

MAPP Subcommittee – Meeting Minutes
Community Health Status Assessment
Wednesday, September 1, 2010
Conference Room 3
4:00 PM – 6:00 PM

Attendance:

In person:

- Dr. P.J. Maddox, *Chair*
- Maura Ardike • Anne Cahill
- Tom Crow • Julie Knight
- Gary Lupton • Dr. Lisa Lindley
- Anne Rieger • Bekele Shimeles
- Dr. Maria Schaart • Dr. Peter Troell
- Greg White • Ann Zuvekas

Via teleconference: Lesley MacDonald (sub for Eileen Ellsworth)

Staff: • Rosalyn Foroobar • Sherryn Craig • Amanda Turowski

I. Welcome & Introductions of new members

II. Review of MAPP Process - Brief overview of MAPP Components and role of Steering Committee

- MAPP is a community driven strategic planning process used to prioritize and address the health needs of the local public health system. The Steering Committee is comprised of the co-chairs of the Partnership, the respective chairs and co-chairs of the three subcommittees, and Fairfax County Health Department staff. The Steering Committee provides the overall guidance and direction for the Partnership. The Chair of the CHSA Task Force (Dr. Maddox) serves on the Steering committee. The other subcommittees (three), as outlined in the Participation and Roles Matrix are:

Forces of Change Assessment

- *Identify forces—such as trends, factors, events that may influence the health of the community*

Community Themes and Strengths Assessment:

- *Utilize multiple methods (surveys, town hall meetings, asset maps) to get community input health priorities*

Community Health Status

- *Assessment of the public health status of the community through the collection and evaluation of key health indicator data*
-

- Over the summer, Maddox met with the MAPP Steering committee, providing CHSA TF updates. Among the notable activities of the summer were development of the project communication plan and website. The Forces of Change Subcommittee is scheduled to present its conclusions at the next MAPP Partnership meeting, scheduled for September 15, 2010.

III. Charge of the CHSA TF and overview of participation and decision making process

- Against the backdrop of the MAPP project overview, the purpose and function of the CHSA was summarized. The Chair provided a synopsis of the discussion held at the first meeting of the CHSA TF May 20, 2010 pertaining to the CHSA report project timeline and goals.
- It is hoped that decisions will be made through a consensus of the membership. In cases where consensus is not, decisions will be made by majority vote.

IV. MAPP and CHSA TF Communications

- All meeting materials (agendas, minutes, handouts) MAPP Reports and other information will be placed on-line on the Fairfax MAPP website; other documents including those from the Forces of Change subcommittee and Community Themes and Strengths group will also be available online. The website is scheduled to “go live” in about a week.

V. Review and Approval of Minutes.

- Minutes of the CHSA Meeting of May 20, 2010 and summer 2010 status report (“Summer Update” email) were accepted as submitted.

VI. Review of CHSA TF work plan and time line.

- Consistent with the project timeline, there were no meetings of the CHSA TF over the summer. As discuss in the first TF meeting, CHSA members were emailed over the summer, asking them to review the NAACHO standard CHSA indicators List in order to identify missing items/areas that they considered important for the Fairfax CHSA. Alternatively members were also asked to identify indicators considered less important to informing the health status of Fairfax County. Responses to the email request were compiled verbatim and distributed to the task force for review and discussion as part of this meeting.
- TF members received a copy of the CHSA Work Plan noting key milestones that must be accomplished in order to conclude the work of the TF in May 2011. The Chair reviewed the key activities and decisions to be made by the TF on a monthly basis through May 2011.

V. Feedback on CHS indicators

- What this group will aim to do is focus on what health indicators (from document Community Health Stats Assessment Indicators Ballot) to use in data collection in order to judge the health status of the community (as a part of MAPP’s strategic plan). Indicators are defined as health related variables but are limited by existing, credible, replicable data sources. Extensive group discussion ensured,

concerning the comprehensiveness of the list and whether/how to prioritize indicators for inclusion in the health status assessment.

