

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

April 8, 2019

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Ellyn Crawford  
Phil Beauchene  
Tim Yarboro, MD  
Rosanne Rodillo  
Ann Zuvekas  
Shikha Dixit

### **STAFF**

Sherryn Craig

### **MEMBERS PARTICIPATING REMOTELY**

Rose Chu, Vice Chairman

### **MEMBERS ABSENT**

Bill Finerfrock, Vice Chairman  
Dr. Michael Trahos, DO

### **GUESTS**

Dr. Raja'a Satouri, Deputy Director for Medical Services, Health Department  
Dr. Benjamin Schwartz, Director, Division of Epidemiology & Population Health, Health Department  
Jessica Werder, Deputy Director for Public Health Operations, Health Department  
Christopher Revere, Deputy Director for Planning & Innovation, Health Department  
Dominic Bonaiuto, Director of Advocacy and Community Outreach, Inova Health System  
Diana White, League of Women Voters

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:31 pm.

### **March 18, 2019 Meeting Summary**

The meeting summary from March 18, 2019 was approved as submitted.

### **Organizing for the 21<sup>st</sup> Century at the Health Department**

Dr. Raja'a Satouri, Deputy Director for Medical Services, reviewed the Health Department's new organizational structure and introduced new senior staff: Jessica

Werder, Deputy Director for Public Health Operations, and Christopher Revere, Deputy Director for Innovation and Planning.

Dr. Benjamin Schwartz, Director, Division of Epidemiology and Population Health, presented on the development of the agency's population health program. While Fairfax County is recognized as a healthy community, disparities in health outcomes exist.

- In Fairfax County, someone who is African American is 30% more likely to die prematurely than someone who is white.
- African American and Latino teens were over three-times more likely to experience hunger in the last month compared with white teens.
- Among entering Kindergartners, 43% of Latino children are overweight or obese compared with 34% of African American children and 23% of white children.
- Hospitalization rates for chronic disease were three-times higher among African Americans than among Whites or Hispanics.
- The rate of Emergency Department visits for suicidal behaviors among youth ages 1-24 is two-times higher among females compared to males.

A map of the county shows that life expectancy varies by census tract. Areas with lower life expectancy had populations characterized as African American, Hispanic, lower education, and higher poverty. Social and economic disparities were also more prevalent for African American and Latino households than whites.

Epidemiology is the study of the distribution and determinants of health-related states or events in populations, and the application of this study to the control of health problems. Population Health focuses on improving health outcomes for a group of individuals and promoting health equity by addressing the behaviors and underlying root causes that lead to poor health outcomes.

The roles of the Epidemiology & Population Health Division are:

- (1) Identify and communicate key population health issues and their magnitude, impact and trends in Fairfax County;
- (2) Analyze data to identify needs and target interventions;
- (3) Identify approaches and evidence-based interventions;
- (4) Collaborate in policy analysis, program development, evaluation, and impact measurement; and
- (5) Consult with and support other County agencies in work that impacts population health.

Key to population health are (1) multi-sectoral partnerships across health and non-health sectors, (2) engaging communities and stakeholder organizations, and (3) promoting, supporting and implementing “bottom of the pyramid” interventions.

In summarizing what the Division of Epidemiology and Population Health does, Dr. Schwartz shared his “elevator speech” – “We reduce disease and improve equity by working with partners to address the root causes of poor health, create a healthy environment, and improve people’s ability to make healthy choices.”

Multiple factors affect health outcomes. Health behaviors, such as tobacco use, diet and exercise, alcohol use, and social activity, influence about 30% of health outcomes. Access to care and quality of care affect 20% of outcomes. The other 50% can be traced back to individuals’ zip codes and include socioeconomic factors like education, job status, family/social support, income, and community safety, in addition to a person’s physical environment. Dr. Schwartz also reviewed Thomas Friedan’s Health Impact Pyramid that shows the relationship between the individual effort needed to increase population impact.

