

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

**December 8, 2010**

**4:00 – 6:00 pm**

**Rowland Conference Center**

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

- Maura Ardike
- Anne Cahill
- Tom Crow
- Dr. Charles Konigsberg
- Gary Lupton
- Vihanh Tham
- Dean Montgomery
- Sarah White
- 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 the ‘take home points’ from the data that members reviewed.</li> <li>The main points for discussion will be for the members to provide three important take home messages (the top three most important observations).</li> <li>These take home messages are what will be used to guide the report-writing to provide a snapshot of the community.</li> <li>The purpose of this subcommittee is to create a report highlighting the health status of the Fairfax Community.</li> <li>The indicator list will be used as a guide to obtain and populate data to inform the Fairfax CHSA Report.</li> </ul>			
<b>Questions</b>	<ul style="list-style-type: none"> <li>Where will implications/discussion fit into the report? Implications/discussion will fit into the report depending on what members are able to produce and how the indicators tie into what other MAPP report outcomes show.</li> <li>Does looking at Fairfax City and Falls Church data create significant changes? It appears that when Fairfax City and Falls Church data are incorporated into the county data the impact is only approximately 0.5 of a percentage point.</li> </ul>			
<b>General Discussion</b>	<ul style="list-style-type: none"> <li>Minutes were reviewed and approved.</li> <li>New members Vihanh Tham and Sarah White were introduced.</li> </ul>			

<p><b>Anne Cahill Demographic Trends</b></p>	<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>• The senior population should peak around 2025.</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> <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, as the largest immigrant group only makes up 10% of the immigrant population.</li> <li>• We are experiencing the suburbanization of poverty. 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. The number of people below poverty in Fairfax County has increased by 30% (over 50,000 people).</li> <li>• Most likely to be uninsured are those between the ages of 18 – 34 years old.</li> <li>• 75% of those who are uninsured are employed.</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, but soda intake also decreases as children age.</li> <li>• Youth in Fairfax are watching less TV then the national average, but are spending more time playing video games or on the computer.</li> <li>• Youth in Fairfax are also not getting enough sleep.</li> <li>• Youth who binge drink are more likely to drink and then drive.</li> </ul>			
<p><b>Maura Ardike EMS &amp; Infant Mortality</b></p>	<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>• EMS data is broken down by fiscal year.</li> <li>• Proportionately infant perinatal death data showed that total infant death has stayed the same over the past ten years.</li> </ul>	<p>Mapped rates of infant death data</p>	<p>Sherryn will share with Maura</p>	<p>Before January</p>

	<ul style="list-style-type: none"> <li>• 2007-08 showed a change in both state and county infant death rates.</li> <li>• From 1975 to 2004 rates have decreased, and plateaued from 2000 – 2004.</li> <li>• Take home messages include: <ul style="list-style-type: none"> <li>- large variability from year to year</li> <li>- 5 year mortality rate has plateaued</li> <li>- Natural fetal deaths have decreased in the county but increased in the state</li> <li>- Infant mortality should be broken down and looked at by race, even when data is controlled for education and income, it still shows disproportionality in African Americans.</li> </ul> </li> </ul>			
<p style="text-align: center;"><b>Dr Konigsberg Adult Death Data</b></p>	<ul style="list-style-type: none"> <li>• HIV/AIDS and infant mortality are no longer in the top ten causes of death.</li> <li>• Issues that rise to the top include Cancer, Heart disease and other chronic diseases that are related to behavior and lifestyle choices.</li> <li>• Racial disparities are present.</li> <li>• Years of potential life lost are a measure of premature death and used in the preventative medicine community – they might show more significant information than just morbidity and mortality.</li> <li>• The source of data for mortality is reproducible but morbidity is less reliable.</li> <li>• What needs to be further analyzed is the age/race/trends as well as causes for the issues which rise to the top.</li> </ul>			
<p style="text-align: center;"><b>Gary Lupton Mental Health</b></p>	<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>• Fairfax health district has low suicide rates (may be due to greater availability of interventions).</li> <li>• Depression rates rank higher than national average but suicide attempts are lower.</li> <li>• Bullying/cyber bullying, has information available but no national average rates to compare with.</li> <li>• Dating violence percentages are available but there is no national data to compare it to.</li> <li>• Gang information is also available for Fairfax (approximately 96% of students report never having been in a gang). If 4% of students were involved in a gang that would mean that 7,200 kids were in gangs.</li> <li>• Sexual activity in youth shows that 14% of 8<sup>th</sup> graders report being sexually active, while 53% of 12<sup>th</sup> graders report the same.</li> <li>• Drug use rates have gone down in all categories except for marijuana and inhalants. Inhalant use does decrease with age, overall inhalant use is lower in</li> </ul>			

