

INTRODUCTION LETTER

The 2018 Nantucket Cottage Hospital (NCH) Community Health Needs Assessment (CHNA) is the result of a comprehensive engagement process with the Nantucket community spanning more than three years. With NCH embarking on a major capital campaign to raise funds for the construction of the island's new hospital, NCH worked with community stakeholders over 2016 and 2017 to create a comprehensive Community Health Improvement Plan (CHIP). The island's health and human services agencies, non-profit organizations, the Town of Nantucket's Department of Health, as well as year-round and seasonal residents of the island came together for a series of public forums and meetings to identify Nantucket's most pressing health needs, prioritize the top issues for the island, and develop goals and strategies to make meaningful change in these areas. During this collaborative and participatory process, dozens of representatives from these community groups, organizations, and individuals contributed valuable insight and perspectives. The resulting document, [Healthy Nantucket 2020](#) reflected this comprehensive process and the wide range of community stakeholders who offered their expertise and knowledge.

In addition, under the Affordable Care Act, NCH is required, as a registered 501(c)(3) organization, to conduct and publish a triennial CHNA and Implementation Plan. With all the collaboration and community engagement conducted since its 2015 CHNA, NCH set out to utilize that process and feedback as the foundation for the 2018 CHNA. In addition to an extensive review of the most up-to-date quantitative health data available, the hospital advertised and hosted a public forum in March 2018 to affirm that the health needs and action plan identified in Healthy Nantucket 2020 were still valid, and to solicit new qualitative data.

The following assessment is the result of this three-year dialogue with the island community and key stakeholders regarding Nantucket's health needs, as well as quantitative data obtained from local, state, and federal sources.

EXECUTIVE SUMMARY

It is critical to understand the specific environmental factors on Nantucket -- where and how we live, learn, work, and play, and how they in turn influence our health -- in order to implement the best strategies for community health improvement. To develop the 2018 Community Health Needs Assessment and help sustain implementation efforts, the planning process engaged community partners through different avenues. These partners included a cross-section of community members from sectors including health care, businesses, public safety, schools, emergency response services, holistic healthcare, planning and development, and transportation, as well as year-round and seasonal residents.

The top health issues identified by these stakeholders were themes that had been highlighted in previous assessments, and continue to be the focus of community-wide efforts.

Based on the engagement process, four key priorities were selected for planning: Behavioral Health, Access to Healthcare, Women’s and Children’s Health, and Access to Housing.

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

NCH 2018 CHNA AND IMPLEMENTATION PLAN

Background

Located on Nantucket, an island 30 miles south of the Massachusetts mainland, Nantucket Cottage Hospital (NCH) delivers health care under unique circumstances: providing quality facilities, programs, and services to a year-round population of 17,000 residents, which increases to almost 50,000 during the summer months, all while being isolated from the mainland. Today, this 107-year-old hospital includes 19 inpatient beds, a full range of modern diagnostic and treatment capabilities for both emergency and ongoing care, and numerous outpatient services and programs.

The top health needs identified in the 2015 Community Health Needs Assessment (CHNA) included: 1) alcohol use disorders and substance use disorders; 2) access to housing; 3) mental health disorders and; 4) cancer. These findings generally aligned with the conclusions in Healthy Nantucket 2020, which identified the priority needs areas as: 1) behavioral health; 2) access to housing; 3) access to health care and; 4) women's and children's health.

Healthy Nantucket 2020 identified four priority health needs areas, as well as goals, objectives, and strategies for each priority health that are intended to make meaningful impact and progress in these areas.

Purpose and Geographic Scope of 2018 CHNA

Purpose

- 1. Identify health-related needs on Nantucket, as well as strengths and community resources*
- 2. Describe the issues impacting the Nantucket community: Given Nantucket's remote geography and high cost of living, access to medical care due to the limited number of providers and organizations providing such services, has long been an issue for island residents. A shortage of primary care physicians, as well as mental health providers and dentists, has led the island to be designated as a Health Professional Shortage Area by the U.S. Department of Health & Human Services. Housing costs are among the highest in the country, exacerbated by a dearth of affordable housing options and limited land available for such developments. Behavioral health issues, including alcoholism, opiate addiction, and suicide clusters, have also been recognized as a growing problem, with limited resources available on*

the island (no licensed inpatient psychiatric facility, few providers dedicated to counseling and urgent services). In addition, women’s and children’s health, whether it be available daycare options for families, pediatric health and dental care, as well as nutrition education, have all been flagged by the community as priorities.

3. *Geographic Scope* – Island of Nantucket. 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 as conservation land.

Definition of Community Served

Nantucket’s growing year-round population was last measured by the U.S. Census Bureau at 11,229 people. Local population estimates are higher, including a recent study by the [Nantucket Data Platform](#) which pegged the year-round community at 17,200 people. As a summer destination, the island’s season population swells to an estimated 45,000 to 50,000 people.

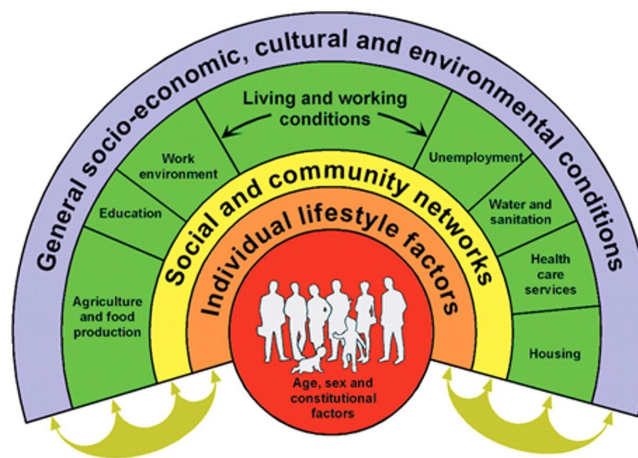


The 2018 CHNA is focused on the year-round population, as most of the qualitative data gathered comes from sources and organizations living on Nantucket year-round.

METHODS

We recognize that many factors contribute to a community’s health, including lifestyle behaviors, clinical care, social and economic factors, and the physical environment. As illustrated in Figure 1, it is the social and economic factors that have the greatest impact on a person’s health and the long-term health outcomes of communities. Thus, it is with this social determinants of health lens that we sought, reviewed, and analyzed the data presented in this CHNA.

Figure 1



Source: <https://nacchocommunique.com/tag/social-determinants-of-health/>

Quantitative Data: Secondary Data Review

To describe the socio-economic and health status of the NCH service area population, this report draws from authoritative secondary data sources at the county and city level. Sources of data included, but were not limited to, Community Commons, the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, Massachusetts Department of Public Health, Housing Nantucket, National Low Income Housing Coalition, and the F.B.I Uniform Crime Reports. Other types of data included self-report of health behaviors from large, population based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), as well as vital statistics based on birth and death records. When possible, secondary data are compared to state averages.

Qualitative Data: Community Engagement Process

The Nantucket Quality of Life Survey provided an important contribution to the 2015 CHNA and, where relevant, information confirmed by more recent community engagement processes are re-presented in the 2018 CHNA.

The NCH Community Health Improvement Plan (CHIP) Steering Committee met at a kick-off meeting on September 13, 2016 to receive an overview of the planning process, review data outcomes from the 2015 CHNA, and review the proposed process and timeline for engaging community members for Healthy Nantucket 2020.

Three Community Forums were held to confirm the 2015 CHNA findings and gather additional community input. On September 20, 2016, a consultant, Health Resources in Action, Inc. (HRiA) facilitated two community forums at Nantucket High School. A third community forum, facilitated by NCH, was held on October 2, 2016 following the Spanish Mass at St. Mary's Church.

During the Community Forums, the 2015 CHNA findings were shared as well as an overview of the prioritization process for identifying CHIP priorities. Participants then took part in a facilitated discussion designed to gather input on the CHNA findings as well as feedback on health needs that were not captured in the CHNA.

A group of over 60 key stakeholders gathered on October 6, 2016 to identify the priorities for the CHIP. After reviewing the CHNA findings, participants provided feedback on other health priorities to be considered as part of the prioritization process. Participants then used a rating tool and with defined criteria and a voting process to identify those health needs that were both important and feasible for inclusion in the plan. Four key priorities were selected for planning: Behavioral Health, Access to Healthcare, Women's and Children's Health, and Access to Housing. Language was proposed and agreed upon as a cross-cutting strategy. Language includes translation services, availability of services and materials in multiple languages, and the availability of English classes.

Following the October meeting, a group of key stakeholders met for two, half-day planning sessions in November 2016 to develop the core elements of the CHIP. In the first planning session, participants developed and revised goals, and developed draft objectives and indicators. In the

second planning session, participants finalized their draft objectives and indicators, and developed strategies to meet each objective.

On March 27, 2018, NCH hosted a CHNA public forum at the Nantucket Atheneum, the island’s public library. NCH representatives presented the outcomes from both the 2015 CHNA as well as Healthy Nantucket 2020. The presentation was followed by an overview of the latest community health data available from local, state and federal sources, and then an open discussion about community health on Nantucket. Attendees were asked whether they agreed with the findings of top health issues for Nantucket as outlined in Healthy Nantucket 2020, whether they saw any gaps in care on the island, and what things they might do to improve community health. The priority health needs areas of Healthy Nantucket 2020 were confirmed by the audience, in addition to several comments regarding elder care, air quality, and cancer incidence rates.

Data Limitations

In collecting and analyzing the publicly available data, there were several limitations, including the lag time of data (some of the most recent data available is several years old), and the lack of Nantucket-specific data stratified by race, gender and age.

