HEALTH CARE ADVISORY BOARD

Meeting Summary
May 10, 2010

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Dave West
Ellyn Crawford
Francine Jupiter
J. Martin Lebowitz, MD
Rosanne Rodilosso
Timothy Yarboro, MD
Susan Conrad

STAFF
Sherryn Craig

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Marie Custode, Health Department
Jennifer Siciliano, Inova

Marlene Blum called the meeting to order at 7:43 p.m.

Approval of the Minutes

The minutes from the March 10, 2010 HCAB meeting were accepted as submitted.

HCAB Membership Roster

The most recent HCAB membership roster was circulated. Changes to individuals' contact information should be provided to Sherryn Craig. A revised copy will be distributed at the June HCAB meeting.

HCAB Nominating Committee

Francine Jupiter, Ellyn Crawford, and Dave West have agreed to be on the nominating committee for the upcoming HCAB election of officers. Ms. Jupiter will be the Chair. The slate of candidates will be presented at the June 14th meeting, at which time, elections will be held.

Report Out on Medically Underserved Designations

Bill Finerfrock reported on three types of medically underserved designations available to jurisdictions.

(1) Medically Underserved Areas (MUA) – A geographic area where individuals seek health care.
(2) Medically Underserved Population (MUP) – A discrete population that demonstrates unequal or disparate access to health care. Examples of MUPs include non-English speaking individuals, Medicaid beneficiaries, etc.
(3) Governor's Designation – Uses reasonable criteria to designate an area as medically underserved. Political factors can influence this process. In the past, the Federal Government has been flexible in recognizing areas that governors would like to designate as medically underserved.

A related designation is the Health Professional Shortage Area (HPSA). HPSAs must demonstrate a shortage of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

The scoring process for the Governor's Designation is determined by a point value, which measures a community's health status and key demographic factors. The lower the score, the higher the probability of being designated an MUA or MUP.

Eligibility to become a Federally Qualified Health Center (FQHC) is predicated on receiving one of the three designations. An FQHC Look-Alike meets all the FQHC criteria; however instead of receiving a grant, funding is structured as a reimbursement.

In speaking with Mary Wakefield, Mr. Finerfrock said that Fairfax's application was never reviewed at the federal level. Rosalyn Foroobar stated that the first time the County submitted its application for a Governor's Designation, it was denied. Subsequently, the County addressed concerns regarding a linguistic shortage and resubmitted.

Mr. Finerfrock reported that the federal government will be revamping the process used to determine MUAs and MUPs. A 25 member rule making committee will be impanelled to review and make recommendations. Mr. Finerfrock suggested that the County should engage in the review process and provide comment on the criteria/characteristics being considered. Fairfax's participation may enhance its chances for MUA/MUP eligibility in the future.

Community Health Care Network Update

Rose Chu outlined the key provisions of the Patient Protection and Affordable Care Act. The new law will expand Medicaid for those with incomes less than 133% of the Federal Poverty Level (FPL) by 2014. Adults without dependent children are not currently eligible in Virginia and the income eligibility is 29% of FPL for adults with dependent children. Ms. Chu stated that by 2014, a portion of CHCN's patient base would be withdrawn.

Mr. Finerfrock noted the $11 billion allocated for community health centers and new start expansions.

According to Ms. Chu, the law will also allow for premium and cost-sharing subsidies for families 133-400% of FPL and penalties for the uninsured (phased-in $95 to $695 of 2.5% income in 2016).

There was some discussion about whether Fairfax County has been penalized because of the investments it has made in health care.

The discussion concluded with a recommendation by Marlene Blum. She suggested that the HCAB prepare a memo recommending that the Health Department, and if necessary, the Board of Supervisors, review the legislation and determine how it might affect the County and how Fairfax can influence the regulations to assist populations that have difficulty accessing health care. Ms. Blum said that she, Mr. Finerfrock, and Ms. Chu would draft a memo, or an outline of a memo, and distribute it to the HCAB for consideration at the June 14 meeting. HCAB members agreed to the recommendation.

