pessoas que não falam inglês

b. Discriminação contra estrangeiros

f. Acesso a

c. Problemas financeiros

g. Outro: _____

Acesso ao sistema de saúde

125. Você possui plano de saúde atualmente?

e. Sim

f. Não

126. Você sabe com quem conversar para obter plano de saúde?

e. Sim

f. Não

127. No ano passado, você consultou com médico de atenção primária, médico assistente ou enfermeiro?

e. Sim

f. Não

128. No último ano, você teve problemas para ter acesso a tratamento com médico especialista na ilha?

e. Sim

f. Não

Se sim, qual especialista _____

129. No último ano, você se consultou com dentista?

e. Sim

f. Não

130. Caso não tenha se consultado com dentista no último ano, que fatores contribuíram para isso?

i. Custo do tratamento

k. Não senti necessidade de consultar com um dentista nesse período

j. Acesso a tratamento, não consegui um dentista

l. Outro: _____

131. Existe acesso **insuficiente** na ilha a algum desses serviços médicos?

w. Dentista

dd. Medicina alternativa

x. Fisioterapia

(como acupuntura, ioga, meditação, massagem)

y. Terapia ocupacional

z. Oncologia (tratamento para o câncer)

ee. Profissionais de saúde mental

aa. Pediatra

ff. Orientadores/terapeutas

bb. Profissionais de cuidados primários

gg. Outro: _____

cc. Serviços cardíacos (cardiologistas)

132. Você considera que existem tradutores ou acessibilidade suficiente aos serviços de saúde acima em seu idioma de preferência?

a. Sim

b. Não

Em caso negativo, que serviços você tem dificuldade de acessar? _____
Em caso negativo, qual o idioma? _____

Dados demográficos

133. Qual o seu idioma principal? _____
134. Em que país você nasceu? _____
135. Em que país seus pais nasceram? _____
136. Qual a sua identidade de gênero? _____
137. Qual a sua orientação sexual? _____
138. Há quantos anos você mora em Nantucket? _____
139. Qual a sua renda familiar total?
- | | |
|--------------------------|--------------------------|
| m. <USD 50.000 | p. USD 150.001 – 200.000 |
| n. USD 50.000-100.000 | q. >USD 200.000 |
| o. USD 100.001 – 150.000 | r. Prefiro não responder |
140. Qual a sua faixa etária?
- | | |
|--------------|------------|
| a. < 21 anos | e. 50 – 59 |
| b. 21-29 | f. 60 – 69 |
| c. 30-39 | g. 70 – 79 |
| d. 40 – 49 | h. 80+ |
141. Como você se identifica:
- | | |
|--|--|
| i. morador o ano inteiro | k. Visitante |
| j. usuário de transporte o ano inteiro | l. Morador em tempo parcial/ temporada |

Appendix E: CHNA Online Community Survey (Russian)

Цель: Больница Nantucket Cottage проводит оценку потребностей сообщества в области здравоохранения на 2024 год. Цель данной оценки — определить наиболее важные проблемы здравоохранения на острове и найти новые пути их решения.

Инструкции: Ответьте на все вопросы, на которые вы хотите и можете ответить. Все ответы останутся анонимными. Заранее благодарим вас за участие в опросе!

142. Какие, по вашему мнению, наиболее насущные потребности нашего сообщества в области здравоохранения?
143. Ниже приведён список проблем здравоохранения, о которых ранее сообщали жители Нантакета. Какие, на ваш взгляд, **три наиболее** существенные проблемы в области здравоохранения?
- | | |
|--|--|
| a. Психическое здоровье | f. Женское здоровье |
| b. Расстройства, связанные с употреблением психоактивных веществ | g. Детское здоровье |
| c. Доступное жильё | h. Медицинский уход за пожилыми людьми |
| d. Скрининг/лечение рака | i. Продовольственная небезопасность |
| e. Доступ к медицинскому обслуживанию | |