FINDINGS

Table 1

Demographics	Nantucket County	Massachusetts
Total Population	10,694	6,742,143
Total Land Area (Square Miles)	46.11	7,800.98
Population Density (Per Square Mile)	231.91	864.27
Percent Male	53.56%	48.49%
Percent Female	46.44%	51.51%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Population

As seen in Table 1, Nantucket County covers a relatively small geographic area of 46.11 mi² and according to the Census Bureau has a total year-round population of 10,694, making it the least populous county in Massachusetts. In addition, the area’s population density of 231.91 persons per square mile is significantly smaller than the statewide density of 864.27 persons per

square mile.

During the summer (July and August) and “shoulder” seasons (April, May, June and September, October) when seasonal home owners and vacationers are in residence, county officials estimate that the population increases to between 30,000 and 60,000. The Nantucket Data Platform, a private group of data scientists, demographers, graphic artists and writers, presented its findings in July 2018 of a year-round population estimate of 17,200 people, and a peak summer population estimate of 45,500 people.

Table 2

Age Distribution	Nantucket County	Massachusetts
Median Age	39.5	39.3
Under 18	19.94%	20.62%
Age 18-24	7.26%	10.41%
Age 25-44	30.41%	26.18%
Age 45-64	28.36%	27.72%
Age 65+	14.02%	15.08%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Age Distribution

As seen in Table 2, the median age on Nantucket (39.5 years) and population age under the age of 18 (19.9%) are similar to the state, though Nantucket has a smaller percentage of 18 to 24 olds (7.3% vs. 10.4%). The percentage of 25 to 44 year olds on Nantucket (30.4%) is higher than the statewide percentage of 26.2%. The percentage of residents aged 65 years and older on Nantucket is 14.0%, slightly lower than the statewide percentage of 15.1%.

Table 3

Racial Diversity	Nantucket County, MA	Massachusetts
White	85.30%	79.26%
Black	6.79%	7.26%
Asian	0.98%	6.11%
Native American / Alaska Native	0.58%	0.21%
Native Hawaiian / Pacific Islander	0%	0.03%
Some Other Race	2.21%	4.13%
Multiple Races	4.14%	3.01%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Table 4

Ethnic Diversity	Nantucket County, MA	Massachusetts
Percent Population Hispanic or Latino	11.86%	10.85%
Percent Population Non-Hispanic	88.14%	89.15%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Racial and Ethnic Diversity

As seen in Table 3, most of the residents on Nantucket are white (85.30%), higher than the statewide figure of 79.26%. Nantucket has a significantly lower percentage of Asian residents at 0.98% compared to the statewide percentage of 6.11%. The percentage of Nantucket residents who are black (6.79%) is slightly lower than the statewide percentage of 7.26%. In addition, Nantucket has a higher percentage of residents who identify as “Other” at 2.21% compared to 4.13% for Massachusetts overall. As seen in Table 4, the percentage of Hispanic/Latino residents on Nantucket is 11.86%, higher than the statewide percentage of 10.85%.

Table 5

Foreign Born Population	Nantucket County	Massachusetts
Foreign-Birth Population, Percent of Total Population	17.64%	15.74%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Foreign Born Populations

As seen in Table 5, the percentage of residents on Nantucket who are of foreign birth is 17.64%, slightly higher than the statewide percentage of 15.74%.

Some quality of life survey respondents referenced the growing population of immigrants on

Nantucket and noted the demographics of Nantucket are changing rapidly. The Nantucket Public Schools reported in 2016 that its Hispanic student enrollment had increased to 26.1 percent of the entire student body, that 10.6 percent were African-American, and 5.1 percent were listed as “Other.”

Table 6

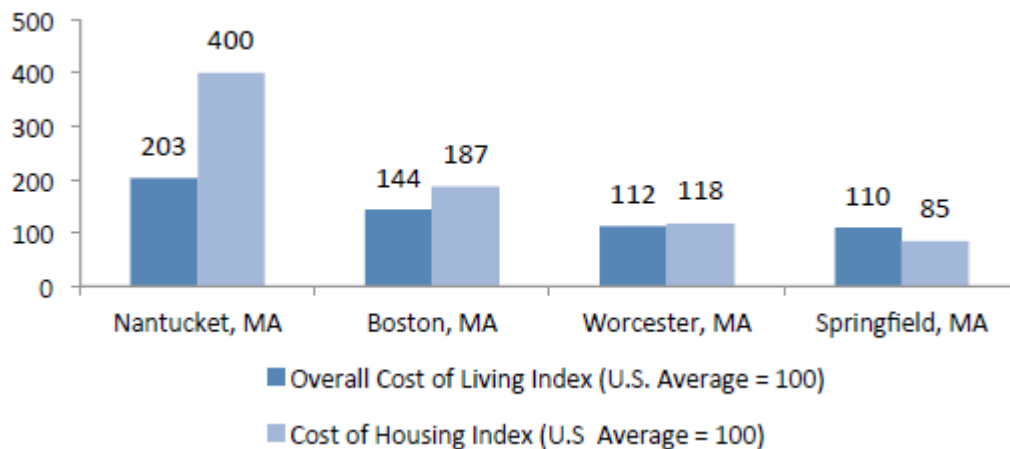
Income, Poverty, and Employment	Nantucket County	Massachusetts
Median Family Income	\$109,863	\$90,180
Families Below Federal Poverty Level (FPL)	10.26%	11.39%
Children Below 100% Federal Poverty Level (FPL)	17.84%	14.91%
Households Receiving SNAP Benefits	5.03%	12.50%
Unemployment Rate	3.40%	2.80%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Income, Poverty, and Employment

As seen in Table 6, Nantucket’s median household income of \$109,863 for year-round residents exceeds the statewide average of \$90,180. Of families living in Nantucket, 10.26% had incomes below the FPL in the past 12 months, slightly less than the statewide percentage of 11.39%. However, when looking at children under 18 who are living in households with income below the FPL, Nantucket’s percentage of 17.84% is higher than the statewide percentage of 14.91%.

Figure 2



Data Source: Council for Community and Economic Research's Cost of Living Index, retrieved 7/9/2015

As seen in Figure 2, the overall cost of living on Nantucket is twice the national average, and significantly higher in other areas of Massachusetts such as Boston, Worcester, and Springfield (cost of living data were not available at the state level). The cost of living index includes the following items in its calculation: groceries, housing, utilities, transportation, healthcare, and goods and services. In addition, the cost of housing on Nantucket is quadruple the national average and significantly higher than Boston, Worcester, and Springfield. A primary theme throughout the 2015 CHNA and 2017 Healthy Nantucket 2020 processes was the toll the high cost of living on Nantucket has on the year-round community. Residents spend disproportionate amounts of their income on basic needs such as housing, groceries, and utilities. Community members also expressed a lack of recognition by business owners about the cost of living and corresponding wages for their employees. It should also be noted that the quantitative data likely does not reflect Nantucket’s cash economy.

Just under half of quality of life survey respondents (45.8%) said they believe there is economic opportunity on Nantucket. Roughly two-thirds of survey respondents believe they have the opportunity to contribute to and participate in making Nantucket a better place to live. In addition, survey respondents ranked a healthy economy as the third most important factor defining a healthy community, after access to healthcare and affordable housing.

Table 7

Educational Attainment	Nantucket County	Massachusetts
Percent Population Age 25+ with No High School Diploma	5.33%	9.94%
Percent Population Age 25+ with Associate's Degree or Higher	49.02%	48.96%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Educational Attainment

As seen in Table 7, Nantucket has a lower percentage of residents who did not graduate from high school at 5.33% compared to the statewide percentage of 9.94%. In addition, Nantucket has a similar percentage of residents (49.02%) who have an Associate’s level degree or higher to the statewide percentage of 48.96%.

Quality of life survey respondents ranked good schools as the third most important factor

defining a healthy community. Just over two thirds of survey respondents ranked Nantucket as a good place to raise children (including quality, day care, after-school programs, recreation, etc.). Focus group participants, however, noted that the cost and accessibility of childcare are challenges for many families. When asked about the top three health problems that have the greatest impact on community health on Nantucket, 6.9% of survey respondents cited education (low graduation rates, quality of education, etc.).

Table 8

Housing	Nantucket County	Massachusetts
Total Housing Units	11,844	2,836,658
Vacant Housing Units	67.60%	9.80%
Owner-occupied Housing Units	63.90%	62.10%
Renter-occupied Housing Units	36.10%	37.90%
Median Home Value	\$966,600	341,000
Homes costing \$1,000,000 or more	47.10%	4.20%
Renter costs exceed 50% of Total Household Income	17.00%	-
Fair Market Rent (FMR) for 2 Bedroom Apartment*	\$1,799	\$1,252
Number of Full-Time Minimum Wage Jobs Needed to Afford 2 Bedroom Apartment at FMR	4.3	3.0
Annual Income Needed to Afford 2 Bedroom Apartment at FMR	\$71,960	\$50,090
Homeless Population	0	21,237

Data Source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from American FactFinder 3/5/18, 2015 Workforce Housing Needs Assessment by Housing Nantucket and National Low Income Housing Commission

As seen in Table 8, of the 11,844 housing units on Nantucket, 67.60% are seasonal housing unit, and thus vacant for a majority of the year. This is over six times the statewide percentage and reflective of the different residency types on Nantucket. In addition, Nantucket has a slightly higher percentage of homeowners (63.90%) as compared to the state percentages of 62.10%. The median home value of \$966,600 on Nantucket is almost three times the statewide value of \$341,000. Moreover, almost half of homes (47.10%) on Nantucket cost \$1 million or more, compared to 4.20% statewide.

A report conducted by RKG Associates on behalf of Housing Nantucket in 2015 estimated that homeownership is prohibitive to 90% of the island’s households. The lack of price-appropriate housing for people who work on Nantucket throughout the year is a barrier to a decent quality of life for workers and their families and an obstacle to hiring qualified people for some specialized positions. As numerous past studies and reports show, the stock of affordable

housing on Nantucket has been inadequate for a very long time. The RKG report also noted median home price on Nantucket of \$1.2 million.

