

# Inter-Island Public Health Excellence Collaborative Meeting Minutes



Date: Wednesday, February 11, 2026

Time: 2-4PM

Location: Virtual

Join Zoom Meeting: <https://us06web.zoom.us/j/82562814239?jst=2>

Meeting ID: 825 6281 4239

### Voting members present:

- Alexa Arieta, Health Agent (Oak Bluffs) - Y
- Marina Lent, Health Agent (Aquinnah) - Y
- Jerico Mele, Human Services Director (Nantucket) - Y
- Anna McCaffrey, Health Agent (Chilmark) - Y
- Sarah Toste, Assistant Health Agent (West Tisbury) - Y
- Brice Boutot, Health Agent (Edgartown) - Y
- Drew Belsky, Health Agent (Tisbury) - Y
- Stewart Young, Finance Committee Chairman (Gosnold) - N

### Non-voting members present:

- Caitlyn Winders, Shared Services Coordinator, BME Strategies
- Martina Thorton, County Manager, Dukes County
- Lea Hamner, Epidemiologist, Barnstable County
- Betsy Vanlandingham, Public Health Nurse, Dukes County
- Stephanie Barth, Epidemiologist, Visiting Nurses Association of Cape Cod

Anna McCaffrey called the meeting to order. Alexa Arieta seconded.

6/8 voting communities present, quorum met.

### **Attendance Roll Call**

Aquinnah: N

Chilmark: Y

Edgartown: Y

Gosnold: N

Oak Bluffs: Y

Nantucket: Y

Tisbury: Y

West Tisbury: Y

**The meeting was called to order at 2:15PM.**

***Administrative***

*Approval of 1/30/26 Minutes*

Alexa motioned to approve the minutes. Jerico Mele seconded.

Aquinnah: Not present

Chilmark: Y

Edgartown: Abstention

Gosnold: Not present

Oak Bluffs: Y

Nantucket: Y

Tisbury: Y

West Tisbury: Y

*Communications Round-Up*

The Advisory Board discussed the dissemination of the TickFreeMV drone survey flyer. A representative indicated that the Select Boards had granted authorization, yet confirmation of launch sites was still pending. Another shared that police departments had already posted the flyer but expressed reservations regarding the potential for increased oversight concerning drone operations. A proposal was made to utilize the county website for posting the information, but this was countered by pointing out that prior outreach had already engaged the Select Boards and property owners. A primary concern was the tendency of the public to focus only on the headline and preferences for posting the information with a degree of redundancy were expressed. An argument was made for posting it to draw attention to a specific organization's involvement. Confirmation of a prior conversation with the organization was provided. An inquiry was made about the Select Board approval status, and it was confirmed that TickFreeMV had principally managed this and that all towns had granted permission. It was underscored that the crucial matter is the public notification regarding the scheduled work (a progression from west to east across the island), with the press release serving as a courtesy.

The Alpha-gal Syndrome Support Group has created and distributed an advertising flyer, which is also posted on their website, and is exploring collaboration with the Visiting Nurse Association (VNA) for broader outreach. Discussion included the need for a virtual support group, especially to serve Nantucket. While

current bandwidth limits immediate launch, the option is being explored, with the VNA championed as a key partner. The existing, evidence-informed Martha's Vineyard support group on Facebook was noted. It was determined that prioritizing a fully virtual option, potentially integrated into a Nantucket/VNA grant agreement, would be more effective than a hybrid model and would benefit the wider island communities. The support group, initially a Public Health Nursing (PHN)-led scientific resource, is expected to continue growing, with the VNA under a new contract as a potential administrator. A follow-up meeting with stakeholders is planned to coordinate the virtual launch, and historical resources will be shared.

#### *OLRH & Approval of Spend-Down Activities*

The SSC shared that IIPHEC has received informal approval for all three activities, including PHN support, yard surveys, and hardware procurement, from OLRH. The group is awaiting formal written approval on the spend and the budget modification that was made to move funds from SSC & Other Public Health Staff line items to the Consultant line item to pay for the PHN support and yard survey support for Nantucket.

#### *Local Health Summer Internship Program Update*

The SSC shared that the intern program welcomed both applications and that both applications were submitted last Friday ahead of the deadline. As of this meeting, the SSC was still awaiting word from OLRH as to whether or not both applications had been accepted by the LHIP.