FY 2011 Adopted Budget

Ms. Blum provided an update on the FY 2011 budget. The Health Department's proposal, including program cuts and position requests, was approved. The BOS also restored some human services funding, including emergency mental health services.

The BOS restored several programs in the Department of Fire and Rescue's Division of Emergency Medical Services (EMS) budget, including the BLS transport units' hours of operation, the Hazardous Materials Support Unit, and the Seventh Fire and Rescue Battalion. However, one Uniformed Fire Officer (UFO) was not reinstated.

The BOS fully funded the Priority 1 requirements of the Affordable Housing Blueprint and recommended that the Capital Improvement Plan (CIP) include long-term financing for capital projects at Lincolnia. CIP projects, because they fall outside the budget process, can be subject to referendum.

The BOS made a separate motion regarding budget guidance for FY 2011 and FY 2012. Of particular note, was the concept of community schools:

> "The Board of Supervisors would like to seriously explore opportunities to build community schools, where appropriate, to maximize both capital construction efficiencies and service delivery efficiencies in those areas where the County finds itself not only erecting, or renovating a school site, but also having non-profit or public service delivery by the Department of Neighborhood and Community Services, Health Department, Park Authority, Department of Housing and Community Development, or other relevant agencies requiring separate locations. Additionally, we encourage the County human services system, in collaboration with FCPS, to develop and test a pilot community-based service model with schools as the hub of the community and focal point for early identification of children and families in need of services and linkage to appropriate services."

Ms. Blum also reported that the issue of Air Quality Monitoring by the state was referred to the BOS' Legislative Committee.

Dr. Gloria reported that the nine positions approved in the FY 2011 budget will be organized into the Division of Community Health Development and Preparedness. A presentation will be scheduled for a future meeting.

As part of the BOS' FY 2012 guidance, Ms. Foroobar reported that the Health Department will be looking at ways to restructure, consolidate, and/or outsource its Adult Day Health Care (ADHC) program. The Health Department will keep the HCAB advised as more details become available.

Fairfax Hospital Expansion Update

Supervisor Smyth has asked the Department of Planning and Zoning (DPZ), along with the Health Department and the Community Services Board (CSB), to submit language that would amend the Comprehensive Plan. The language would allow for community input when proposed changes to the Comprehensive Plan would impact health care and/or mental health services. The Comprehensive Plan is not a zoning document; it is a planning document that deals with land use issues for the entire County. When changes are made to the Comprehensive Plan, the local community has the opportunity to comment. However, there is no mechanism for input for people concerned about health care or mental health issues, nor an opportunity to inform the land use planning process about anticipated future medical or mental health needs. This change will allow the HCAB to formally participate and comment on the capital improvements proposed by Inova Health System.

Mobilizing for Action through Planning & Partnerships (MAPP)

Marie Custode has joined the Health Department as its new Strategic Planner. She provided an overview of the Mobilizing for Action through Planning and Partnerships (MAPP) process.

The Partnership for a Healthier Fairfax is a coalition that was created to implement the MAPP Initiative. Lavern Chatman, of the Northern Virginia Urban League, and Julie Knight, of Northern Virginia Family Service, are Partnership co-chairs.

MAPP is a community-wide strategic planning framework for improving public health. It helps communities prioritize their public health issues, identify resources for addressing them and taking action. MAPP was developed in 2001 by the National Association for City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Since then, about 700 local health departments and other organizations have utilized the MAPP process.

MAPP represents a paradigm shift in public health planning that incorporates strategic thinking – allowing the community to be proactive versus reactive. MAPP also recognizes that public health is provided by more than just the local health department. Other organizations such as hospitals, businesses, faith organizations, and community-based organizations play a critical role in assuring the public's health.

