MAPP Subcommittee – Meeting Minutes
Community Health Status Assessment

September 22, 2010
Conference Room 3

Members Present: Dr. P.J. Maddox, *Chair*
• Maura Ardike • Anne Cahill • Tom Crow • Dr. Charles Konigsberg • Gary Lupton • Dr. Lisa Lindley •
• Dean Montgomery • Dr. Peter Troell • Ann Zuvekas ***Staff:*** • Sherryn Craig • Marie Custode • Amanda Turowski

Agenda Item	Discussion Highlights (decisions recommendations)	Assignments	Responsible Person (s)	Due Date
Objectives	• Primary objective of this meeting is to modify the current list of indicators, then prioritize the remaining indicators in terms of (1) important, (2) useful but not essential, and (3) those which may not be useful. • For this meeting the group will focus on narrowing down and prioritizing the indicators and the details will be worked out later (such as who will be finding this data and from where). However, it is important to remember that if data clearly does not have a source it should not be considered.			
Questions	• Questions were raised about how recent the data should be, is there an established standard or should we leave out data which we might feel is important because it is potentially out of date? This question will be further addressed at the next meeting. • Questions were also raised about how to find a balance between indicators that might best describe the health status of Fairfax County right now.			
Previous Meeting Recommendations	• Recommendations from the last meeting include: additions from Lisa Lindley (disease prevention, health promotion list utilizing what information is currently available from BFRSS), Tom Crow's edited Environmental Health section and Anne Cahill's age category recommendations, which are in accordance with the			

	American Community Survey (ACS). Dr Troell has not had a chance to review Category 10 (Communicable diseases). • At the last meeting the group discussed using demographic breakdowns that are in accordance with ACS. • Since the last meeting age has been modified to include parameters reflected in the ACS, there were no objections to this change.			
CHSA Indicator: 1 Demographics	• It was brought up that sexual orientation is not a reportable situation and that it may not be appropriate for the Health Status Indicators Assessment. Dr Konigsberg recommended removal. Dr Lindley stated that this is a health disparity and is something that is reflected in the 2010 healthy indicators and can provide important information. The main concern with this indicator was that there are no available data or reliable information. Same sex partner households may not be meaningful; data may not accurately reflect that two men live together if they are in a relationship or are family members. The group voted to remove sexual orientation from the list(six in favor, one opposed). Sexual Orientation was removed from the list.			
CHSA Indicator 2: Socioeconomic	• "Free or reduced lunch" was added to the list. • Eligibility in Medicaid and WIC was changed to "recipients" or "participants." Further research will determine if data available reflect participants or beneficiaries. • The list was amended to look at percent population with less than high school as opposed to population with college or higher.			

CHSA Indicator 3: Health Resources	• The question was changed to reflect the ratio of participating children to dentists: "Medicare Enrolled Children or Beneficiaries/participating dentist ratio (rate per total pop)." • The category will be renamed to reflect "primary care providers" since non-physicians and physicians are listed. Others will be added to the list based upon suggestions for Mental health providers • General internists and safety net providers will be added. With safety net providers may also want to look at the number of visits per person as opposed to the number of visits per residents. • Questions were raised about what information licensed opticians would provide: indicator changed to "Licensed eye care providers". • "Licensed advanced registered nurse practitioners" will be removed. • Sub-indicators under "Licensed hospital beds" need to be itemized • Recommended metric for "Licensed hospital beds" should be rates of use (utilization) rather than rate per population (capacity). • "Per Capital" healthcare was changed to "Per capita". • Questions were raised about what health department staff and budget will show, what is the relationship, and what standards will be used to compare? Health Department FTE was removed and the decision was made to include a piece in the final report which detailed the functions and capacity of the local health department. • Advanced ER services, NICU, Trauma Services may be moved into death/morbidity/mortality. • ER data are missing for people who use ER for non emergent care. Ambulatory Care Sensitivity Indicators (ANSI) should be added. • EMS utilization and/or transports may be another sub-indicator. • Change "adult living" to "assisted living"; after further discussion this was recommended for possible deletion • Attended care services was removed from the list	Licensed hospital bed data and utilization rates, in addition to long term care data.	Dean Montgomery	TBD

CHSA Indicator 4: Quality of Life	• "Neighborhood watch," "residents planning to stay in the community," "neighborhood gatherings," "number of support resources identified by residents," "outreach to the physically, mentally or psychologically challenged," "number of cultural events per year," "number of ethnic events per year," "number of grassroots groups active at the neighborhood level," "number of advocacy groups active at the community level," and "individual report of health days" all removed. • "Access to child care facilities for low income families" was changed to "Access to subsidies for low income families."			
CHSA Indicator 5: Behavioral Risk Factors	• Category 5 was left as is; • Chair acknowledged the work of Dr. Lisa Lindley in reviewing BFRSS questions that address this and other indicators (see meeting handout)			
CHSA Indicator 6: Environmental Health	• Tom Crow's updates to category six were accepted (see meeting handout reflecting actions taken on his suggested edits).			
CHSA Indicator 7: Social and Mental Health	• Crime will be separated from Social and Mental Health category and moved into Quality of Life category. • Licensed mental health providers will be created as a drop down list. • ER Visits for mental health will be added.	List of credentialed mental health providers	Gary Lupton	9/24

CHSA Indicator 8: Maternal and Child Health	• "Live birth rate" will be modified to "Live birth rate/1000 (ages 15-44)." • "Fertility rates" will be removed , as will "family planning." • Maternal deaths, important to consider data reported by race • "Adolescent pregnancy rate (ages 18-20)" rates are repeated; the second one should be "teen abortions (18-20)." • "EPSTDT (% eligibles)" will be modified to include screening results. • "Teen and young adult tobacco smoking rates" will be removed as will "WIC recipients".			
CHSA Indicator 9: Death, Illness, and Injury	• "Pyelonephrits" and "Ruptured Appendix" were removed from Morbidity indicator. • Mortality and morbidity list will include COG indicators, with the exception of self report suicide and homicide. • Mesothelioma, reactive airway disease/asthma, Alzheimer's/dementia will be added to morbidity indicator. . • "General Health" will be removed.	COG morality & morbidity indicators	Dr. Konigsberg and Dr. Maddox	9/24
CHSA Indicator 10: Communicable Diseases	• "Salmonella" and "shigella" will be removed and grouped under a drop down category of "food borne illnesses" to include the ten CDC-reportable food borne illnesses. • Vaccine preventable diseases will be added. • Adult TB will be added.	Revise Category 10 include data sources.	Dr. Troell	9/27
Identify items for next meeting/Between meeting exercise	• Before the next meeting the documents will be circulated and members will have a chance to prioritize items after today's change to the document. • The first distribution of the document will be Friday, September 24 and members will be asked to go through one round of prioritization. • The second distribution of the document will be Friday, October 1 and members will be asked to prioritize again.			

Next Meeting: October 6, 2010. 4-6pm Conference Room 3	• Don’t forget to follow the MAPP project and our subcommittee on the website Fairfax Health Department has established for this purpose! www.			