Factors that affect health can be considered downstream, midstream, or upstream. Downstream factors include behaviors or conditions that causes stress or poor health, such as obesity, homelessness, low birth weight, untreated mental illness. Addressing downstream factors requires action at the individual and family levels. Midstream factors move individuals from conditions that decrease health and well-being to conditions that support them. Access to transportation, quality education, good paying jobs are examples of midstream health factors. Action at the community level is needed to influence midstream conditions. Upstream are conditions that everyone in the community should have – safe neighborhoods, fair standards of living, no racism, affordable housing – and requires societal change.

The Epidemiology and Population Health Division has identified opioids, obesity, food insecurity, and suicide in children as priority areas for the new unit.

### *Opioids*

The number of opioid deaths continues to increase with data from 2018 still pending. Most deaths are from fentanyl/heroin while most ED visits are from prescription opioids. In 2018, fentanyl was also being combined with heroin, cocaine, methamphetamine, and ketamine. The highest rates of opioid deaths are in young adults. The Epidemiology and Population Health Division are compiling data from multiple agencies in an Opioid Dashboard, which is currently for internal use only. Surveillance for neonatal abstinence

syndrome is being enhanced as are linkages with services. An assessment of pharmacy practices on safe storage and disposal of prescription opioids is also being conducted. Collaboration with FCPS on the impact of Substance Abuse Prevention Counselors at high-risk school is currently in progress.

### *Food Insecurity*

Food insecurity is defined as limited or uncertain availability or an inability to acquire nutritionally adequate, safe and acceptable foods in socially acceptable ways. The consequences of food insecurity include physical and mental health problems and reduced educational and developmental outcomes. About 58,480 (5%), including 23,380 children, of people in Fairfax County are food insecure. Hispanics and African Americans, households with children, single parent households, women/men living alone, low income households, and households that include an adult with a disability are at greatest risk for food insecurity. Food assistance programs (e.g., SNAP, WIC, Meals on Wheels, food pantries, etc.) provide critical support, but gaps remain as a result of eligibility and coverage, size of benefits, and barriers to access. Nonfood factors that affect food security include household income and employment, housing costs, childcare availability and cost, transportation availability and cost, and immigration status.

The Epidemiology and Population Health Division are working to establish a cross-program team to analyze the situation in Fairfax and develop a report including recommendations. The Health Department currently screens Maternal Child Health (MCH) clients for food insecurity, and data collection and analysis is ongoing. The Health Department is also collaborating with Arcadia and Neighborhood Health to develop food insecurity screening and intervention in the Route 1 area, and is establishing food insecurity screening and referral at FCHD immunization clinics, in collaboration with DFS (SNAP) and WIC.

In conclusion, the Division of Epidemiology & Population Health will bring important capabilities to the achieve the Health Department's goals of improving health outcomes and reducing disparities. Actions to address both health impacts (e.g., food insecurity) and root causes are needed. Addressing population health challenges requires multi-sectoral collaboration, especially for upstream/community-level interventions.

### **Public Hearing on Orr-BSL Hunter Mill, LLC's Special Exception Application (SE-2018-HM-024)**

Lynne Stroebel, an attorney for the applicant, summarized the proposal to develop a 70 unit (86 bed) senior living community offering assisted living and memory care services

located at 2347 Hunter Mill Road in Vienna. The community will occupy 6.69 acres and is adjacent to the United Methodist Church of the Good Shepherd with the other surrounding properties residentially developed.

David Orr, Chairman, Orr Partners, stated that his company has developed over 150 projects in the Metropolitan Washington area, and has experience working with medical care facilities and health care providers, including Inova Health System. Recognizing the increasing need for senior housing, Orr Partners initiated a joint venture with Benchmark Senior Living (BSL).

Eric Gardner, Director of Development, Benchmark Senior Living, introduced BSL, a senior living services provider headquartered in Waltham, Massachusetts. BSL operates 150 independent living communities, 350 assisted living and memory care communities, and 50 skilled nursing facilities and short stay programs in Connecticut, Maine, Massachusetts, New Hampshire, Pennsylvania, Rhode Island, and Vermont. With 22 years of experience, BSL is the largest owner and operator of senior living services in the northeast.