Of Nantucket's 4,275 housing units that are rented, 17% of tenants spend more than 50 percent of their monthly income for housing (rent and basic utilities) – a condition known as worst-case housing needs. By definition, households that can have worst case needs are households that: are renters; have very low incomes i.e. no more than 50 percent of the Area Median Income (as adjusted for family size); and do not receive federal housing assistance. In addition, in order to afford the fair market rent (FMR) for a two bedroom apartment on Nantucket (\$1,799/month), a minimum wage earner must work 164 hours per week, 52 weeks per year (2018 MA minimum wage is \$11.00 per hour). Alternately, a household must include 4.3 minimum wage earners working 40 hours per week year-round in order to make the two-bedroom FMR affordable. The annual income required on Nantucket to afford a two-bedroom apartment at fair market rent is \$71,960 and significantly higher than the statewide figure of \$50,090.

Quality of life survey respondents listed access to housing as the second most important health problem on Nantucket. In addition, a primary theme throughout the 2015 CHNA and Healthy Nantucket 2020 process was the lack of affordable housing options on the island for both year-round and seasonal residents. Many observed that although this has been a problem for decades, it is a crisis that has grown even more acute in recent years. Some shared stories of friends and neighbors who they considered to be valued, year-round members of the community who have been forced to move off-island because they were unable to find housing. This was reinforced by comments about the disproportionate amount of island residents' income going toward housing costs. When asked about housing instability, 7% of survey respondents stated they may not have access to housing in the next two months.

It should be noted that while Table 8 shows an official homeless population of zero, it is believed that there is a small number of homeless people living on Nantucket.

Table 9

Transportation	Nantucket County	Massachusetts
Car, Truck, or Van	74.40%	78.70%
Public Transportation (excluding Taxicab)	1.70%	9.90%
Population Walking or Biking to Work	1,055	192,458
Percentage Walking or Biking to Work	17.11%	5.66%

Data Source: Data Source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from American Fact Finder 3/5/18, 2009 – 2013 American Community Survey, data retrieved from American FactFinder on 4/15/15

Transportation

As seen in

Table 9, the percentage of Nantucket County residents who take public transport to work (1.70%) is significantly lower than the statewide percentage of 9.90%. Nantucket County has just over three times the percentage (17.11%) of workers who walk or bike to work compared to the statewide percentage of 5.66%.

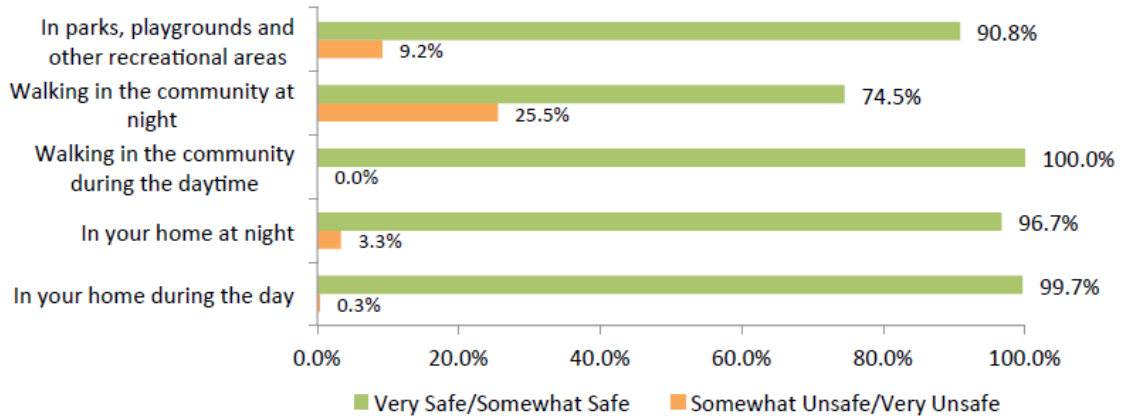
Focus groups during the 2015 CHNA process noted the lack of year round public transportation on Nantucket was a challenge in addition to the high cost of travel to and from the island. Healthy Nantucket 2020 listed among its goals the establishment of year-round public transportation. In April 2018, the Nantucket Regional Transportation Authority announced the expansion of its operations to include year-round service.

Crime and Safety

As seen in

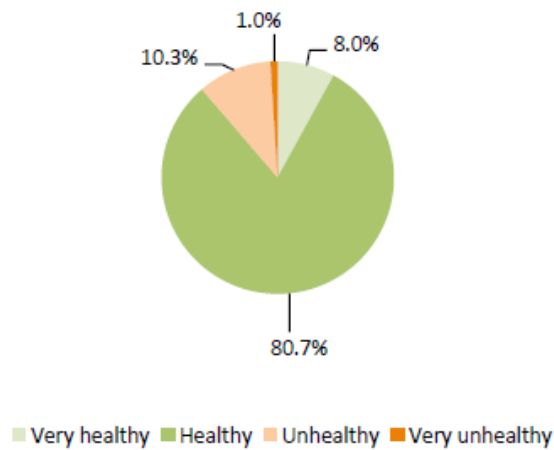
Figure 3 below, when asked about how safe they felt walking in the community at night, three quarters of 2015 quality of life survey respondents said they felt safe/somewhat safe. The majority of survey respondents stated that they felt safe/somewhat safe while in their homes, in addition to in parks, playgrounds, and other recreational areas. In addition, one quarter of quality of life survey respondents stated low crime and safe neighborhoods were in the top three factors that define a healthy community.

Figure 3: How safe would you say you feel in each of the following places?



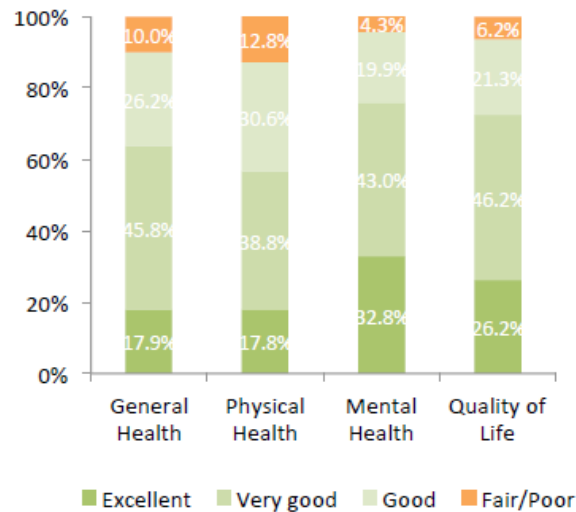
Data Source: 2015 NCH Quality of Life Survey

Figure 4: How would you rate Nantucket as a “Healthy Community”?



Data Source: 2015 NCH Quality of Life Survey

Figure 5: How would you rate health (general, physical, mental), and quality of life?



Data Source: 2015 NCH Quality of Life Survey

Community Perceptions of Health

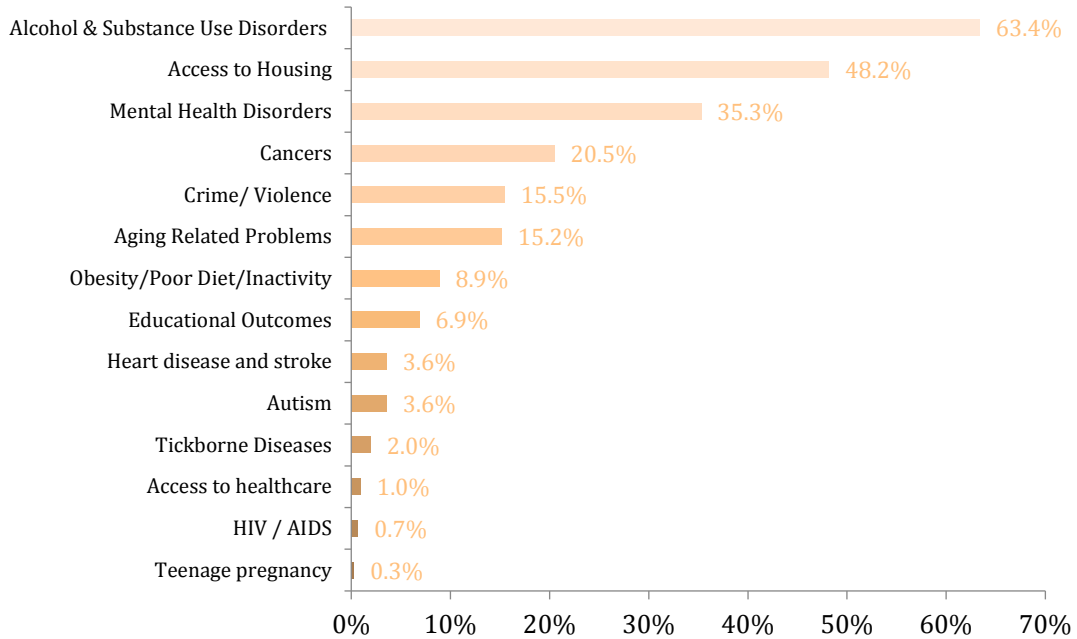
As seen in Figure 4, when asked how they would rate Nantucket as a “healthy community”, the majority of quality of life survey respondents (88.7%) considered it “healthy” or “very healthy” and 11.3% considered it “unhealthy” or “very unhealthy”.

As seen in Figure 5, the majority of quality of life survey respondents rated their general health (89.9%), physical health (87.2%), mental health (95.7%), and quality of life (93.7%) as “excellent”, “very good” or “good”. Respondents who rated their health or quality of life as “fair” or “poor” were distributed as follows: physical health (12.8%), general health (10.0%), quality of life (6.2%), and mental health (4.3%).