	<p>Fairfax County than the national average.</p> <ul style="list-style-type: none"> <li>• 3 take home messages <ul style="list-style-type: none"> <li>- Fairfax County is below the national average in drug use except marijuana and inhalants.</li> <li>- As youth age they use more drugs and less alcohol.</li> <li>- Suicide rates in Fairfax are below state rates.</li> </ul> </li> </ul>			
<p><b>Greg White &amp; Sherryn Craig Homeless</b></p>	<ul style="list-style-type: none"> <li>• HMIS has extensive data on what programs the homeless use (but does not provide information on victims of domestic violence).</li> <li>• Housing for chronically homeless needs to be increased and reinforced.</li> <li>• More data needs to be gathered related to homeless health.</li> <li>• Chronic illness in the homeless need to be addressed before they become serious issues.</li> <li>• Fairfax has improved in their ability to provide services to those who need them (linking individuals and families to service providers and social services agencies has improved).</li> <li>• Need a better understanding of causative factors for homelessness (how many people are homeless based on domestic violence, eviction, or foreclosure for example).</li> <li>• Current data has limitations and only reflects those who are homeless or in transition, not the working homeless (those living in motels for example).</li> </ul>			
<p><b>Ann Z. Hospital Data</b></p>	<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>• Data show that people use hospital emergency rooms most often in the late afternoon and evening time.</li> <li>• What the information about emergency room data does not show is the payer or the zip code from where those who are receiving services are from.</li> <li>• The make up of those who are using the ED is showing that it is not primarily the uninsured who are using the services.</li> <li>• Information on what % of ED visitors are uninsured has not been collected yet.</li> <li>• Further analysis will be done looking at hospitals in Reston and at the Virginia Hospital Center.</li> <li>• The group is hoping to look further at who is using the ED, why (the severity of their illness), and where they are from.</li> </ul>			

<p style="text-align: center;"><b>Dean Nursing Home/Hospital Use/Ambulatory Care</b></p>	<ul style="list-style-type: none"> <li>• Nursing home rates in Fairfax are low compared to the national average.</li> <li>• There are many alternatives to nursing homes in the Fairfax area which are being used.</li> <li>• There may be an interaction with higher income, healthier practices and a good medical community which also is a cause for the low nursing home rates.</li> <li>• The nursing home usage rates are 3-4% lower than in 2006.</li> <li>• The most common source of admission to the nursing home is from the hospital.</li> <li>• Those who are admitted are more likely to be ‘medically frail’.</li> <li>• Efforts to ‘age in place’ have reduced the demand for nursing home care.</li> <li>• Hospitalization (bed v. population) has low rates compared to state and national. This rate has been stable for a while and is declining, but may change in 2016-18 as the population ages.</li> <li>• Many illnesses are able to be treated in outpatient settings, but those who are staying in the hospital are more sick and difficult to care for.</li> <li>• Ambulatory Care Sensitive Conditions rates have decreased.</li> <li>• May look at conditions by jurisdiction, it is possible to map out by zip code.</li> <li>• While this data is largely positive, it does show opportunities for improvement.</li> </ul>			
<p style="text-align: center;"><b>Tom Crow Environmental health</b></p>	<ul style="list-style-type: none"> <li>• While Fairfax overall health ranking is the best in the state, we score last in air quality.</li> <li>• Three main areas of focus: <ul style="list-style-type: none"> <li>- Ozone - Fairfax is noncompliant. Improvements in the ozone will show success in other areas (traffic, pollution).</li> <li>- Alternative on-site sewage systems - Monitoring them and looking to their effects on the environment.</li> <li>- Lead - Elevated blood lead levels in children (could be a problem). Looking at finding more information on this topic and the causes and potential risks.</li> </ul> </li> </ul>			
<p style="text-align: center;"><b>Conclusions</b></p>	<ul style="list-style-type: none"> <li>• For the next meeting we will be incorporating data and observations for the technical report.</li> <li>• The next meeting will be January 5<sup>th</sup>, 2011.</li> </ul>			