VI. Review and discussion of the CHSA Indicators List

A. Category 1: Demographics

- The group discussed age and how to cluster age groups. Dr Troell and Anne Cahill agreed to look into and recommend age groupings for purposes of the Fairfax Health Status assessment report. In particular, what age ranges should be utilized to present a demographic profile on the county and which age groupings should be used for particular areas of health (i.e. to report childhood immunizations/diseases). It was noted that there is wide variation by data source and surveys for age groups/ranges.
- Race and ethnicity were discussed. Members commented on the large number and diverse cultures present in the county. Members commented that the general race/ethnicity categories of “Hispanic” and “Asian” might not be considered specific enough to reflect the nuances (“granularity”) of cultures and immigrant populations in the Fairfax area. The final TF report will present a picture of the community’s health in detail, including health status by selected demographic variables such as age, race and ethnicity.

B. Category 2: Socio-Economics

- Ann Cahill will provide a list of variables and data sources to reflect household income and poverty status. Otherwise, the likely source of data on socioeconomic status and income will most likely be taken from the Census and American Community Surveys (ACS).
- High school graduation rates drew considerable discussion, in large part based upon concerns about uniformity and reliability of available data. This category was determined important to include in the report because health conditions are often linked to education. In addition to FCPS data, the ACS can provide information on education level, including adult level of education (determined by TF members to be most important for purposes of our report).
- Non English speaking households can be identified via ACS variables categorized as “linguistically isolated”.
- % of food stamp recipients was noted to be important as an indicator of family economic status.
- Under the “special population category” the term migrants will be changed to immigrants (e.g. native-born vs. naturalized). Ideally, it would be useful to know the amount of time that immigrants have been in the country in order to understand their overall health status.
- “Underinsured” will be removed.
- There was concern expressed about whether the “subsidized housing” category could be informed using a valid, reliable, reproducible source of data. Anne Cahill noted that the county produces various housing reports and would identify a recommended county source of data for low-income or “subsidized housing” trends.

C. Category 3: Health Resources

- Specialty hospital beds variable will be expanded to include mental health, long term care, rehabilitation, and advanced ER services.

- Mid level practitioners (Nurse Practitioners, Nurse Midwives) will be added to the “Licensed PCP rate per total pop.”
- Visiting Nurse service will be removed and replaced by ‘Attendant care services’ to include direct care workers and CNA’s.
- “Percent of population without primary care” will be removed.
- “Proportion of population without regular dental care” will be removed.
- Rosalyn Foroobar and Gary Lupton volunteered will provide further information on the Local Health Department and Mental Health resources, including Community Service Board (CSB) FTE per total population, to determine if this unit of measurement should be retained or replaced.

D. Category 4: Quality of Life

- “People satisfied with their quality of life in the community “will be removed as well as “proportion of adults in the system” and proportion of parents in the PTA”.
- “Number of openings in for low income family in day care” will be reworded; “number of neighborhood crime watch areas” will also be reworded to include it as a better indicator of crime.
- “Civic organizations” per 1000/pop” will be removed and “% of registered voters who vote will also be removed.

E. Category 5: Behavioral Risk Factors

- Lisa Lindley volunteered to work with PJ Maddox to revise the behavioral risk factors category based on available data from the BRFSS.

F. Category 6: Environmental Health

- Tom Crow will provide data indicators from the Division’s Environmental Health Profile to replace current set of indicators .
- Some indicators, such as waterborne diseases and rabies, will be moved and reported on under Category 10.

G: Category 7: Social and Mental Health

- Should be expanded to include the number of licensed psychiatrists, access to mental health care/services, crisis center use trends and the use/availability of alcohol/detox centers. Gary Lupton will provide more information about performance measures relevant to reflect county mental health services and trends.

H. Category 8-10: The remaining categories will be addressed at a follow-on meeting.

VI. Conclusion

- Next group meeting will be held Sept. 22, 2010 at 4pm in Conference Room 3.
- Minutes of this meeting and an updated Indicator list will be sent to TF members on Monday September 13, 2010.
- Members were asked to Send Dr. Maddox any additions/changes to the documents entitled “CHSA Data Sources” and “Community Reports of Interest.”

The meeting was adjourned at 6:30pm