Жильё/Доступность продуктов питания

144. Приходилось ли вам в течение последнего месяца переживать о том, хватит ли вам денег на еду?
- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|
145. Как часто вы обращаетесь в общественные пункты раздачи бесплатного питания? **Выберите один вариант ответа**
- | | |
|----------------|------------|
| a. Ежедневно | d. Редко |
| b. Еженедельно | e. Никогда |
| c. Ежемесячно | |
146. Как часто за последний год вы переезжали или рассматривали возможность переезда из-за нестабильных или ненадлежащих жилищных условий? **Выберите один вариант ответа**
- | | |
|----------------|-----------------|
| a. Никогда | d. Ежемесячно |
| b. Один раз | e. Периодически |
| c. Еженедельно | |
147. Какие у вас есть препятствия для переезда в более стабильные жилищные условия? **Выберите все подходящие варианты ответа**
- | | |
|-----------------------|--|
| a. Больше некуда идти | e. Другое (укажите): |
| b. Финансы | |
| c. Неопределённость | f. Неприменимо — в настоящее время проживаю в стабильных жилищных условиях |
| d. Безопасность | |

148. Что для вас основная мотивация при рассмотрении вопроса о переезде?

Выберите один вариант ответа

- | | |
|--|--|
| a. Временный характер договора о проживании в текущем жилище | e. Другое (укажите): _____ |
| b. Жилищная инфраструктура | f. Неприменимо — в настоящее время не собираюсь переезжать |
| c. Местоположение жилья | |
| d. Слишком высокая стоимость жилья | |

149. Приходилось ли вам за последние 3 года переезжать из-за изменений во временном жилье?

- | | |
|---------------------------------|--------|
| a. Да; если да, то сколько раз? | b. Нет |
|---------------------------------|--------|

150. Знаете ли вы, куда можно обратиться за помощью в связи с жилищной нестабильностью?

- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|

151. Есть ли у вас возможность получить доступный и недорогой уход за ребёнком в нужные вам часы?

- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|

Если нет, то сколько лет ребёнку? ____ Как мы можем помочь улучшить доступность ухода за ребёнком?

152. Если вы используете ваучер по уходу за детьми, то нашли ли вы учреждение, принимающее ваучеры, готовое принять вашего ребёнка?

- | |
|---|
| a. Да |
| b. Нет |
| c. Неприменимо |
| Если нет, то сколько лет ребёнку? _____ |

153. Влияет ли доступ к уходу за ребёнком на вашу способность удовлетворять ваши потребности в области здоровья?

- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|

154. Влияет ли доступ к уходу за ребёнком на вашу способность работать?

- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|

Психическое здоровье

155. Знаете ли вы, куда обращаться за помощью в связи с психическим здоровьем?

- | | |
|-------|--------|
| m. Да | n. Нет |
|-------|--------|

156. Переживаете ли вы из-за нестабильности в связи с работой?

- | | |
|-------|--------|
| o. Да | p. Нет |
|-------|--------|

157. Считаете ли вы, что работа/рабочие обязанности мешают вам уделять время себе или своей семье?

- | | |
|-------|--------|
| a. Да | b. Нет |
|-------|--------|

158. Чувствуете ли вы поддержку в борьбе со стрессом?



- a. Да b. Нет
159. Считаете ли вы, что получаете достаточно активную поддержку от больницы Nantucket Cottage для содействия вашему **эмоциональному** благополучию?
- g. Да h. Нет
- Если нет, то что больница может сделать, чтобы вы ощущали большую поддержку?*
160. Посещали ли вас мысли о самоубийстве за последний месяц?
- a. Да b. Нет
161. Сколько вы знаете людей, покончивших жизнь самоубийством?
- a. Никого c. 4–6
- b. 1–3 d. больше 7
162. Вы знаете, куда обращаться за помощью, если вас посещают мысли о самоубийстве?
- a. Да b. Нет
163. Какой аспект психического здоровья, по вашему мнению, больше всего нуждается в рассмотрении / поддержке?
164. Как может больница Nantucket Cottage оказывать больше поддержки для удовлетворения потребностей в связи с психическим здоровьем

165. Как часто вы употребляете алкоголь?
- a. Ежедневно
 - b. 2–3 раза в неделю
 - c. 4–5 раз в неделю
 - d. Еженедельно
 - e. Ежемесячно/ периодически
 - f. Никогда
166. Как часто вы курите марихуану?
- a. Ежедневно
 - b. 2–3 раза в неделю
 - c. 4–5 раз в неделю
 - d. Еженедельно
 - e. Ежемесячно/ периодически
 - f. Никогда
167. Как часто вы принимаете безрецептурные опиоиды?
- a. Ежедневно
 - b. 2–3 раза в неделю
 - c. 4–5 раз в неделю
 - d. Еженедельно
 - e. Ежемесячно/ периодически
 - f. Никогда
168. Как часто вы употребляете кокаин или другие стимуляторы?
- a. Ежедневно
 - b. 2–3 раза в неделю
 - c. 4–5 раз в неделю
 - d. Еженедельно
 - e. Ежемесячно/ периодически
 - f. Никогда