Leading Health Problems on Nantucket

As seen in Figure 6 below, when quality of life survey respondents were asked to identify the three most important health problems on Nantucket (e.g. those that have the greatest impact on overall community health) the leading problems identified were: **alcohol and substance use disorders (63.4%); access to housing (48.2%); mental health disorders (35.3%); and cancers (20.5%).**

Figure 6: Leading Health Problems on Nantucket

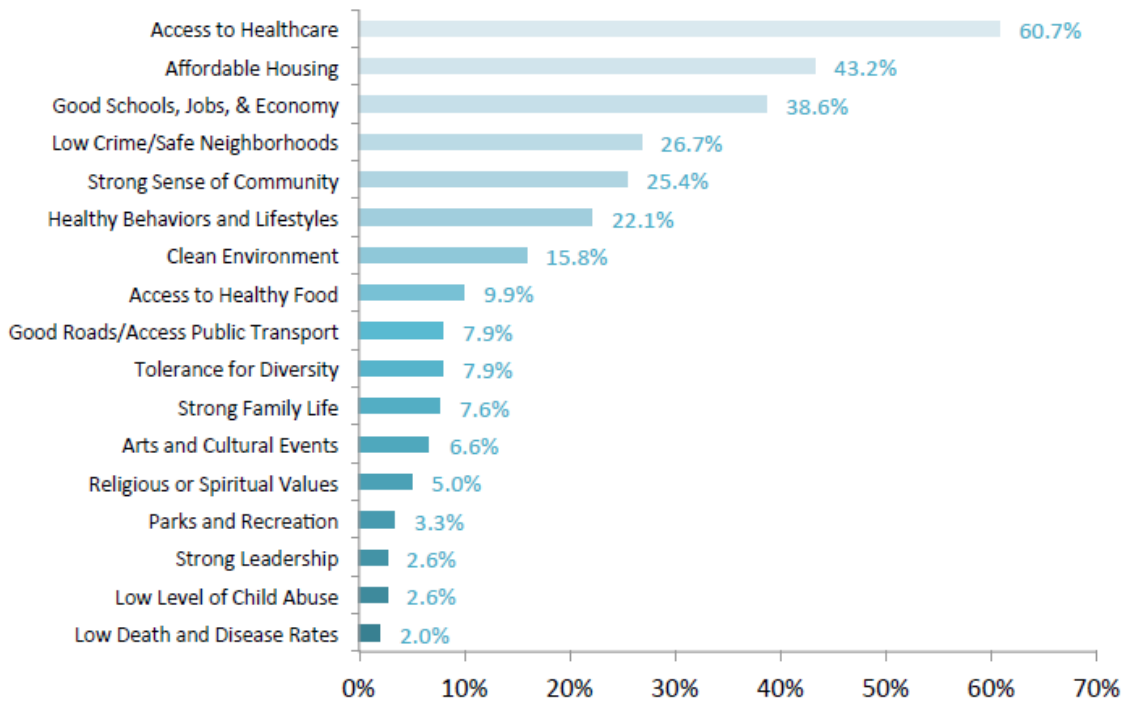


Data Source: 2015 NCH Quality of Life Survey

Leading Factors That Define a “Healthy Community”

As seen in Figure 7 below, when quality of life survey respondents were asked what are the three most important health factors that define a “healthy community”, the leading factors identified were: access to healthcare (60.7%); affordable housing (43.2%); good schools, jobs, and economy (38.6%); low crime/safe neighborhoods (26.7%); strong sense of community (25.4%); and healthy behaviors and lifestyles (22.1%).

Figure 7: Leading Factors that Define a “Healthy Community”



Data Source: 2015 NCH Quality of Life Survey

Table 10

Healthy Eating, Physical Activity, Overweight/Obesity	Nantucket County	Massachusetts
Percent Adults with BMI > 30.0 (Obese)	19.50%	23.70%
Percent Population with no Leisure Time Physical Activity	16.20%	19.70%
Access to Exercise Opportunities	94%	94%
Food Insecurity	10.37%	11.10%
Low-Income Population with Low Food Access	9.67%	17.11%

Data Source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Healthy Eating, Physical Activity, and Overweight/Obesity

As seen in Table 10, Nantucket performed comparatively or better than statewide percentages on the following measures: adult obesity (19.50% vs. 23.70% statewide); physical inactivity (16.20% vs. 19.70% statewide); access to exercise opportunities (94% for both areas); food insecurity (10.37% vs. 11.10% statewide); and low income populations with low food access (9.67% vs. 17.11% statewide).

Just under half of quality of life survey respondents cited healthy behaviors and lifestyles;

access to healthy food; and a clean environment were leading factors that define a healthy community. In addition, nine percent of respondents said poor diet and inactivity were among the top three health problems on Nantucket. Healthy Nantucket 2020 identified educating families and children about balanced and healthy diets as a priority.

Table 11

Alcohol and Substance Use Disorders	Nantucket County	Massachusetts
Adult Smoking	14.50%	15.20%
Excessive Drinking	25.90%	19.50%
Admissions to MA Department of Public Health (MA DPH) Funded Treatment Programs	594.4	1532.4
Alcohol and Drug Related Hospital Discharges per 100k Population	118.9	344.7
Unintentional Injury Death Rate per 100,000	32.7	29.7

Data Source: Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18, 2013 RWI County Health Rankings and Roadmaps, data retrieved from Community Commons on 4/15/15, MA Department of Public Health, Health Status Indicators Report for Nantucket published 6/2013

Alcohol & Substance Use Disorders

As seen in

Table 11, Nantucket’s percentage of adult smokers (14.50%) is lower than the state’s percentage of 15.20%. However, Nantucket fares worse than the state with 25.90% of residents reporting excessive drinking, compared to 19.50% statewide. Admissions to MA DPH funded treatment programs were significantly lower at 594.4 per 100,000 persons compared to the state rate of 1,532.4 per 100,000 persons. Similarly, Nantucket had fewer alcohol and other drug related hospital discharges per 100,000 persons with 118.9 compared to 344.7 statewide. These favorable discharge statistics are likely reflective of a lack of on-island services, such as the absence of an inpatient psychiatric facility and the difficulty in accessing such facilities on the mainland.

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

Participants further noted the lack of resources to appropriately address these problems and the need for additional counseling and support services, and a detoxification resource.

Healthy Nantucket 2020 identified behavioral health as a priority health need area, and set as objectives to 1) decrease suicide attempts by 10% per year; 2) decrease the need for emergency evaluation for mental health and substance use disorders by 10% per year; 3) reduce reported/identified overdoses by 10% per year; 4) increase awareness of mental health and substance use disorders and preventative services for all ages in the most prevalent languages spoken; and 5) reduce barriers to accessing clinical and community preventative mental health and substance use disorders.

Table 12

Adjusted Death Rates (per 100,000 pop)	Nantucket County	Massachusetts
All Cause Mortality	632.6	667.8
Cancer	169.53	173.99
Coronary Heart Disease	150.02	155.93
Ischemic Heart Disease	115.81	96.8
Cerebrovascular Disease	41.51	33.12

Data Sources: Centers for Disease Control and Prevention, National Vital Statistics System, data retrieved from Community Commons on 4/15/15, MA Department of Public Health, Health Status Indicators Report for Nantucket published 6/2013

Injury Related Behaviors

As seen in Table 12, when examining the age-adjusted death rate from unintentional injuries, Nantucket fares worse at 32.7 deaths per 100,000 residents when compared to the statewide figure of 29.7. As seen in Table 12, the age adjusted death rate (per 100,000 persons) on Nantucket is 632.6, which is lower than the statewide rate of 667.8. Similarly, the rates of mortality for cancer and coronary heart disease are lower on Nantucket with rates of 169.53 and 150.02 respectively, compared to 173.99 and 155.93 statewide. The rates of ischemic heart disease (115.81) and cerebrovascular disease (41.15) on Nantucket are higher than the statewide rates of 96.8 and 33.12, respectively.

Table 13

Sexually Transmitted Infections	Nantucket County	Massachusetts
2013 Population with HIV / AIDS, Rate (Per 100,000 Pop.)	213.17	328.96
Chlamydia Infection Rate (Per 100,000 Pop.)	304.80	403.2
Gonorrhea Infection Rate (Per 100,000 Pop.)	88.50	70.4

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, viral Hepatitis, STD, and TB Prevention, data retrieved from Community Commons on 4/15/15, 2010 Census, Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences

Sexually Transmitted Infections

As seen in Table 13, Nantucket has lower rates per 100,000 residents of HIV (213.17), and chlamydia (304.80), and higher rates of gonorrhea (88.50), compared to statewide figures of 328.96, 403.20, and 70.40, respectively.

Tickborne Diseases

Table 14

Tickborne Diseases per 100,000	Nantucket County	Massachusetts
2014 Lyme Disease	570.0	86.0
Babesiosis	1.77	0.08
Hepatitis A	0.00	0.01
Hepatitis B	-	0.30
Hepatitis C	49.20	119.70
Human Granulocytic Anaplasmosis (HGA)	108.10	13.30
Influenza	-	2.01

Data Source: MA Department of Public Health, 2014 Tickborne Diseases Surveillance Summaries, US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

As seen in Table 14, Nantucket surpasses statewide percentages for Lyme disease, Babesiosis, and HGA with incidence rates of 570.0 vs. 86.0 statewide, 1.77 vs. 0.08 statewide, and 108.10 vs. 13.30 statewide respectively. From Nov. 1, 2016 – Oct. 31, 2017, the NCH Laboratory reported 288 confirmed cases of tick-borne diseases including Lyme, Babesiosis, Anaplasmosis.

