

Rural Health Scholars Pathway

Laying the Foundation for Advance Care Planning on Martha's Vineyard

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Outline



- **What is advance care planning?**
- **Overview of Martha's Vineyard as a dynamic community**
- **Interprofessional teams of care for healthy aging on the vineyard**
- **Health advocacy across the island**
- **Recommendations for advance care planning on the island**
- **Acknowledgements**

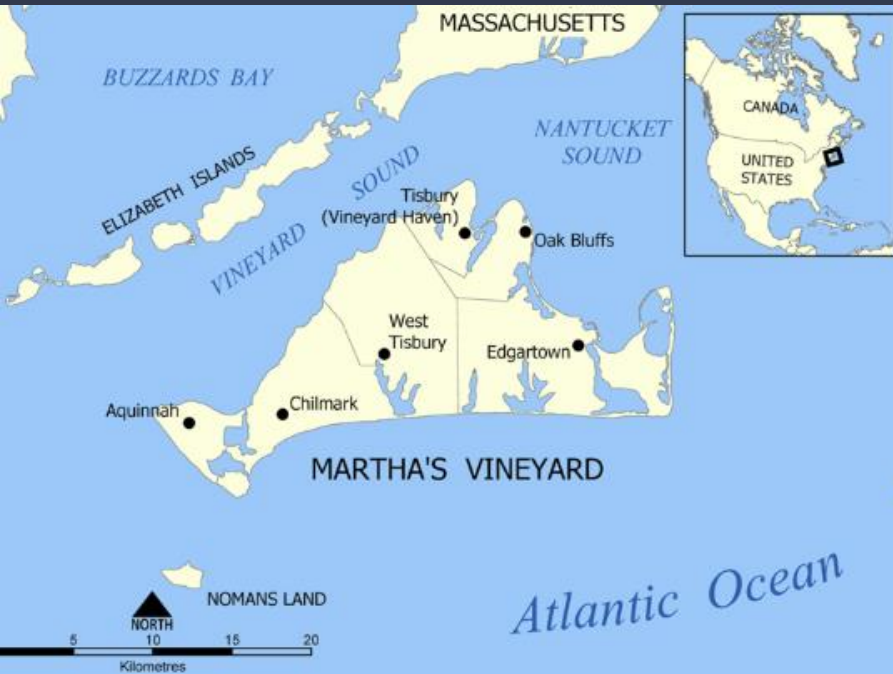
What is Advance Care Planning?

“It has been defined as a voluntary discussion between a patient and his/her care provider(s) and family, outlining a person's values, goals, and concerns, and any preferences for particular treatments.”

-Blackwood, Vindrola-Padros, Mythen, & Walker, 2018



Definition of the Population in Focus



Key Demographics of this Rural Population

- **Geographic Distribution:**

- Six Towns by size: Oak Bluffs, Edgartown, Tisbury, West Tisbury, Chilmark*, Aquinnah
- 2017 Island Population Year Round: 17,080