The elevation of the development has been planned to match the design of the community and the surrounding homes. A driveway off Hunter Mill Road will provide access to the facility and a new, consolidated entrance with the adjacent church will provide increased efficiency and safety.

Mr. Gardner described the need for senior housing. Nationwide, 10,000 individuals turn 65-years-old a day and 5.5 million individuals are living with dementia. An estimated 250,000 individuals live within a 5-mile radius of the proposal. About 8,500 are headed by senior 75+-years. The senior population in this region is growing at twice the national average. Caregivers between the ages of 45-64 are expected to increase by 85%.

While there are several senior living communities, BSL stated that only one – Sunrise of Hunter Mill – was similar to development being proposed. Moreover, BSL's market analysis indicates that occupancy rates are high, averaging over 90%, and the need for memory care is expected to triple in the next 30 years. The Hunter Mill proposal provides a centrally located site within market characterized by the applicant as underserved.

Representatives for the proposal stated that a senior living community provides a compatible use with the surrounding residential development, and represents an identified community need in the County's comprehensive plan.

If approved, the proposed senior living community would be the company's second in Fairfax, having received approval to develop the Midline community two years prior. Despite both facilities' being located in the Hunter Mill District, the applicant emphasized the differences between the two communities. The Midline property is a walkable, urban community and is predominantly independent living. The facility will not be licensed as an assisted living community, but will have an accessory use for memory care services to accommodate the existing IL residents.

The application under consideration features a suburban/rural environment. Mr. Gardner felt that the two properties would provide a deep pool of staff as well as the ability to transfer IL residents who may need a higher level of care. The applicant will provide 4% of its units to Auxiliary Grant recipients.

In terms of security, the proposed building will have a key-card operated electronic security system. A wander management system will be available to assisted living residents as needed. Automatic locking doors and an audible alarm will signal unauthorized exits. System alerts will also be programmed to indicate when entry/exit doors are propped open. All exits will be monitored with cameras. The memory care wing will remain locked at all times.

The interior of the building will be outfitted with e-call pull stations. Residents will have access to wearable pendants. Staff monitors call alarms 24/7 onsite. By providing 24-hour resident care and 24-hour access to nursing, the use of ER calls decreases. BSL will also contract with a private ambulance service for non-emergency calls to reduce use of the 911-system. Relationships with Inova Fairfax and Fair Oaks as well as Reston Hospital Center will be developed.

The community's assisted living services will include assistance with activities of daily living: bathing, dressing, eating, toileting, transferring, mobility, and medication management. BSL emphasizes a personalized approach to resident care, and a nurse assessment and medical clearance will be conducted prior to residents' move-in date. Staff will collaborate with residents, their caregivers and physicians to create a comprehensive care plan. Ongoing assessments and care plan updates will be initiated to ensure resident needs are being met.

The facility's programming is based on the six dimensions of wellness: intellectual, physical, emotional, sense of purpose, spiritual, and social. A qualified administrator will oversee the community, along with separate care directors for assisted living and memory care. The number of care associates will vary based on residents' acuity. On average, the ratio of care associates to residents will be 1 to 5 for memory care and 1 to 12-15 for assisted living. A medication aide, or an employee licensed to administer medication, will be onsite 24 hours a day. Additional programming staff will include dining services, plant operations, housekeeping, and administration.

BSL does use an internal quality team to review inspection surveys, address deficiencies, and implement system-wide practices that enhance quality of care.