Although not identified as a leading health problem on Nantucket (2.2% n=7) in the quality of life survey, there has been extensive media coverage of this issue over the years, and awareness of tickborne diseases and preventative measures is high. Furthermore, island physicians have

extensive experience in diagnosing and treating these diseases, and both the hospital and the Town of Nantucket’s Board of Health have engaged in education initiatives over the years, including a recent video produced by the Board of Health that featured NCH surgeon and tick disease expert Dr. Tim Lepore. It should also be noted that one effort to address the prevalence of tick-borne diseases on Nantucket has been controversial: the extended deer hunt authorized and later rescinded by the state Division of Fisheries and Wildlife in 2005.

Table 15

Access to Care	Nantucket County	Massachusetts
Adults 18-64 Without Medical Insurance	4.78%	3.94%
Children Under 19 Without Medical Insurance	2.38%	1.17%
Percentage of Population Living in a Health Professional Shortage Area	100%	7.73%
Primary Care Physicians, Rate per 100,000 Pop.	55.27	124.1
Dentists, Rate per 100,000 Pop.	73.23	95.6
Percent Female Medicare Enrollees with Mammogram in Past 2 Year	70.30%	74.80%
Adults 50+ Ever Screened for Colon Cancer	59.50%	71%

Data source: US Census Bureau, 2012 – 2016 American Community Survey, data retrieved from Community Commons 3/5/18

Access to Care

NCH is the only medical facility on the island providing primary, urgent, emergency and surgical care, as well as outpatient services and appointments with medical and surgical specialists. NCH works closely with the island’s mental health and substance use disorders agency, Family & Children’s Services of Nantucket, and provides office space for this organization.

As seen in Table 15, a higher percentage of Nantucket residents (4.78%) do not have health insurance compared to the statewide percentage of 3.94%. In addition, the percentage of children under 19 without health insurance coverage on Nantucket is almost twice the state percentage at 2.38%.

Nantucket’s entire population is living in a federally designated “Health Professional Shortage Area”, compared to 7.73% of residents statewide. Nantucket has 55.27 primary care physicians and 73.23 dentists per 100,000 residents, compared to statewide figures of 124.1 and 95.6, respectively, although these numbers should be reevaluated following the 2020 federal census.

In addition, Nantucket has lower percentages of screenings for breast cancer (70.3%) and colorectal cancer (59.50%) compared to statewide percentages of 74.80% and 71.00% respectively.

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

Several survey respondents noted the lack of specialists, especially those qualified to treat mental health and substance use disorders. Focus group participants acknowledged that the island's existing clinicians, providers and agencies are all over-extended given the extent of the behavioral health issues.

Key Themes and Conclusions

Over the past four years, NCH has engaged the community repeatedly to solicit feedback and insights regarding the island's community health needs. Starting with the 2015 CHNA, followed by the Healthy Nantucket 2020 process and the 2018 CHNA, this has been perhaps one of the most extensive periods of dialogue between the hospital and the community in its 107-year history. Throughout these engagements, the themes have remained largely consistent: the need to bring more resources to bear on the island's behavioral health problems; increasing access to medical care; the effects of Nantucket's housing crisis; and the pressures faced by families, particularly women and children.

Process for Prioritizing Findings

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

Three key priorities were selected for planning: Behavioral Health, Access to Healthcare, Women's and Children's Health, and Access to Housing. Language was proposed and agreed upon as a cross-

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

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

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

NCH 2018 CHNA Priorities

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

Implementation Plan and Strategies – confirmed from HN2020

Priority Area 1: Behavioral Health

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

Objectives

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

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

Strategies

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

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

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

Strategies

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

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

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

Strategies

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

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

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

Strategies

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

schools, nonprofit organizations, Town of Nantucket, etc. to address it).

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

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

Strategies

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

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

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

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

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

Objectives

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

Outcome Indicators	Baseline	2020	Data Source
Number of licensed slots for early childhood care	230	305	<i>Early childhood providers</i>

Strategies

- 2.1.1: Create a central registration to evaluate the number of licensed daycare positions available
- 2.1.2: Increase availabilities for infants/toddlers and preschool children within public schools, community schools and private schools to accommodate parents working full time.
- 2.1.3: Educate potential and existing providers on how to apply, obtain and maintain licensure.
- 2.1.4: Explore opportunities for collaboration and operational cost-savings through an early childhood cohort/collaborative.

- 2.1.5: Advocate to developers of new multi-purpose construction that they consider space that can be used for early childhood education.
- 2.1.6: Identify additional opportunities for space within existing buildings.
- 2.1.7: Identify grant opportunities to support tuition assistance for childcare.

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

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

Strategies

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

- 2.2.6: Identify which websites have and do not have the ability to translate in different languages and provide funding for integrating translation services where needed.
- 2.2.7: Develop an online app in multiple languages that lists existing services and resources.
- 2.2.8: Collaborate and create forums with island organizations and island resources (Nantucket Community School and NCH PediPFAC have this as a priority work plan) to educate the community.

(See also Objective 3.1 and 4.5)

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

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

Strategies

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

2.4: By 2020, decrease the rate of dental caries for children under age 2 based on the rate of dental caries for children under age 2 to be established.

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

Strategies

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

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

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

Strategies

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

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

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

Strategies

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

Priority Area 3: Access to Health Care

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

Objectives

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

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

Strategies

- 3.1.1: Identify existing medical and healthcare resources and services.
- 3.1.2: Establish and encourage continued communication between existing entities.

3.1.3: Update information across all existing media and advertising outlets currently available to include newly identified resources.

3.1.4: Determine the necessity of a new resource data-base.

3.1.5: Disseminate information through multiple avenues (virtual, audio, radio, print).

(See also 2.4 and 4.5)

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

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

Strategies

3.2.1: Identify existing/available preventative and wellness services.

3.2.2: Utilize multiple outreach efforts in multiple languages to promote options for care.

3.2.3: Encourage collaboration and referrals between providers on-island and off-island.

(See also 3.1)

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

Outcome Indicators	Baseline	2020	Data Source
Number of primary care physicians	6	8	<i>NCH</i>

Number of extenders (PAs, NPs)	6	8	<i>NCH</i>
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Strategies

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

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

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

Strategies

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

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

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

Strategies

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

Priority Area 4: Access to Housing

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

Objectives

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

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

Strategies

4.1.1: Lobby the Legislature – (Hire, self-lobby, or internal Nantucket resources?).

- Establish relationships with the two (2) new officials (State Rep and State Senator).
- Involve leadership of Board of Selectmen.
- Involve builder and realtor community.
- Reauthorize at this year’s (2017) Town Meeting.
- Utilize media (e.g., letters to editor, social media) to raise awareness.
- Seek the support of Massachusetts Governor’s office

4.1.2: Reach out to Martha’s Vineyard towns and organizations to learn about their housing initiatives and make alliances where appropriate.

4.1.3: Reach out to MA Governor’s office.

4.1.4: Affordable Housing Trust Fund to further define the use of proceeds from the Housing Bank.

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

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

Strategies

4.2.1: Research what other communities are trying that is working (focus on other island and/or resort/vacation communities, and communities with high cost of housing).

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

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

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

Strategies

- 4.3.1: Engage translators for multiple languages (volunteers if possible) to translate English program.
- 4.3.2: Utilize existing cultural gatherings to promote the First Time Home Buyers Education program.
- 4.3.3: Offer childcare for program participants.
- 4.3.4: Explore the use of translators or whisper translation technologies for all educational programs.

- 4.3.5: Explore funding to offer online program at a reduced cost or free of charge.
- 4.3.6: Engage audio/video/web resources to generate online library in multiple languages.
- 4.3.7: Research the preferred delivery method of the education program into Spanish, Bulgarian, Portuguese, Russian.
- 4.3.8: Promote via objective 4.5.

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

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

Strategies

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

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

Outcome Indicators	Baseline	2020	Data Source
AHTF established		Established	
Clearing House		Established	

Strategies

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

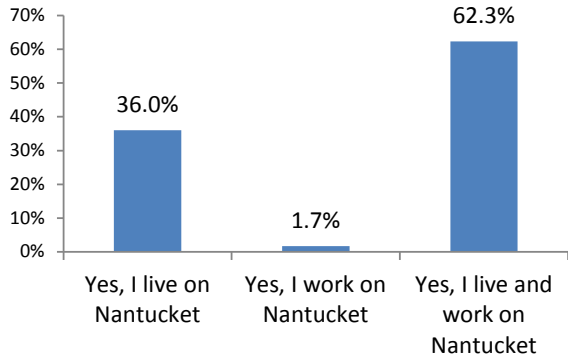
APPENDICES

- Quality of Life Survey Sample Demographics
- Quality of Life Survey Questions

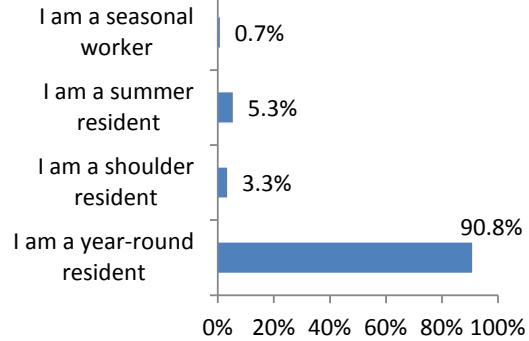
Nantucket Quality of Life Survey 2015

Respondent Demographics (N=300)

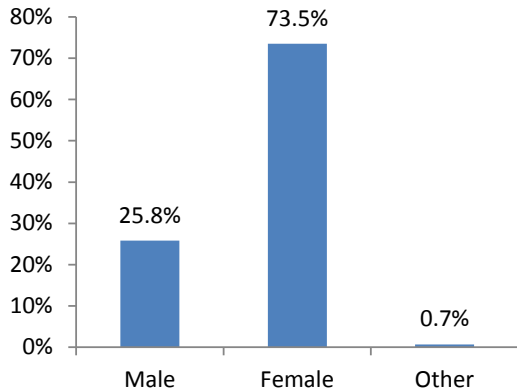
Do you live or work on Nantucket?



