

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

**November 17, 2010  
9:00 – 11:00 AM  
Conference Room 1**

Members Present: Dr. P.J. Maddox, *Chair*

- Maura Ardike      • Anne Cahill      • Dr. Charles Konigsberg      • Gary Lupton
- Dr. Peter Troell      • Ann Zuvekas      • Greg White      • Maureen Renault

**Staff:**

- Sherryn Craig      • Marie Custode      • Amanda Turowski

| Agenda Item               | Discussion Highlights (decisions recommendations)  | Assignments | Responsible Person (s) | Due Date |
|---------------------------|--|-------------|------------------------|----------|
| <b>Objectives</b>         | <ul style="list-style-type: none"> <li>• Primary objective of this meeting was to check in and discuss any concerns regarding data and what the important issues for each subsection are.</li> <li>• The main points for discussion about the data will include:               <ul style="list-style-type: none"> <li>I. A general idea of the data reviewed</li> <li>II. Three things that are most important about the data</li> <li>III. Important take home messages/implications of observations</li> </ul> </li> <li>• The purpose of this subcommittee is to create a report highlighting the health status of the Fairfax Community to provide information for the county’s strategic plan.</li> <li>• The indicator list will be used as a guide to obtain and populate data to inform the Fairfax CHSA Report.</li> <li>• Agree upon meeting ground rules/expectations.</li> </ul> |             |                        |          |
| <b>Questions</b>          | <ul style="list-style-type: none"> <li>• If the data we are using is not from the data pack should we include it?<br/>Yes if you are using data that is not from the data pack it needs to be included in the data log, and should be sent to Marie, Sherryn, or P.J, so that we know the data sources being used are credible and reproducible in the future.</li> </ul>  |             |                        |          |
| <b>General Discussion</b> | <ul style="list-style-type: none"> <li>• Federal government has a new data bank which does not have data for Fairfax County yet, but may have available data for ‘comparison communities’ which are</li> </ul>   |             |                        |          |

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|   | <p>demographically and economically similar. These communities can be used as a point of reference for our community.</p> <ul style="list-style-type: none"> <li>• The Department of Neighborhood and Community Services demographics unit will be providing maps and graphs for the final report.</li> <li>• People feel that this is overall a healthy community and therefore, there is difficulty qualifying for federal funding for programs, specifically for a Federally Qualified Health Center.</li> <li>•</li> </ul>  |                                      |   |                              |
| <b>Dr. Troell<br/>Communicable<br/>disease data</b> | <ul style="list-style-type: none"> <li>• Information on 2 year olds and vaccinations is still in progress.</li> <li>• Pertusis may be the indicator used for vaccine preventable diseases.</li> <li>• Food borne illnesses may be looked at in a general category instead of focusing in on individual pathogens.</li> <li>• TB has very accurate data and is very high among 25-44 year olds in Fairfax County.</li> <li>• 2009 data is available for HIV/AIDS - the cases have gone up, but this may be based on the outreach and increase in tests being performed.</li> <li>• Other STD's which may be looked at could include Chlamydia (as there is not much information on Gonorrhea).</li> <li>• Animal rabies may be reported on.</li> <li>• PEP (post exposure prophylaxis) for rabies exposures may be reported on as there has been an increase in people exposed.</li> <li>• Lyme Disease is on the rise. Based on new vector surveillance information, maps can be provided.</li> <li>• The question was raised about influenza not being present in the report and if residents and the public would question why it was missing, especially after the public health conundrum it created this year.</li> <li>• The answer to the influenza qualm was that it can be reported why the group choose not to use it as an indicator (ex. lack of accurate data).</li> </ul> |                                      |   |                              |
| <b>Anne Cahill<br/>Demographic<br/>Trends</b>       | <ul style="list-style-type: none"> <li>• There has been an increase in the population of seniors and it is expected that this population will continue to grow over the next 20 years, as a percentage of the overall population.</li> <li>• Looking forward to the future, based on this population growth it can be expected that there will need to be increased funding to senior programs.</li> <li>• It is also important to note that there is also a growing population of youth, so that resources cannot just be shifted from programming for the young to older adults.</li> </ul>   | Homeless data<br><br>Context Section | Anne C. will provide to Ann Z.<br><br>Ann will write. | 12/8<br><br>For final report |