With the conclusion of the applicant's presentation, written statement submitted in advance of the meeting were distributed to HCAB members. Community members who signed up to speak at the meeting were then provided three minutes to make a statement as an individual or five minutes when representing an organization. Concerns expressed during public testimony included:

- Inability to review inspection reports for Massachusetts, the state with the most BSL-operating communities;
- Accuracy of BSL's assertion that home-based care is more expensive than residential care;
- Lack of information/transparency regarding how waste will be treated and what contaminants/metabolites/detergents/disinfectants/chemicals/pharmacologicals are excreted;
- The appropriateness of allowing a medical care facility to install onsite septic;
- A lack of data substantiating the use of the septic system under consideration, including a complete listing of facilities/jurisdictions that have used them;
- A lack of data/planning regarding backup power and the fuel required/stored to supply an industrial-grade generator and the effect on air quality;
- A lack of detail regarding safety and integrity of the water table and equal protection to safe drinking water.
- Concerns about the topography of the proposed facility and potential of flooding

At the request of the HCAB Chairman, Pieter Sheehan, Division Director, Environmental Health, was asked to provide additional information. He stated that onsite systems, like the one under consideration, are common and prevalent throughout the U.S. The belief that these systems will pollute the environment is not true and is misinformed. Onsite systems have been engineered to deal with waste water treatment of all types. Septic

systems at a shopping center in Great Falls treat 13,000 gallons of waste water a day while a nearby Day School treats 10,000 gallons a day.

However, given the concerns expressed, the Director will issue a stop to the certification process until the applicant arranges to meet with him.

Mr. Orr characterized the proposed onsite system as one of the best in the United States, removing 90-95% of waste before the drain field. Permits are issued every five years and as technology improves, the facility will install upgrades. Remote monitoring will also be used to confirm the adequacy of the area of reserve in the rear of the property. Mr. Orr made distinctions between medical waste and household waste; patients and residents. Medical waste will not be flushed. A medical disposal company will be contracted and waste disposed offsite.

With respect to employee training and retention, BSL uses its own internal training program. At least seven hours is dedicated to the aging process and dementia. Approximately 50% of staff training is facilitated and the other 50% is online.

BSL has partnered with MIT to identify strategies that improve employee development. BSL is considered to be one of the healthiest employers. BSL also uses payroll deductions and fundraising to fund an internal scholarship program that provides micro-grants to associates in need.

In response to the qualification of the resident care director, BSL representatives stated their preference for a Registered Nurse (RN), but acknowledged that some states allow for a Licensed Practical Nurse (LPN).

BSL will provide more detailed information on staffing ratios by acuity and shift.

With respect to BSL's market analysis, regional demographics were compiled from the U.S. Census Bureau and occupancy levels from a trade association. An informal survey of licensed bed capacity and current occupancy levels at assisted living facilities within a 5-7-mile radius of the proposed site was prepared by Health Department staff and distributed at the meeting. The data reflect a single point in time, and are limited to further generalization.

Residents who may self-administer medication will store their medication in a locked area.

BSL will look into providing copies of its facilities' Massachusetts surveys.

Ellyn Crawford moved that the HCAB defer its recommendation on the proposed application until additional information on BSL's Massachusetts properties, staffing ratios by shift and care level, data on market demand/demographics, and onsite septic concerns is provided. Ann Zuvekas seconded the motion. The motion passed unanimously.

### **Amending the Fairfax County Food Code**

Debbie Crabtree and Pieter Sheehan provided an overview of the draft amendments to the Fairfax County Food Code. The proposed amendments are based on the 2017 FDA Food Code, which creates a common and standardized language between regulators and industry while strengthening compliance, enforcement, and conformance with the FDA Retail National Standards.

The last update of the County's Food Code occurred in 2006. Since that time, there have been significant changes:

- Additional standards on prep, storage, serving of cut, leafy greens (2009 FDA Food Code);
- Undercooked, ground meat is no longer permitted on restaurants' children's menus (2009 FDA Code);
- Enhanced policies around vomit/diarrhea (2017 FDA Food Code)

Adopting 2017 FDA guidelines addresses current trends in food safety and mitigate the risks associated with food handling.

In addition to these changes, the Fairfax Code will introduce new standards around open air barbecuing, the cottage food industry, and the use of shareware. A sample of shareware was distributed at the meeting, and the Health Department will be working to educate restaurants and the community on the benefits of shareware/elimination of single use servings.

The Health Department continues to work with the County Attorney's office to amend the County code. A recommendation from the HCAB on the changes, once the public hearing is announced, would be welcomed.

There being no further business, the meeting adjourned at 10:47 pm.