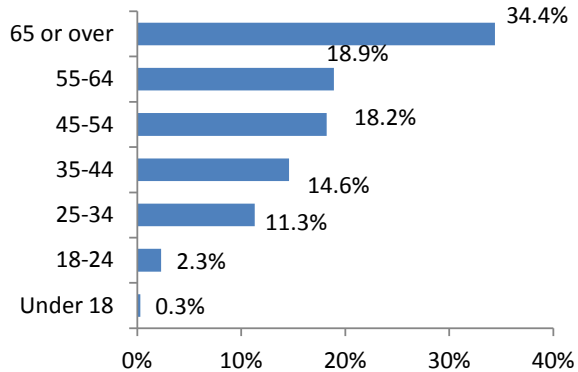
If you live on Nantucket, please indicate your type of residency



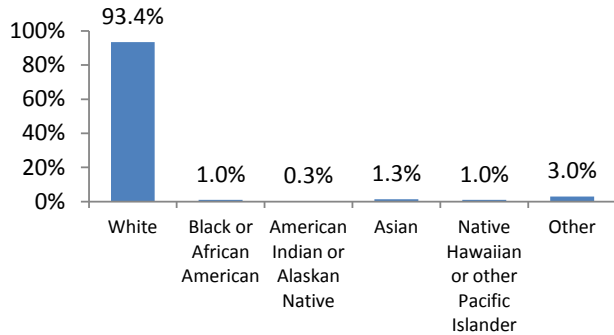
What is your gender?



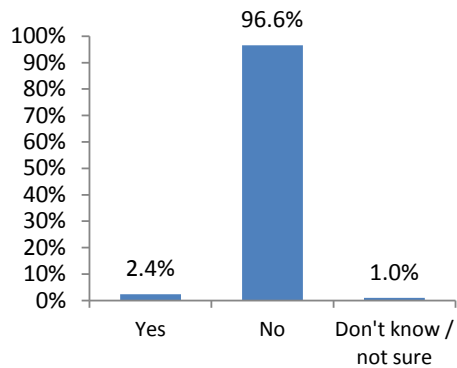
What is your age?



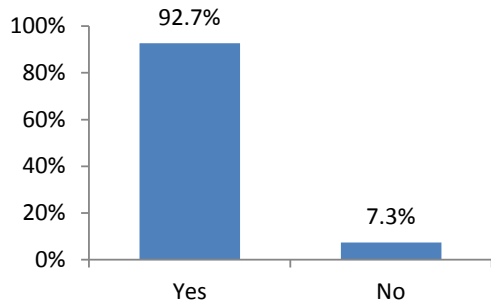
Which one or more of these groups would you say best represents your race?



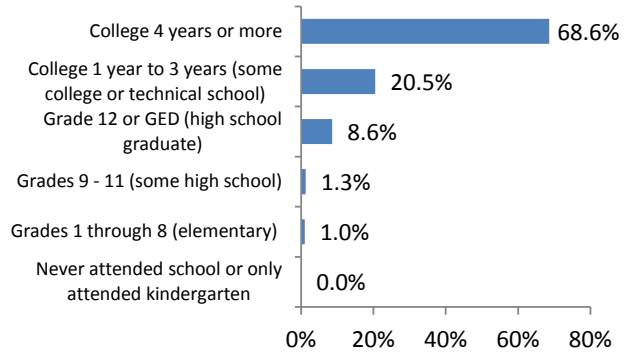
Are you Hispanic or Latino?



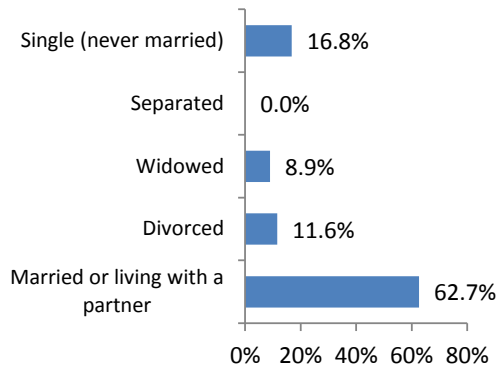
Where you born in the United States?



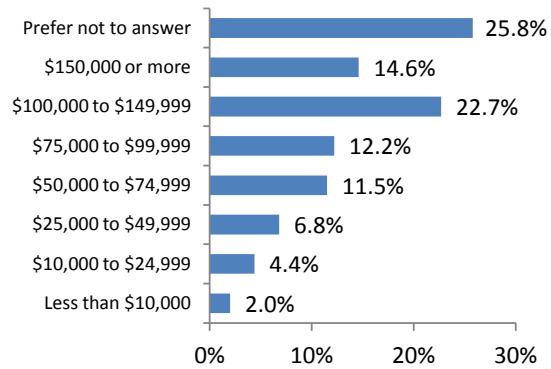
Which is the highest grade or year of school you completed?



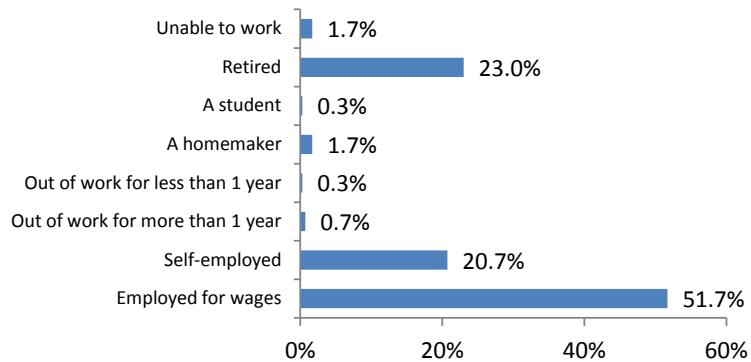
Are you...?



What is your annual household income?



Are you...?



Nantucket Quality of Life Survey 2015

Nantucket Cottage Hospital is partnering with residents, local agencies and organizations and we are pleased to release Nantucket's 2015 Quality of Life Survey.

This survey, in combination with conversations in the community and updated data from state and local sources, will be used to help identify health needs and collectively determine ways to address them. We plan to repeat this survey every three years to gauge our progress in improving the quality of life in Nantucket.

We want to hear from you!

Please take the next 5-10 minutes to answer the attached questions. By answering these questions you will be able to share what it is like to live or work on Nantucket and what issues you think are important for the community to work on. Your responses are completely anonymous. The survey will not ask for your name. If you do not feel comfortable answering a question, you may skip it.

Nantucket is a diverse and vibrant community rich with history and wonderful traditions. Like any community, Nantucket is faced with many issues that affect health, such as drug addiction and pollution. Collectively we can work to make Nantucket an even better place, but we need to hear from you.

Thank you in advance for completing this survey and doing your part to make Nantucket a better place to live! Completed surveys can be returned to the Nantucket Cottage Hospital front desk, or mailed to NCH c/o Jason Graziadei at 57 Prospect Street, Nantucket MA, 02554. For more information on this survey or how to take part in future community meetings please contact Jason Graziadei (JGraziadei@partners.org).

1. Do you live or work on Nantucket?

- Yes, I live on Nantucket
- Yes, I work on Nantucket
- Yes, I live and work on Nantucket
- No, I don't live or work on Nantucket- *Thank you for your interest in the survey, but we would only like to hear from individuals who live or work*

1b. If you live on Nantucket, please indicate your residence type.

- I am a year round resident
- I am a shoulder resident
- I am a summer resident
- I am a seasonal worker

Nantucket Quality of Life Survey 2015

2. Using a scale of 1-5 (as show below), please rate how much you agree or disagree with the following statements:

	Strongly Disagree (1)	2	3	4	Strongly Agree (5)	Don't know / Unsure
I am satisfied with the health care system on Nantucket. <i>(Consider access, cost, availability, quality, options in health care, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nantucket is a good place to raise children. <i>(Consider school quality, day care, after school programs, recreation, etc)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nantucket is a good place to grow old. <i>(Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is economic opportunity on Nantucket. <i>(Consider locally owned and operated businesses, jobs with career growth, job training/higher education.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nantucket is a safe place to live. <i>(Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are networks of support for individuals and families on Nantucket during times of stress and need. <i>(Consider neighbors, support groups, faith community outreach, agencies, and organizations)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to my neighbors and my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The businesses, agencies and organizations on Nantucket contribute to making the community a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>All</u> residents have the opportunity to contribute to and participate in making Nantucket a better place to live. <i>(Consider minority populations, new residents, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that I can contribute to and participate in making Nantucket a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with the quality of life on Nantucket.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nantucket Quality of Life Survey 2015

***3. Think about your ideal community...From the following list, what do you think are the THREE MOST IMPORTANT factors that define a “Healthy Community”?**

- | | |
|---|--|
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Accessible public transportation | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Good roads/infrastructure | <input type="checkbox"/> Strong leadership |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong sense of community |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Other (please specify) | |

Nantucket Quality of Life Survey 2015

***4. From the following list, what do you think are the THREE MOST IMPORTANT health problems on Nantucket? (Those problems which have the greatest impact on overall community health.)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Aging problems (<i>arthritis, falls, hearing/vision loss, etc.</i>) | <input type="checkbox"/> Environment (<i>air quality, traffic, airport noise, airport pollution, etc.</i>) | <input type="checkbox"/> Motor vehicle injuries |
| <input type="checkbox"/> Alcohol abuse / addiction | <input type="checkbox"/> Gambling | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Poor diet / inactivity |
| <input type="checkbox"/> Autism | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Crime & violence | <input type="checkbox"/> Housing | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Hunger/malnutrition | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Infectious diseases (<i>Hepatitis, TB, etc.</i>) | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Drug abuse / addiction / overdose | <input type="checkbox"/> Mental health (<i>anxiety, depression, etc.</i>) | |
| <input type="checkbox"/> Education (<i>low graduation rates, quality of education, etc.</i>) | <input type="checkbox"/> Miscarriage | |
| <input type="checkbox"/> Other (please specify) | | |

5. How would you rate Nantucket as a "Healthy Community"?

- Very unhealthy
 Unhealthy
 Healthy
 Very healthy

6. Compared to three years ago, how would you say your community has changed overall?

- The community has improved a lot
 The community has improved some
 The community has stayed about the same
 The community has declined some
 The community has declined a lot
 I don't know or I am unsure

Nantucket Quality of Life Survey 2015

7. Thinking about the next three years, how would you say your community is likely to change?

- This community will improve a lot
- This community will improve some
- This community will stay about the same
- This community will decline some
- This community will decline a lot
- I don't know or I am unsure

8. How safe would you say you feel in each of the following places?

	Very Safe	Somewhat Safe	Somewhat Unsafe	Very Unsafe
a) In your home during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) In your home at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Walking in the community during the day time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Walking in the community at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) In parks, playgrounds and other recreational areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions ask about household information and demographics.