169. Сколько раз за последний год вы пытались бросить пить или принимать рекреационные наркотики?
- a. Один раз
 - b. Много раз
 - c. Неприменимо, не делал/-а попыток бросить

Здоровье

170. По вашему мнению, есть ли в сообществе достаточно ресурсов для хорошего физического самочувствия людей?
- a. Да
 - b. Нет
- Если нет, то есть ли у вас предложения, как помочь поддерживать ваше физическое здоровье?*

171. Ниже приведён перечень проблем, которые мешают людям вести здоровый и счастливый образ жизни. Что из нижеприведённого, по вашему мнению, справедливо для Нантакета?
- a. Дискриминация в отношении людей с низким уровнем образования
 - b. Дискриминация в отношении людей, не являющихся гражданами США
 - c. Финансовые затруднения
 - d. Отсутствие медицинского страхования
 - e. Дискриминация в отношении людей, которые не говорят по-английски
 - f. Доступ к
 - g. Другое: _____

Доступ к медицинскому обслуживанию

172. Есть ли у вас в настоящее время медицинская страховка?
- g. Да
 - h. Нет
173. Вы знаете, к кому обратиться, чтобы получить медицинскую страховку?
- g. Да
 - h. Нет
174. Обращались ли вы за последний год к лечащему врачу – терапевту, фельдшеру или медицинской сестре?
- g. Да
 - h. Нет
175. За последний год вы испытывали трудности с доступом к услугам медицинского специалиста на острове?
- g. Да
 - h. Нет
- Если да, то к какому специалисту _____
176. Вы посещали стоматолога за последний год?
- g. Да
 - h. Нет
177. Если вы не посещали стоматолога в течение последнего года, укажите причину?
- m. Стоимость обслуживания
 - n. Доступность обслуживания, невозможность попасть на приём к стоматологу
 - o. Не было необходимости в посещении стоматолога в этот период
 - p. Другое: _____

188. Как вы себя определяете:
- m. круглогодичный житель
 - n. круглогодичный пригородный житель
 - o. Гость
 - p. Временный/сезонный житель

Appendix B. Summary for 2025 focus group with community leaders on Nantucket

Overview: An outside consultant (Hope Kenefick) facilitated a focus group with 34 representatives from various organizations on and/or serving Nantucket, including healthcare providers, social workers, and community leaders. The group included members from organizations such as the Warming Place, The Nantucket Community Foundation, Addiction Solutions, JRI Foster Care, Community Solutions for Behavioral Health, and VNA of Cape Cod, and more.

Assets/resources identified in the last NCH CHNA: After explaining why Nantucket Cottage Hospital (NCH) is performing a CHNA only one year after its last one, the group agreed that community assets on the island do indeed include a willingness to help, resilience, a wealth of nonprofits, and generally good infrastructure (walkability, green space, bike paths) to support health and wellness. However, older adults and those with disabilities likely do not share in the benefits of the built environment with cobblestone streets, sidewalks that are uneven or lacking in some areas, and a bike path some feel is not necessarily safe for use by vulnerable community members. While access to health care is generally seen as a strength on the island, the group expressed specific concerns about access (see more detail below).

Priorities from the previous NCH CHNA: While the group agreed that behavioral health and substance use, access to care, housing insecurity, and ethnic disparities are all still priorities, they added **food insecurity** as another important issue affecting a large portion of island residents. They explained that 46% of school children and 1 in 5 year-round households are food insecure. Food insecurity is linked to the high cost of living and housing on the island and has a substantial impact on health and wellness. It is likely to get much worse given impending cuts to government food programs.

