2019 MAPP2Health

MAPP Data and Evaluation Committee Meeting Minutes

# Friday, January 11, 2019, 9:00–10:30am

Fontaine Research Park, 560 Ray C. Hunt Drive, Room 2210, Charlottesville, VA 22903

**Introductions & Welcome**

* Brief overview of MAPP, 2016 MAPP process, rationale for creating on MAPP Data & Evaluation Committee

**Needs Assessments + Your Data Discussion**

* Rebecca Kendall/Community Mental Health and Wellness Coalition/R10 – coalition of behavioral health safety net providers. Not required to complete a needs assessment; partnering with MAPP process as mental health/substance use is a priority area.
* Emily Warren/Region Ten– 3 year needs assessment required by Virginia Department of Behavioral Health and Developmental Services (DBHDS); due again in December of this year (2019); more details expected this summer; incorporated MAPP data last time.
* Karen Osterhaus/Region Ten – annual data each year on consumers served and services provided. Summation of data available on website.
* Kris Miller/iTHRIV – when award from NIH starts, probably this summer, will have measures that collect regularly. Completed obesity mapping project with TJHD.
* Mary Jane Skidmore/Cville DSS – mandated services for eligible populations. Annual agency profile report (poverty rate, unemployment rate, birth rate, etc.) Also have an annual local agency report (# of applications per program, kids in care, etc.)
* Ben Lobo/UVA – completed mapping of prevalence of obesity for TJHD project; also consulted on community health survey for TJHD (survey has questions on obesity that will use to compare to estimates from EHR used for mapping project)
* Peter Hawes/MACAA – bulk of data is internal data. Required to do a comprehensive needs assessment; report from last year is now up on their website. Did a client survey; assessment indicators are poverty-focused.
* Pete Alonzi, UVA Data Science Institute – no assessment required. Works on projects with others, building data capacity (have responsibilities to review, make sure what’s presented is done responsibly).
* Lucas Lyons/Cville Fire Department Systems– doesn’t have a needs assessment. Has expected data (last year 6,000 incidents). Also provide mutual aid to Albemarle.
* Steve Hawkes/City – City doesn’t have a needs assessment requirement but some departments are doing assessments. City has an Open Data portal; 90 datasets online but majority are probably not very relevant to public health.
* Jennifer Igo/Health Quality Innovators – government contractor for healthcare quality improvement. Mainly focus on population health issues, hospital readmissions, adverse drug. Has access to Medicare claims data but also strict restrictions on what can share (e.g. aggregate data, can’t identify specific providers).
* Titus Castens/Albemarle Fire and Rescue & HUMAINS – working with lots of agencies around the table. Focus on reducing readmissions, giving treatment needed. Look at a lot of EMS data (why calling 911, why transported, where going); working on data agreements with partners. In final stages of solidifying HUMAINS strategic plan.
* Liz Cochran/UVA Trauma program – not official requirement for a community health assessment but did one in 2016. Looking at completing another assessment this year.
* Neal Goodloe/Criminal Justice Board, EBDM Policy Team – 9 jurisdiction regional effort, coordination of criminal justice efforts. Working with C/A criminal justice (evidence-based decision policy making). Effective delivery of mental health services for the criminal justice population. No ability to share data lawfully re: MH status for offender population. UVA Systems Engineering started working on this 4 years ago. Method with R10 that allows comingling HIPAA-protected data at individual level under correct data security data protocols.
* Sebastian Tello-Trillo/UVA Public Policy & Center for Health Policy – No needs assessment, don’t collect data but utilized purchased or publicly available data. Coming in more from the evaluation side as an economist.
* Jackie Martin/SMJH – board required to adopt a community health needs assessment and implementation strategy every three years. Collect a lot of data; talking about how might they might share data relating to obesity and chronic diseases.
* Randy Pirtle/BRMC; also member of Nelson Interagency Council. Have a three-year requirement for community health assessment (use MAPP) and also participate in other projects with UVA and others. Have an upcoming Health Resources and Services Administration (HRSA) visit; will share involvement with MAPP and MAPP Report as primary assessment.
* Mary Honeycutt/JAUNT – state Dept of Rail and Public Transportation conducts a coordinated human service mobility plan; available on their website; JAUNT participates in this assessment (e.g. auto-less households, where seniors live, etc.). JAUNT also collects lots of data on public ridership which is available in packets at monthly board meetings; packets are published on website. Basic public transit data.
* Siri Russell/Albemarle County Office of Equity and Inclusion – office started two months ago. Major goal is to better understand state of equity in Albemarle County. Will use this data to inform policy decisions, comprehensive plan, strategic planning, etc.
* Amy Salerno/UVA HS– not required to do a needs assessment but believe strongly in it so participates in MAPP Core Group. Health system collects many data on patients treated; working on how can better share data in aggregate form; specifically around community (vs. individual level) health data. Some data available in a mapping format as was shared publicly with the Board. Focused on an equity lens. Large effort to make sure collection of patient data is uniform (e.g. self-reported gender, race, and ethnicity).

**MAPP Priority Indicators and Data Discussion**

*How healthy is our community?*

* 140 different indicators
* In past iterations of MAPP, we have been looking for indicators that were both timely and had a large sample size. Geography also important – Nelson is as close to Lynchburg as it is to Charlottesville, have to ensure data represents the area. We also sought an overall balance between the indicators
* New data: TJHD Community Health Survey – Mailed to 3000 households, 934 responders, questions related to MAPP priorities (Healthy eating, active living, mental health, substance use, aging, housing
* We then reviewed the process of selecting MAPP priority indicators and producing the data dictionary. (*see attached PowerPoint*)

**Next meeting:**

**Friday, February 8, 2019**

9:00-10:30am

City Space on the Downtown Mall

100 5th Street NE, Charlottesville, VA 22902