9. Were you born in the United States?

- Yes
- No

10. If NO, How many months or years have you lived in the US?

months

years

11. How long have you lived on Nantucket? (Skip if you do not live on Nantucket)

months

years

12. Looking at the map, in which neighborhood do you live?



- | | |
|---------------------------------------|--|
| <input type="radio"/> Brant Point | <input type="radio"/> Wauwinet |
| <input type="radio"/> Eel Point | <input type="radio"/> I do not/have not lived on Nantucket |
| <input type="radio"/> Madaket | |
| <input type="radio"/> Miacomet | |
| <input type="radio"/> Mid-Island | |
| <input type="radio"/> Monomoy | |
| <input type="radio"/> Pocomo | |
| <input type="radio"/> Polpis | |
| <input type="radio"/> Quidnet | |
| <input type="radio"/> Sconset | |
| <input type="radio"/> Surfside | |
| <input type="radio"/> Tom Nevers | |
| <input checked="" type="radio"/> Town | |

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13. How long have you lived in this neighborhood? (Skip if you do not live on Nantucket)

months

years

14. What is your gender?

- Male
 Female
 Other

15. What is your age?

- Under 18
 18 - 24
 25 - 34
 35 - 44
 45 - 54
 55 - 64
 65 and over

16. Which one or more of these groups would you say best represents your race?

- White
 Black or African American
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or other Pacific Islander
 Other

17. Are you Hispanic or Latino?

- Yes
 No
 Don't know/Not sure

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18. Which is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 – 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more

19. Are you...?

- Married or living with a partner
- Divorced
- Widowed
- Separated
- Single (Never married)

20. Are you...?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work

21. What is your annual household income?

- | | |
|--|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$75,000 to \$99,999 |
| <input type="radio"/> \$10,000 to \$24,999 | <input type="radio"/> \$100,000 to \$149,999 |
| <input type="radio"/> \$25,000 to \$49,999 | <input type="radio"/> \$150,000 or more |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> Prefer not to answer |

22. How many children under 18 years of age live in your household?

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23. Would you say that in general your health is...?

- Excellent
- Very Good
- Good
- Fair
- Poor

24. In general would you say your quality of life is...

- Excellent
- Very Good
- Good
- Fair
- Poor

25. In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent
- Very Good
- Good
- Fair
- Poor

26. In general, how would you rate your physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

Adequate food and shelter are two of the most important elements that influence health and well being. The following questions below ask specifically about the stability of food and shelter in one's life.

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27. In the past year, have you worried about food running out before you could buy more?

- Yes
 No

28. In the past year, has the food you bought not lasted long enough and you couldn't buy more?

- Yes
 No

29. What is your housing type? (Choose 1)

- Own home
 Rent home
 Residential program/dormitory
 Shelter
 Hotel
 Street or vehicle
 Living with friend or relative

30. How many people do you live with currently?

Number of people

31. Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

- Yes
 No

32. In the past 12 months have you gambled (Gambling includes betting on the lottery, bingo, sporting events, casino games, cards, or racing) more than you intended to?

- Yes
 No
 No, I have never gambled

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33. Where do you find out what is happening on Nantucket? (Check all that apply)

- Local newspaper
- Local cable station
- Neighbors, family or friends
- Schools
- City website, newsletters or social media (like Facebook or Twitter)
- Organizational websites, newsletters or social media (like Facebook or Twitter)
- Religious meeting place
- Recreation site
- Other (please specify)

34. What language do you prefer to receive information in?

- English
- Spanish
- Portuguese
- Arabic
- Other (please specify)

36. Please feel free to share any additional thoughts in the space provided.

Thank you for completing this survey!

If you have any questions about this survey, please send an email to JGradziadei@partners.org or call Jason Gradziadei at 508-825-8246

Nantucket Encuesta de Calidad de Vida 2015

El Hospital de Nantucket esta asociado con los residentes , agencias locales y la organizaciones y nos complace lanzar la Encuesta de Calidad de Vida en Nantucket para el año 2015.

Esta encuesta , en combinación con las conversaciones en la comunidad y los datos actualizados de fuentes estatales y locales , se utilizará para ayudar a identificar las necesidades de salud y colectivamente determinar formas de abordarlos. Tenemos la intención de repetir esta encuesta cada tres años para evaluar nuestro progreso en mejorando la calidad de vida en Nantucket .

Queremos saber de usted !

Por favor, tome los próximos 5 a 10 minutos para responder a las preguntas en este folleto. Al contestar estas preguntas usted será capaz de compartir lo que se siente acerca de vivir o trabajar en Nantucket, y lo que usted piensa sobre temas que son importantes para la comunidad. Sus respuestas son completamente anónimas . La encuesta no le pedirá su nombre. Si usted no se siente cómodo respondiendo a una pregunta, omitir la pregunta.

Nantucket es una comunidad diversa y vibrante, rica en historia y tradiciones maravillosas . Como cualquier comunidad , Nantucket se enfrenta a muchos problemas que afectan a la salud , como la adicción a las drogas y la contaminación. Colectivamente podemos trabajar para hacer Nantucket un lugar aún mejor , pero necesitamos su colaboración.

Gracias antemano por completar esta encuesta y hacer su parte para hacer Nantucket un mejor lugar para vivir! Para obtener más información sobre esta encuesta o cómo participar en las futuras reuniones de la comunidad por favor póngase en contacto con Jason Graziadei (JGraziadei@partners.org)

1. ¿Vives o trabajas en Nantucket ?

- Sí , yo vivo en Nantucket
- Sí , yo trabajo en Nantucket
- Sí , vivo Y trabajo en Nantucket
- No, yo no vivo o trabajo en Nantucket - Gracias por su interés en la encuesta, pero nos gustaría saber de las personas que viven o trabajan en Nantucket.*

1b. Si usted vive en Nantucket , indique el tipo de residencia.

- Soy residente durante todo el año
- Soy residente aquí desde alrededor de Mayo a Octubre
- Soy un residente de verano
- Soy un trabajador de temporada

Nantucket Encuesta de Calidad de Vida 2015

2. Utilizando una escala de 1-5 (como se muestra más abajo) , por favor califique qué tan de acuerdo o en desacuerdo con las siguientes afirmaciones:

	muy en desacuerdo (1)	2	3	4	Muy de acuerdo (5)	No se no estoy / seguro
<i>Estoy satisfecho con el sistema de salud en Nantucket. (Considere el acceso , costo, disponibilidad , calidad, opciones etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Nantucket es un buen lugar para criar a los hijos . (Considere la calidad escolar , guarderías , programas después de escuela , recreación, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Nantucket es un buen lugar para envejecer . (Considere viviendas para ancianos, el transporte a los servicios médicos , iglesias , centro de compras ; guarderías para ancianos, apoyo de servicios sociales etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Hay oportunidades económicas en Nantucket. (Considere empresas de propiedad local que son operados por locales, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Nantucket es un lugar seguro para vivir . (Considere la percepción de residentes en cuanto a la seguridad en el hogar, el lugar de trabajo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Existen redes de apoyo a las personas y familias en Nantucket durante momentos de estrés y necesidad . (Considere vecinos, grupos de apoyo, la fe de la comunidad, agencias y organizaciones.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Me siento conectado con mis vecinos y mi comunidad.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Las empresas, agencias y organizaciones en Nantucket contribuyen y participan en hacer Nantucket un lugar mejor para vivir.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Todos los residentes tienen la oportunidad de contribuir y participar en hacer Nantucket un lugar mejor para vivir</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Creo que me estoy contribuyendo y participando en hacer Nantucket un lugar mejor para vivir.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>En general, estoy satisfecho con la calidad de vida en Nantucket.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nantucket Encuesta de Calidad de Vida 2015

*3. Piense en la comunidad ideal ... De la siguiente lista , ¿qué cree usted que son los TRES FACTORES MÁS IMPORTANTES que definen a un " COMUNIDAD SANA ? "

- | | |
|---|---|
| <input type="checkbox"/> El acceso a la ayuda médica | <input type="checkbox"/> bajo nivel de crimen/ vecindarios seguros |
| <input type="checkbox"/> El acceso a una alimentación saludable | <input type="checkbox"/> bajo nivel de la mortalidad y baja nivel de enfermedad |
| <input type="checkbox"/> Transporte público accesible | <input type="checkbox"/> Los bajos niveles de mortalidad infantil |
| <input type="checkbox"/> Vivienda asequible | <input type="checkbox"/> bajo nivel de abuso de menores |
| <input type="checkbox"/> Artes y eventos culturales | <input type="checkbox"/> Parques y recreación |
| <input type="checkbox"/> Ambiente limpio | <input type="checkbox"/> Valores religiosos y espirituales |
| <input type="checkbox"/> Los buenos trabajos y una economía sana | <input type="checkbox"/> La vida familiar fuerte |
| <input type="checkbox"/> Buenas carreteras / infraestructura | <input type="checkbox"/> Fuerte iniciativa |
| <input type="checkbox"/> Las buenas escuelas | <input type="checkbox"/> Fuerte sentido de comunidad |
| <input type="checkbox"/> Comportamientos y estilos de vida saludables | <input type="checkbox"/> Tolerancia a la diversidad |
| <input type="checkbox"/> Otros (especifique) | |

Nantucket Encuesta de Calidad de Vida 2015

*4. De la siguiente lista , ¿qué cree usted que son los tres problemas de salud más importantes en Nantucket ? (Esos problemas que tienen el mayor impacto en la salud en general comunidad.)