Budget cuts: Two factors have emerged as significant since the last CHNA: Federal and state funding cuts and on-island raids by Immigration and Customs Enforcement (ICE). The group expressed significant concerns about the impact of federal and state (e.g., BSAS, VOCA, family planning, MassHealth) budget cuts on programs that serve vulnerable populations. They noted that disparities are only going to increase and will affect all of the other CHNA priorities. Among the impacted services will be preschool vouchers, behavioral health services, food/nutrition access (e.g., SNAP, WIC), reduced funding for home care services for immigrants, and family planning and reproductive health. Early Intervention services (which are free for children 0-3) are delivered by an off-island organization that can no longer reimburse for travel to the island for assessments and provision of services (e.g., occupational, physical, speech therapies) to children. Programs that currently provide sliding scales and/or that can access state funds for those who are unable to pay anticipate reductions in those funds at a time when the need for such resources will increase. All of these cuts, along with cuts to Medicaid, will ultimately decrease service/resource availability, which will impact access and likely overwhelm service providers.

Fear among immigrants: The group also discussed the devastating impact of the presence of ICE agents on the island. While a summer camp for kids has seen encouraging attendance, most of the other participants reported that members of the immigrant community are afraid to access services and resources to which they are entitled. Multiple programs reported substantial drops in case load and services to immigrants on the island. Among them were reductions in pre/post-natal visits. Family planning services now have openings in their

schedule whereas generally they book out a few weeks. Strides in supports to older adults are expected to be lost as fewer are permitting services to be delivered in their homes and referrals to elder services are down. Follow through among those contacting the free/reduced spay/neuter program for pets has decreased substantially. Mental health service utilization among Spanish and Portuguese-speaking residents is down by 20% since January at one center. While DCF usually has 15-25 active child protection cases at any one time on the island, currently the case load is down by over 80% because calls by mandated reporters are down. In addition to extreme trauma, all of the aforementioned changes were attributed to actions by ICE on the island. Participants predict the trauma and lack of supports and services will have a devastating impact on the health and well-being of Nantucket's immigrant residents for some time to come.

The group also elaborated on a couple of the existing CHNA priorities, providing additional information about the nature and extent of the problems with healthcare access and housing on the island.

Healthcare access: The group discussed a number of challenges related to health and behavioral healthcare access on Nantucket, including access to specialists and addiction-related services beyond MAT. Access to oral health and vision and hearing services are challenging in general and especially difficult for those on MassHealth. Non-citizens relying on MassHealth do not have coverage for home health services. So, while primary care and urgent care access were described as generally better on Nantucket than elsewhere in the state, gaps exist for some types of care and for a subset of the population. Having to travel off island for care is difficult, both time-consuming and costly in general and particularly problematic for low-wage/hourly workers, those without childcare, and those with low-incomes. While technology has improved access to care, digital equity is also a challenge on the island. While supports for elders are available at a sliding scale and may be sufficient to meet the needs, there may be a need to communicate with other providers and the community about the availability of those services and resources to help pay for them. The group discussed the growing need for mobile health services, especially in light of how immigration concerns are impacting visits to health and behavioral health programs and given the challenges older adults face regarding transportation.

Housing: There is a significant lack of affordable housing on Nantucket. Among those who are "housed," many are living in over-crowded and unsafe conditions. Many unpermitted spaces are being rented that lack basic amenities. People are reluctant to report sub-standard housing because, without it, individuals and families would be made homeless. The group emphasized that there is no family shelter on the island.

MGB Priority Health Conditions: The group reviewed the MGB health priorities and were asked if they resonate with what they are seeing on the island and if there is anything they think should also be considered as a high priority health need. The group agreed these are significant health conditions on the island but also noted that neurocognitive impairments are a big challenge among the older adult population and obesity, primarily related to food insecurity, is on the rise among children. With regard to SUDs, they noted that overdoses are significant. Lyme disease and PFAS in water are also concerns. They wanted to ensure that under behavioral health, it is clear that substantial mental health needs exist and that suicide is of great concern.

Appendix C. Nantucket Cottage Hospital Community Advisory Board

1. Amy Lee, Chair (NCH President and COO),
2. Amy Beaton (NCH, Executive Director, Nursing),
3. Greg Mathis (NCH, Communications Director)
4. Sunny Daily (Community Foundation for Nantucket, Executive Director)
5. Jamie Foster (Nantucket Boys and Girls Club, CEO)
6. Charity Grace Mofsen (Legislative Liaison)
7. Chris Glowacki (NCH, VP Community Health)
8. Gretchen Hull (NCH, Nurse Director)
9. Luciana Pavie, MD (ACK Dental Art)
10. Melissa Philbrick (community member)
11. Sarah Wright (NCH, Director of Social Services)



Mass General Brigham
Nantucket Cottage Hospital