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|  | <ul style="list-style-type: none"> <li>• Fairfax/Falls Church has become an immigrant gateway. Asians make up ½ of the immigrant population in Fairfax County (while nationally they only make up 1/4).</li> <li>• Fairfax does not have many Mexicans, but it does have a large immigrant population from Central and South America.</li> <li>• ACS shows that 1/3 of the new population to the area are immigrants.</li> <li>• The immigrant population in the area is very diverse, the largest immigrant group comes from El Salvador, but only makes up 10% of the immigrant population, followed by Indians (which are the fastest growing group) and Koreans. The top seven immigrant groups do not even account for ½ the immigrant population.</li> <li>• Immigrant population has groups which are both highly educated and under- or un-educated. The implications this has on the health system are mostly cultural.</li> <li>• Fairfax County is one of the wealthiest areas in the country but has seen a 33% increase in the amount of people below poverty in the last nine years (up from 40,000 in 2000 to 58,000 in 2009 – in Washington DC 108,000 people live below the poverty line).</li> <li>• Much of the shift in people living below the poverty line from the city to the suburbs came before the recession and was based on the availability of jobs. Unfortunately the suburbs are not as well equipped to handle the needs this group presents.</li> <li>• 30-40% of children are on free or reduced school lunch programs.</li> <li>• One out of 10 households in Fairfax does not have health insurance. Three out of four of those who do not have insurance are working, most of which are young adults or immigrants. 36% of those who are not citizens do not have insurance.</li> <li>• According to the Youth Survey, children who have three positive assets (e.g. including community and parental involvement, the ability to make decisions, and praise, etc.) are less likely to engage in risky behaviors and fall prey to peer pressure.</li> <li>• Youth substance abuse rates have declined since 2008, but as children get older they are more likely to engage in risky behaviors and abuse substances.</li> <li>• ¼ of students report symptoms of depression, which is a high number but is lower than the 2008 results.</li> <li>• Physical activity in youth decreases as they get older, so do their healthy eating habits.</li> <li>• Youth in Fairfax are watching less TV than the national average, but are spending more time playing video games or on the computer.</li> </ul> |  |  |  |
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|  | <ul style="list-style-type: none"> <li>Youth in Fairfax are also not getting enough sleep.</li> </ul>   |                   |  |       |
| <b>Gary Lupton<br/>Mental Health</b>                   | <ul style="list-style-type: none"> <li>Best data available on suicide rates are from the Virginia Department of Health. The Youth Survey is also a valuable source of information.</li> <li>Finding information on intellectual disabilities has been difficult as much of the data are duplicative and difficult to decipher.</li> <li>Most people receiving services related to mental health from the CSB have an income of \$25k or below.</li> <li>Medicaid skews this average because the CSB is the only provider of mental health services that accepts Medicaid.</li> <li>There is a lack of mental health professionals in the area.</li> </ul>   | Sherryn/<br>Marie | Information on Federally Qualified Health Centers expansion of MH Svcs. from Rosalyn | 12/08 |
| <b>Maura Ardike<br/>EMS<br/>&amp; Infant Mortality</b> | <ul style="list-style-type: none"> <li>There has been an increase in the number of transports, calls, and responses in Fairfax County (but this is to be expected when there is an increase in the population).</li> <li>We are still missing information from Fort Belvoir.</li> <li>There has been an increase in infant mortality and pregnancy termination in Fairfax County. Natural fetal deaths, total natural deaths, and pregnancy termination are the reportable indicators, and have been broken down into health planning district and will be looked at in terms of gender, age and race.</li> </ul>   |                   |  |       |
| <b>Greg White &amp;<br/>Sherryn Craig<br/>Homeless</b> | <ul style="list-style-type: none"> <li>We are looking to gather information from the National Alliance to End Homelessness.</li> <li>HMIS has extensive data on what programs the homeless use (but does not provide information on victims of domestic violence).</li> <li>Information is available on health care programs (e.g. Homeless Healthcare Program and Medical Respite Program).</li> <li>The Point in Time Count shows that there are 1,544 homeless in Fairfax, and is further broken down into 652 families and 892 single people. This is an 11% decrease from last year, and is likely due to \$2.8 million in stimulus funds.</li> <li>This number is likely to show an increase in January due to a wave of economic distress and possibly another wave of foreclosures.</li> <li>36% of the homeless in the county are under 18 years of age.</li> <li>60% suffer from a form of mental illness, substance abuse, or chronic illness.</li> <li>It was observed that the information available does not focus enough attention on the population's health and utilization of services.</li> <li>In terms of the medically frail homeless, the demand for services outweighs availability of beds.</li> </ul> |                   |  |       |

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|                        | <ul style="list-style-type: none"> <li>• Undocumented homeless are often unable to be linked with a medical home or social services because of their legal status.</li> <li>• Last year there were 3 deaths in shelters.</li> <li>• Most homeless are not chronically homeless but are homeless because of the economy.</li> </ul>  |  |  |  |
| <b>Ann Z</b>           | <ul style="list-style-type: none"> <li>• Data is still being collected on the inventory of safety net providers (how many people use clinics).</li> <li>• Information is also being gathered from Inova and the Health Department, but it is not possible to find out where the people who are using these services are coming from.</li> <li>• Preliminary data on the Emergency Department use will be coming from Inova and can be broken down into patients' zip code and the severity of their treatment.</li> <li>• Ambulatory Care Sensitive Conditions in patients (people who are admitted to the hospital but their condition could have been managed in the community) can be aggregated to the Fairfax level into zip codes but not on a case level.</li> <li>• We want to find information on what the need for primary care is in the low income community and what percent is being picked up by safety net services.</li> <li>• The need to look at Medicaid accepting physicians and claims made to Medicaid was discussed. This information falls outside of the scope/purpose of this report.</li> <li>• Health care reform will also be addressed, specifically looking at how many uninsured will convert to being insured (it is estimated that it will be approximately 30%). Dr. Maddox indicated that she will have the state forecast for this percentage.</li> </ul> |  |  |  |
| <b>Future Meetings</b> | <ul style="list-style-type: none"> <li>• The December 1<sup>st</sup> meeting will be pushed back to December 8<sup>th</sup> at 4pm in the Rowland Conference Center on the 3<sup>rd</sup> floor of the Health Department, Kelly Square location.</li> <li>• The next meeting will look at the data to build a presentation and what take home messages can be brought from each subsection.</li> <li>• The location will have 'call in' capacity for those members who cannot be there in person.</li> </ul>  |  |  |  |
| <b>Conclusions</b>     | <ul style="list-style-type: none"> <li>• The data and information that are being collected and compiled will be used to draft a report.</li> <li>• It's important to find the take home messages and information in the data which 'float to the surface'.</li> </ul>   |  |  |  |