- | | | |
|--|--|---|
| <input type="checkbox"/> problemas de envejecimiento (artritis , caídas, pérdida de la visión/ audición , etc.) | <input type="checkbox"/> Medio ambiente (calidad del aire , el tráfico , el ruido del aeropuerto , la contaminación del aeropuerto, etc.) | <input type="checkbox"/> Lesiones de vehículos de motor |
| <input type="checkbox"/> El abuso de alcohol / adicción | <input type="checkbox"/> Juegos de azar | <input type="checkbox"/> Obesidad |
| <input type="checkbox"/> Asma | <input type="checkbox"/> Las enfermedades del corazón | <input type="checkbox"/> La mala alimentación / inactividad |
| <input type="checkbox"/> autismo | <input type="checkbox"/> La presión arterial alta | <input type="checkbox"/> Violación / asalto sexual |
| <input type="checkbox"/> cánceres | <input type="checkbox"/> El VIH / SIDA | <input type="checkbox"/> Respiratorio / enfermedad pulmonar |
| <input type="checkbox"/> El abuso infantil / negligencia | <input type="checkbox"/> Falta de vivienda | <input type="checkbox"/> Enfermedades de transmisión sexual |
| <input type="checkbox"/> crimen y la violencia | <input type="checkbox"/> Vivienda | <input type="checkbox"/> Fumar |
| <input type="checkbox"/> Problemas dentales | <input type="checkbox"/> Hambre / malnutrición | <input type="checkbox"/> suicidio |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> muerte infantil | <input type="checkbox"/> El embarazo adolescente |
| <input type="checkbox"/> la violencia domestica | <input type="checkbox"/> Las enfermedades infecciosas | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> El abuso de drogas / adicción | <input type="checkbox"/> Salud mental (ansiedad , depresión, etc.) | |
| <input type="checkbox"/> Educación (bajas tasas de graduación , la calidad de la educación , etc.) | <input type="checkbox"/> Aborto Involuntario | |
| <input type="checkbox"/> Otros (especifique) | | |

5. ¿Cómo calificaría Nantucket como una " Comunidad Saludable" ?

- Muy poco saludable insalubre saludable muy saludable

6. En comparación con hace tres años, ¿ como diría usted que su comunidad ha cambiado en general?

- La comunidad ha mejorado mucho
- La comunidad ha mejorado un poco
- La comunidad ha permanecido casi igual
- La comunidad ha disminuido un poco
- La comunidad ha disminuido mucho
- No sé o no estoy seguro

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7. Pensando en los próximos tres años, ¿ diría usted que su comunidad es probable que cambie?

- Esta comunidad mejorará mucho
- Esta comunidad mejorará alguno
- Esta comunidad se quedara sobre el mismo
- Esta comunidad se reducirá un poco
- Esta comunidad se reducirá mucho
- No sé o no estoy seguro

8. ¿Qué tan seguro diría usted que se siente en cada uno de los siguientes lugares?

	Muy seguro	algo seguro	algo inseguro	muy inseguro
a) En su casa durante el día	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) en su casa por la noche	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) El caminar en la comunidad durante el día	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) El caminar en la comunidad en la noche	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) En los parques, campos de juego, otras áreas recreativ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EL PROXIMO SET DE PREGUNTAS SE REFIEREN A SU INFORMACIÓN DEL HOGAR Y DEMOGRAFÍA .

9. ¿Nació en los Estados Unidos?

- Si
- No

10. En caso negativo, ¿Cuántos meses o años ha vivido en los Estados Unidos.?

meses

años

11. ¿Cuánto tiempo ha vivido en Nantucket? (omite esta pregunta si usted no vive en Nantucket)

meses

años

12. Mirando el mapa , en que vecindario vive usted ?



- | | |
|---------------------------------------|--|
| <input type="radio"/> Brant Point | <input type="radio"/> Wauwinet |
| <input type="radio"/> Eel Point | <input type="radio"/> usted no vive en Nantucket |
| <input type="radio"/> Madaket | |
| <input type="radio"/> Miacomet | |
| <input type="radio"/> Mid-Island | |
| <input type="radio"/> Monomoy | |
| <input type="radio"/> Pocomo | |
| <input type="radio"/> Polpis | |
| <input type="radio"/> Quidnet | |
| <input type="radio"/> Sconset | |
| <input type="radio"/> Surfside | |
| <input type="radio"/> Tom Nevers | |
| <input checked="" type="radio"/> Town | |

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13. ¿Cuánto tiempo ha vivido en ese vecindario? (omite esta pregunta si usted no vive en Nantucket)

meses

años

14.Cuál es su sexo?

- Masculino
- Femenino
- Otro/otra

15.Cuál es tu edad??

- menos de 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 o mas

16. ¿Cuál o cuáles de estos grupos diría usted que representa mejor su raza?

- raza blanca
- Negro o afroamericano
- indio Americano o Nativo de Alaska
- asiático
- Nativo de Hawai u otras islas del Pacífico
- Otro

17. Eres hispano o latino?

- Si
- No
- No se / no estoy seguro(a)

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18. ¿Cuál fue el grado o año mas alto de escuela que completó?

- Nunca asistí a la escuela o sólo asistí guardería
- Grados 1through 8 (Primaria)
- Grados 9-11 (Algunos estudios secundarios)
- Grado 12 o GED (Graduado de la escuela)
- Colegio 1 año a 3 años (Un poco de universidad o técnica)
- Universidad 4 años o más

19. ¿Usted es...?

- Casado o junto con una pareja
- Divorciado
- Viudo
- Separado
- Soltero(a) (Nunca se ha casado)

20. ¿Usted es...?

- Empleado por salarios o por hora
- Soy mi propio emple
- Sin trabajo por más de 1 año
- Sin trabajo por menos de 1 año
- Un ama de casa
- Un estudiante
- Jubilado
- Incapaz de trabajar

21. Cual es el ingreso anual de su hogar?

- | | |
|---|---|
| <input type="radio"/> Menos de \$10,000 | <input type="radio"/> \$75,000 A \$99,999 |
| <input type="radio"/> \$10,000 A \$24,999 | <input type="radio"/> \$100,000 A \$149,999 |
| <input type="radio"/> \$25,000 A \$49,999 | <input type="radio"/> \$150,000 o más |
| <input type="radio"/> \$50,000 A \$74,999 | <input type="radio"/> Prefiero no responder |

22. ¿Cuántos niños menores de 18 años viven en su hogar?

23. En general yo diría que mi salud es...

- Excelente
- Muy bueno(a)
- Bueno(a)
- Regular
- Pobre

24. En general yo diría que mi calidad de vida es...

- Excelente
- Muy bueno(a)
- Bueno (a)
- Regular
- Pobre

25. En general , ¿cómo calificaría su salud mental, incluyendo su estado de ánimo y su capacidad de pensar ?

- Excelente
- Muy bueno (a)
- Bueno (a)
- Regular
- Pobre

26. En general , ¿cómo calificaría su salud física?

- Excelente
- Muy bueno (a)
- Bueno (a)
- Regular
- Pobre

Alimento y refugio adecuado son dos de los elementos más importantes que influyen en la salud y el bienestar. Las siguientes preguntas a continuación piden específicamente sobre la estabilidad del alimento y refugio en la vida de uno .

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27. En el último año , ¿se ha preocupado por quedarse sin alimentos antes de poder comprar más ?

- Si
 No

28. En el año pasado, la comida que a comprado no le a durado lo suficiente y no a podía comprar más ?

- Si
 No

29. ¿Cuál es tu tipo de vivienda? (elige uno)

- Mi propia casa
 Alquilo casa
 Programa Residencial / dormitorio
 Albergue
 Hotel
 Calle o vehículo
 Estoy viviendo con un amigo o familiar

30. ¿Con cuántas personas vive actualmente?

Numero de personas

31. ¿Le preocupa que en los próximos 2 meses puede que no tenga una vivienda estable en que usted es el dueño, o un lugar donde puedes alquilar, o un lugar donde usted puede quedarse?

- Si
 No

32. En los últimos 12 meses ¿ha apostado (esto incluye las apuestas en la lotería, bingo, eventos deportivos, juegos de casino, tarjetas, o los de carreras) más de lo usted a previsto?

- Si
 No
 No, nunca he apostado

33. ¿Dónde encuentra lo que está sucediendo en Nantucket? (Marque todo lo que corresponda)

- Periódico local
- Estación de cable local
- Vecinos, familiares o amigos
- Escuelas
- La pagina de el web de la ciudad, boletines de noticias o las redes sociales (como Facebook o Twitter)
- La pagina de el web de la organizativo, boletines de noticias o las redes sociales (como Facebook o Twitter)
- Lugar de encuentro religioso
- Sitio de recreación
- Otro (especifique)

34. En qué idioma prefiere recibir información?

- Inglés
- Español
- Portugués
- árabe
- Otro (especifique)

36. Por favor sientase libre de compartir pensamiento adicionales en el espacio proporcionado

Gracias por completar esta encuesta!

Para obtener más información sobre esta encuesta o cómo participar en las futuras reuniones de la comunidad por favor póngase en contacto con Jason Graziadei (JGraziadei@partners.org).