The MAPP Strategic Planning Model includes several distinct phases. Fairfax has initiated this process and expects to complete the action cycle in 18 months.

Phase 1: Organize for Success and Partnership Development – Identify participants, begin organizing and designing the process.

Phase 2: Visioning - Develop a vision and values statements.

There was a kick-off meeting at the beginning of February that focused on vision and values.

Full coalition meetings will be held quarterly, with the next scheduled for May 20. Fairfax will begin Phase 3 at this time.

Phase 3: Assessment – Conduct four community assessments. Fairfax has formed subcommittees to facilitate the completion of each assessment. The four MAPP Assessments are:

> **Local Public Health System Assessment -** A national standardized instrument that focuses on all of the organizations and entities that contribute to the public's health. It answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the 10 Essential Public Health Services being provided to our community?" This assessment is often done independent of the MAPP process. Fairfax completed this assessment in November 2008. The results will be reviewed with the full coalition at the next meeting.
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> **Forces of Change -** Identifies forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. It answers the questions: "What is occurring or might occur that will affect the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Bill Finerfrock and Jen Siciliano are co-chairing this subcommittee, which convenes immediately and is expected to finish by summer's end.
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> **Community Themes and Strengths -** Aims to understand how communities perceive their health and quality of life, and identify community resources and assets. It answers the questions: "What is important to our community?" and "What assets do we have that can be used to improve community health?" Marlene Blum is chairing this subcommittee, which is expected to begin its work late July/early August and finish up at the end of the year.
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> **Community Health Status Assessment –** Compiles data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health. It answers the questions: "How healthy are our residents?" and "What does the health status of our community look like?" PJ Maddox from GMU will be chairing this subcommittee, which is expected to work from September to March 2011 to develop a community health profile.

Phase 4: Identification of Strategic Issues - Uses the information from the four assessments to determine the strategic issues the community must address in order to reach the vision.

Phase 5: Formulate Goals and Strategies – Specifies goals for each of the strategic issues identified and developing a community health improvement plan.

Phase 6: Action Cycle - Includes planning, implementation, and evaluation of the community's strategic plan.

Marie presented the community-focused graphic, "MAPP – Your Community Roadmap to Health," with a road through the community leading to the outcome of a healthier community. MAPP can help communities figure out where they want to go, how to get there, and who needs to be a part of the journey. The success of MAPP relies on participation from a wide range of individuals, groups, and constituencies in the community. Different points of view lead to better framing of the issues and more creative solutions. When the community drives the process, the process has credibility, ensures ownership and creates sustainability over time.

Another key to MAPP is that it focuses on the entire local public health system (LPHS). Marie displayed the "jelly bean" slide, which depicts the complexity of the public health system and examples of organizations and groups that comprise the network. The LPHS includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to public health services. No organization singularly provides public health services in a community - all entities make important contributions in the local public health system. Improving health is a shared responsibility not only of health care providers, and public health officials, but also a variety of other actors in the community who contribute to the well-being of individuals and populations.

The Partnership for a Healthier Fairfax currently has over 80 individuals representing over 50 different communities, groups or organizations. Marie said that the Partnership is continuing to outreach to the LPHS.

Marie concluded her presentation with MAPP's benefits:

- Creating a healthy community and better quality of life.
- Increasing visibility of public health within the community.
- Creating advocates for public health.
- Creating a stronger public health infrastructure through stronger partnerships among all entities within the public health system.

NACCHO has a variety of materials and resources for communities using MAPP. The Fairfax County MAPP webpage has additional information about the Fairfax County MAPP process, and the Partnership will be posting new information throughout the process. Additionally, there is a link to send an email to the Partnership if anyone has questions or wants to provide input.