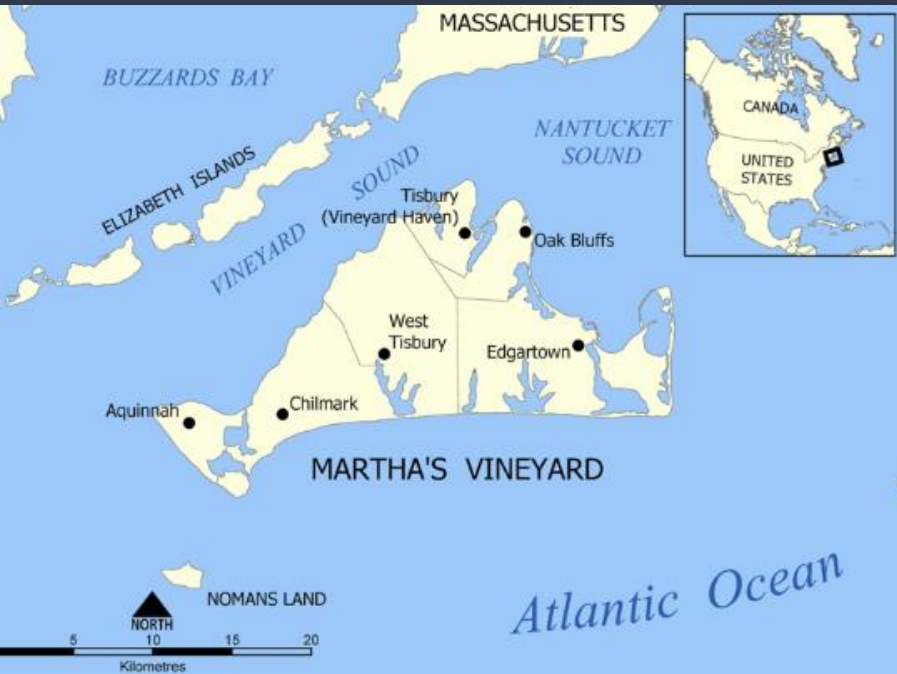
- **Age, Race and Class Distribution:**

- Individuals over age 50: 44.8%
- 90.1% Caucasian, African American 4.5%, Hispanic/Latino 3.5%, Wampanoag 1.2%
- 9.3% foreign born
- 63% employed
- Median income: \$63,534
- Portion of Population in Poverty: 7.6%
- HS Diploma: 92.8%, Bachelor's degree or Higher: 39.8%

- **Clinically Relevant Needs or Trends:**

- Housing disparities/shortage
- Increasing need for primary care providers
- Vulnerable populations:** undocumented individuals, lack of information/interaction regarding the health needs of this portion of the population

Project Methods



- Interviewees were selected by our partners from the Duke's County Health Council on the island
- We conducted 34 interviews with over 50 community members
- Only 3 interviews were conducted with individuals from minority groups on the island
- Interviews were run in groups of 2; one person serving as note taker and one participating in conversation
- Format of the interview was open-ended, but included questions that targeted the structure of the organization, involvement with advanced care directives, information about barriers and ideas for improvement



Exploring Interprofessional Teams of Care on the Island

1. Dukes County Health Council

- 37 member interprofessional team
- Enhance health and wellness on MV

2. Wampanoag Tribal Leadership

- Elected members of the tribal government
- Major concerns revolve around poor access to care

3. Councils on Aging

- = senior center
- 4 CoAs for 6 towns
- Regular contact with older adults

4. Healthy Aging Martha's Vineyard

- Task force to encourage collaboration and plan next-steps regarding care for older adults on MV

5. Island Health Care

- Federally Qualified Health Center
- Team = provider and nurses; high provider turnover



Exploring Interprofessional Teams of Care on the Island

6.

Horizons Geriatric

- Founded by RN and mental health counselor to allow older adults to allow them to live safely at home
- RNs oversee longitudinal care
- Intake process directly addresses ACP through conversations on hypothetical scenarios

7.

Hospice Volunteers and Leadership

- 2 hospices services on the island, one is private pay and the other accepts Medicare and Medicaid

8.

YMCA of Martha's Vineyard

- Healthy Agers: community programming for the aging population, serves 30% of island population.

9.

Island Counselling Center

- Mental health counseling center, counsellor speak multiple languages and work with members from a range of communities

10.

Martha's Vineyard Hospital

- Critical access status: Primary care services, emergency medicine, infusion center, maternal care

Main Takeaway: Need for Improved Interprofessional Collaboration

There are a plethora of resources on the vineyard, but they need to communicate with each other about their work and collaborate to fill gaps in advanced care planning

Recommendations for Advanced Care Planning Advocacy on the Vineyard

1. **Reducing stigma** about end-of-life conversations
 - a. Integrate as part of yearly physical; reimbursing providers for having this conversation; youth engagement, death cafes, and memory cafes
2. Advocating for **underserved populations**
 - a. Undocumented immigrants and fear of deportation
 - i. Forming connections with stakeholders, starting with those who are documented
 - ii. Using social media
 - iii. Collecting data on immigrant demographics
 - iv. Bilingual resources and interprofessional team members
 - v. Religious organizations acquiring sanctuary status
 - b. Wampanoag Tribe of Aquinnah
 - i. Working with tribal leadership to establish public transit for the ill to primary and acute care centers
 - c. African-American Community
 - i. Better outreach and inclusion in conversations about healthy aging

Recommendations for Advocacy cont.

3. **Collaboration between all Councils on Aging**

- a. Teamwork with MV Center for Living and other resources
- b. MV Community Services: Safe Seniors
- c. Geriatric Case Managers
- d. EMT outreach in Edgartown

4. **Advocacy through Creative Correspondence**

a. Mass Outreach to General Population

- i. Martha's Vineyard Times
- ii. Martha's Vineyard Radio
- iii. Home Mailings
- iv. YMCA, COA, Faith fliers
- v. COA outreach coordinators, EMTs, wellness visits by public health nurse
- vi. Frank & Mary TV Show



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**HEALTHY
AGING
MARTHA'S
VINEYARD**





“You may not control life's circumstances, but getting to be the author of your life means getting to control what you do with them.”

ATUL GAWANDE
Advisor to The Conversation Project

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