#### *Local Health Summer Internship Logistics Discussion*

The proposed hybrid, three-month internship program will require 14.5 hours per week, with in-person work on Mondays and remote work on Tuesdays, plus required attendance at bi-weekly IIPHEC Advisory Board meetings on Wednesdays. While in-person locations in Edgartown and Oak Bluffs are being explored, the consensus favors a largely remote structure with optional in-person time for key meetings, acknowledging that a previous virtual design still provided valuable exposure. The MCH intern will receive support in connecting with community partners, including potential home visits and shadowing with MCH personnel, pending further Advisory Board discussion. Applications are set to open in mid-February, close approximately one month later, with decisions in mid-April and a start date in early June. Both the Grants/Communications and MCH interns will receive dedicated supervision, including a weekly half-hour check-in with a designated staff member/MCH personnel and an Advisory Board member.

#### *Training & Credentialing Survey Data Review*

The SSC provided an overview of the data collected by the Training & Credentialing survey issued to participating IIPHEC towns in the months of December and January. The data indicated that a number of participating LHD staff need access to the trainings needed to adhere to workforce standards. The SSC will

work closely with the staff who have not completed trainings to get access to trainings as necessary and will present options for professional development plans at the next Advisory Board meeting.

### ***Q2 Expenditure Report***

The SSC shared the spend of PHE funds under IIPHEC that occurred during Q2 of the fiscal year, which can be seen below:

- Epidemiologist - \$24,169.60
- Health Inspector - \$20,451.36
- Consultant - \$24,600
- Fringe Benefits - \$7,630.98
- Health Communications - \$1,196.97
- Membership Fees - \$525
- Travel - \$3,088.72
- Technology Software - \$12,870
- Training/Credentialing - \$110

### ***Rural Health Transformation Grant Collaborative Opportunity***

A preliminary introductory meeting was held by the Martha's Vineyard Hospital regarding a state grant for rural health transformation for which the hospital is applying. The grant application is anticipated to open soon and is time-sensitive, requiring "shovel-ready" projects with all funds allocated by September. The hospital is seeking input from various community groups to identify common priority issues that can be addressed collaboratively. Participants were asked to return at the next meeting with potential projects. The funding, estimated at \$162 million for Massachusetts, comes from the federal government through the state, and the region is well-positioned to receive a portion. The Request for Proposals (RFP) has not yet been released, but the application is expected by next month, with a deadline by May, for distribution by September. The grant is recurring, and while the current round focuses on immediate needs, the application is also aligned with longer-term goals focusing on technology, workforce, and partnership to improve overall healthcare access. Each organization can propose up to seven projects fitting the eligible categories. Suggestions for quick-turnaround projects including supplementing the Visiting Nurse Association (VNA)'s remote blood pressure monitoring program for the uninsured/underinsured, which addresses chronic heart disease as a top condition. Other ideas mentioned were a revolving fund for vaccines, such as childhood vaccines prior to school opening, or addressing case management issues. Longer-term goals related to workforce shortages and social isolation were also noted for future grant rounds. The hospital requested that IIPHEC provide any program proposals via their form by February 17.

### ***FPHS Results Reorientation***

The SSC provided a high-level overview of what the Foundational Public Health Services are and highlighted one foundational area (maternal, child, and family health) and one foundational capability (community partnership development) as being particularly well-aligned with IIPHEC's FY2026 workplan objectives. Prior to the Advisory Board meeting, the SSC had worked with members of the Advisory Board to begin to complete the OLRH-provided partnership mapping template, which will serve as the basis for understanding what organizations are engaging in MCFH work within the IIPHEC region. The SSC asked the Advisory Board to review the draft of the template between now and the next meeting and add organizations that they believe are missing.

### ***Adjournment***

Drew Belsky motioned to adjourn the meeting. Marina Lent seconded.

Aquinnah: Y

Chilmark: Y

Edgartown: Y

Gosnold: Not present

Oak Bluffs: Not present

Nantucket: Not present

Tisbury: Y

West Tisbury: Y

The meeting was adjourned at 4:03PM.

### **Documents Referenced:**

- 2.11.26 IIPHEC Advisory Board Meeting Deck
- 1.30.26 IIPHEC Advisory Board Meeting Minutes
- TickFreeMV Drone Survey Flyer
- AGS Support Group Flyer
- IIPHEC Training & Credentialing Survey
- RHTP MVH Program Proposal Form
- MCFH IIPHEC Partner Mapping Template