

**MAPP Subcommittee – Meeting Minutes
Community Health Status Assessment**

**October 6, 2010
Conference Room 3**

Members Present: Dr. P.J. Maddox, *Chair*
 • Maura Ardike • Anne Cahill • Tom Crow • Gary Lupton • Anne Rieger • Dr. Maria Schaart
 • Maureen Renault • Dr. Peter Troell • Greg White • Ann Zuvekas
Staff:
 • Sherryn Craig • Marie Custode • Amanda Turowski

Agenda Item	Discussion Highlights (decisions recommendations)	Assignments	Responsible Person (s)	Due Date
Objectives	<ul style="list-style-type: none"> The primary objectives for this meeting were to review the indicators for which we have data and identify data sources that are still outstanding. 			
Questions	<ul style="list-style-type: none"> How are military veterans fairing in the community and can we find information about this as well as information on brain injury, wounded veterans, and other information pertaining to mental health? 	Jim Thur with Wounded Warriors may have this information.	P.J. Maddox	12/03
Data Book	<ul style="list-style-type: none"> The Data book is currently in an informal ‘understandable format’. There was limited difficulty in retrieving and gathering the data from the county demographics, ACS, Claratis System. Reference information at the end of the book shows data in various formats. Information is presented by health districts – Fairfax County is Health District 8. Color Maps can be requested from Dr. Maddox. 	Summary indicating number and category of health planning zone, HMO region, health	P.J. Maddox	12/03

	<ul style="list-style-type: none"> • Socioeconomic data include some from Loudoun County but that can be excluded in the final report. • Pregnancy and birth data does not include infant health tables and maps. • Infant and perinatal data are available in maps and include post birth health data, cause of death, and information such as location and race. • Resident death data is any death or health condition (that caused death). • Mental health includes suicide data. • More data will be provided in two weeks. 	services plan, health district, medical examiner district.		
CHSA Indicator: Demographics	<ul style="list-style-type: none"> • It should be noted that the socioeconomic data is not in the book, but there is a sub racial breakdown. • Information on socially isolated households is also not in the Data Book. • The book is also missing information on the number of children on free or reduced lunch programs. 			
CHSA Indicator: Health Resources	<ul style="list-style-type: none"> • Awaiting data on licensed health professionals . • Data for Licensed health professionals may be grouped into “Northern Virginia” category and not Fairfax County. • Per the Steering Committee’s suggestion, the group agreed to consider data on Physicians Assistants,. • Data are missing for the mental health professionals who are licensed; Board of Health Professionals may not be able to provide information on a county level or regional level (it may be state wide). • Information on health care services, facilities, and resources should be available atthe next meeting. • The availability of hospital discharge data based on ambulatory conditions is still being considered reviewed. • Additional data on emergency use will be added (to highlight the use of the emergency room for non emergency health care). • The group was unsure about the utilization of data regarding patient mental health; its use will depend on the data. • Adult long term number of licensed beds will come from HSA data. 	Long term Care data source – contact for better information	Anne Cahill	12/03

	<ul style="list-style-type: none"> • Ambulatory and day services information has been more difficult to find. • Group is still looking for ‘other’ residential facility information. • A request has been put in for data regarding county run senior centers and adult day cares. • A request for aging data has been put into the Area Agency on Aging. • The group decided they want to know the volume not use rate. 			
CHSA Indicator: Quality of Life	<ul style="list-style-type: none"> • Fairfax Youth Survey will be used to provide information on youth. • Limited data on health and wellness of children and adults. • BRFSS may have information on perceived health status. • The number of children who use non school programs (community centers) may be available through the Neighborhood and Community Services Department. • Family Resources may have information about subsidized childcare. • Abuse and crime data has been requested from the Police. 	Use of non school programs – talk to Pat Harrison Abuse and Crime Data	P.J. Maddox	12/03 12/03
CHSA Indicator: Environmental health	<ul style="list-style-type: none"> • Environmental health data will come from Tom Crow at the health Department. 	Environmental health Data	Tom Crow	12/03
CHSA Indicator: Health Status, Social and Mental Health Status	<ul style="list-style-type: none"> • Most information is being reported from BRFSS. • No information about dementia and Alzheimer’s is currently included (as it is not tracked regularly) but will be put into the report. • Cognitive abilities will be added from ACS. • Alcohol and substance abuse information from the youth survey will be included, but information from adults is lacking. • Health status information will come from NACCHO; the subsection has been changed based on the available data. • Risk factors for premature chronic disease data will be coming from the youth survey, but the group is still looking for the information for adults. • Information from obesity will be in the general report. • Asthma data will be rolling into the ‘lower respiratory diseases’, but the group is still looking for more information. • Pediatric asthma is available from the school system. • School health related data such as Physical Education classes; children 			

	<p>physical fitness data is available from a physical fitness plan.</p> <ul style="list-style-type: none"> • BRFSS may provide information on high blood pressure/hypertensive disease. • Smoking data for youth will come from the Youth Survey. • The state does have a report on adult smokeless tobacco use; BRFSS does not have good data on this. • 			
CHSA Indicator: Leading causes of death	<ul style="list-style-type: none"> • Will be using best available data. • Information on birth defects and infant mortality will be in this section. 			12/03
CHSA Indicator: Communicable Diseases	<ul style="list-style-type: none"> • Information is being collected and the report will be provided by Dr. Troell. • There is a problem in finding data in regards to two year olds receiving vaccines. • There is a lag in data and problems with how to collect the least biased information on Lyme disease and rabies. 		Dr. Troell	12/03
Final Report	<ul style="list-style-type: none"> • The report will be broken down my indicators. • Groups will be formed to create sections. • The sections will be put together. • When creating report keep in mind to start with the ‘most important take home message’ and then go into detail. 	<p>EMS services/utilization</p> <p>Hospital and LTC infrastructure/utilization</p> <p>ED infrastructure/utilization; safety net provider community</p> <p>Community MH infrastructure/u</p>	<p>Maura Ardike</p> <p>Dean Montgomery</p> <p>Anne Rieger/Ann Zuvekas</p> <p>Gary Lupton</p>	<p>12/03</p> <p>12/03</p> <p>12/03</p>

		tilization		
		Maternal/Child health	Dr. Lindley	
		Health of the Aged	Sherryn Craig	
		Insurance coverage/primary care	Ann Zuvekas	
		Leading causes of death	Dr. Konigsberg	
		Socioeconomics of health in the county	Ann Zuvekas	
		Demographics, socioeconomic in county	Anne Cahill	
		Health/wellness promotion; disease prevention	Dr. Schaart	
		Environmental Health	Tom Crow	
		Communicable diseases	Dr. Troell	
		County housing/homel	Sherryn Craig/Greg White	

		essness	Greg White	
Conclusions	<ul style="list-style-type: none"> • Data is due in two weeks. • The first week in December the group will have a rough draft of the report. 	Quality of Life		