School Health Update

Rosalyn Foroobar provided an update on the implementation of the School Health Study Strategic Plan Recommendations:

> *Strategic Recommendation 1: Strengthen the partnership between Fairfax County Public Schools (FCPS) and Fairfax County Health Department (FCHD) by developing a program or strategic collaboration to optimize service delivery and coordination of school based health and related services*
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> Ms. Foroobar reported that the Memorandum of Agreement (MOA) is expected to be signed and completed by July 2010. A communications plan will be submitted to FCPS and FCHD by August 2010. FCPS and FCHD will also pilot school assignments by cluster in Clusters IV (Hayfield, Mount Vernon, West Potomac) and VIII (Oakton, South Lakes, Westfield) for SY 10-11. Data will be closely monitored and adjustments made as needed. The intent is to expand the pilot to Cluster II (Falls Church, Madison, Marshall) and VI (Lake Braddock, Robinson, West Springfield) by SY 11-12.
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> *Strategic Recommendation 2: Reaffirm School Health program mission and scope aligning programs and service delivery to support all School Health program functions*
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> The Clinic Room Aide (CRA) and Clinic titles were re-identified as School Health Aide (SHA) and School Health Room. The costs to change documents and signage were incurred at minimal cost. An implementation team is also working to revise the Health Department School Nurse Report (HDSNR) to ensure accurate data collection and minimize duplication.
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> *Strategic Recommendation 3: Match deployment of School Health program resources to school and children's health needs to improve program efficiencies and overall effectiveness of School Health program*
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> Ms. Foroobar reported that a school-based acuity system was currently in development and would be used in the SY 10-11 Cluster pilot. There have also been discussions on technology and data needs. FCPS has agreed to purchase laptops for all existing School Health positions.
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> *Strategic Recommendation 4: Enhanced support for effective School Health Program management and operations including use of interdisciplinary Total Quality Improvement programs to investigate issues and opportunities for improvement*

Ms. Foroobar discussed staffing. The BOS approved one new School Health (SH) Public Health Nurse (PHN) position for FY 2011. The Health Department will request three new SH PHN positions in FY 2012 in addition to one School Health Aide.

Ms. Blum was grateful that the Health Department and the FCPS have been able to implement the School Health Study Recommendations, despite the downturn in the economy.

Mr. Finerfrock concluded that the Committee focused its efforts on reforming processes that did not necessarily cost a lot of money, but would enhance the efficiency of the overall system.

Cancer Plan Action Coalition (CPAC) Northern Virginia Regional Forum Meeting

Francine Jupiter and Marlene Blum attended the Cancer Plan Advisory Coalition(CPAC) Northern Virginia Regional Forum meeting on May 6. The purpose of the forum is to address the burden of cancer on families and the community.

Jim Martin, PhD with the Virginia Cancer Registry presented on data collection and cancer registries. Ms. Jupiter said that the explanatory power of cancer registries is limited.. For example, based on registry data, the Hispanic community has a lower incidence of cancer. Researchers do not know why, but speculate that the Northern Virginia Hispanic population has a younger age distribution than the population distribution as a whole. Defining subpopulations is critical when interpreting registry data. Dr. Martin reminded forum participants that "Statistical significance is a numerical construct, not a medical or clinical reality."

George Barker discussed the state's legislative initiatives regarding cancer prevention, including the restaurant smoking ban and the Human Papillomavirus (HPV) vaccine.

William Hazel, MD reviewed health care reform. According to Ms. Jupiter, Dr. Hazel reported that the state is expecting a shortage of primary care providers in addition to an extra 300,000 individuals enrolled in Medicaid. Ms. Jupiter said that the state has decided not to sign on to the high risk pool option included in the legislation.

Diane Cole discussed the fragmentation of cancer care and the difficulty patients have, especially those who are entering the system for the first time, in navigating their health care and treatment options.

Copies of forum presentations are online at http://www.virginiacpac.org/pages/forum.html.

Other Business

The Community Health Care Network's (CHCN) 20th Anniversary Celebration is May 25, 2010.

There being no further business, the meeting adjourned at 9:38 pm.