2019 MAPP2Health

Nelson Interagency Council (IAC) Meeting Minutes

# Monday, March 18, 2019, 2:00–3:30 Pm

The Nelson Center, 8445 Thomas Nelson Highway Lovingston, VA 22949

**Introductions & Welcome**

* For first-time meeting attendees, gave an overview of the MAPP2Health process.
  + First meeting in January included an overview of the process and discussion around health equity as well as selection of a Photovoice project group.
  + Today’s meeting will focus on data and discussions around data and health equity.
  + Third meeting in May will focus on best practices for each of the four MAPP priorities and brainstorming ideas and initiatives for MAPP implementation funding. Will also hear about results from the Photovoice project and consider connections between community and cultural assets identified through Photovoice and best practices.
  + Also discussed the MAPP grant available to localities and gauged interest in applying for this grant.
* *Question:*Is this a different process than a community needs assessment? *Answer:* MAPP2Health is indeed a community health (needs) assessment. MAPP is a national framework for community health assessment and has been used in this health district since 2007. If your organization is required to complete a needs assessment, we hope you’ll participate in the MAPP.

**What Differences Do You See in the Data?**

* Watched another clip from the *Unnatural Causes* documentary:
  + [Living in Disadvantaged Neighborhoods is Bad for Your Health](https://www.youtube.com/watch?v=e48K4RN2nrI&index=19&list=PLayHb3ehfKbfxdMAmIkFm2wlRikR4Ka6f).
  + Discussed similarities with the ACE score (that is, more adverse childhood experiences lead to riskier health behaviors and/or poorer health outcomes)
* The group looked at data posters and added colored stars based on the following criteria *(see photos at end of minutes)*; numbers below represent # of stars by color added to posters.
  + **Blue** = What stands out to you?
    - Life expectancy estimates (4)
    - Low birth weight by race (3)
    - Percent obese adults (2)
    - Physical inactivity (2)
    - Percent uninsured (2)
    - School suspensions by race/ethnicity (1)
    - Adult smokers and poor mental health days (1)
    - Percent obese children (1)
  + **Green** = Do you see any differences in the data (better/worse outcomes) by geography, race, age, gender, etc.?
    - Low birth weight by race (4)
    - School suspensions by race/ethnicity (3)
    - ALICE cost of living estimates (3 total – 1 for households by age, 2 for households by race/ethnicity)
    - Life expectancy estimates (2)
    - Percent obese children (2)
    - Percent of families below federal poverty level (1)
  + **Yellow** = Is there a topic where you’d like to see more data or have more discussion?
    - Physical inactivity (3)
    - Percent obese children (2)
    - ALICE cost of living estimates (2)
    - School suspensions by race/ethnicity (2)
    - Low birth weight by race (2)
    - Adult smokers and poor mental health days (1)
    - Third grade English SOL pass rate (1)

**Nelson County Data Profile**

* Reviewed data for Nelson County across the four MAPP priorities.
  + *See attached presentation.*
  + *See also the “working draft” Nelson County Data Profile handout.*
    - This MAPP data is available online at: <https://public.tableau.com/profile/thomas.jefferson.health.district#!/>
    - Within the data profile (and presentation), all data sources are listed. Data comes from a variety of different sources that have different definitions, timeframes, and limitations. Feel free to contact TJHD’s Data Analyst if you have specific questions about the data.
  + *See also results from the Thomas Jefferson Health District’s (TJHD) 2018 Community Health Survey.*
    - Survey asked a variety of questions to better understand health in the health district. There were a total of 934 respondents throughout the health district. Responses are available for Charlottesville, Albemarle, Fluvanna & Louisa combined, Greene & Nelson combined, and the district as a whole. Fluvanna & Louisa / Greene & Nelson were combined as there weren’t sufficient responses from individual counties to report individually. Combinations based on similar population size / demographics.
    - The data collection began in June 2018 and ended in July 2018 and was conducted by UVA’s Center for Survey Research. The study targeted adults (age 18 and older) who are residents of TJHD. Households included in the study were randomly selected from a purchased, address-based sampling frame of households in the Thomas Jefferson Health District.
    - Recruitment and data collection was done through postal mail. The mailed materials included one advance letter, two questionnaire packets, and one thank you/reminder postcard. The respondents mailed back the survey in a pre-paid postage envelope, and used a separate post card to communicate that they had completed the questionnaire.
    - For each categorical survey question, the weighted percentage and 95% confidence intervals (CI) are shown. The survey weights for TJHD, and each geographic region, were generated by UVA’s Center for Survey Research.

***Data Questions***

* Q: Are you addressing the gaps seen in the low birth weight between black and white babies?
  + A: Improving Pregnancy Outcomes Work Group meets monthly in Charlottesville (first noticed in first MAPP process in 2008).
  + Also, literal gaps of on the data poster are due to data being censored (if sample size is under a certain amount, data gets censored).
* Q: Where does the data come from [physical inactivity]?
  + A: A variety of sources. In this instance, it is from County Health Rankings (CHR). Lots of their data on health behaviors and outcomes is from the Behavioral Risk Factor Surveillance Survey (BRFSS), which is a self-reported phone survey in Virginia. BRFSS data from the state is typically shown at a health district level only. However, CHR uses modeling to show county-level estimates, which is typically what we’re showing throughout the presentation.
* Q: Why is food insecurity so high in Charlottesville? What is the definition of food insecurity? Is the “food insecurity” only adults or households or child and adults?
  + There are a variety of definitions of food insecurity and different data indicators around food insecurity. Data included in the presentation is from Feeding America’s Map the Meal gap.
  + Per Feeding America, “food insecurity refers to [USDA’s measure](http://ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx) of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods” (from <http://map.feedingamerica.org/>).
  + The Current Population Survey (CPS) is a state and national level survey that has a module that includes questions on food security called the Food Security Supplement. Using questions that are included on both the CPS and American Community Survey (ACS), Feeding America created a model to estimate food security at the county level. The model include variables that have been shown (by the main author in different studies) to be correlated with food insecurity: unemployment rate, poverty rate, median income, percent Hispanic, percent black, percent homeowners, and a fixed year and fixed state effect.
  + The first graph of “food insecurity” is for the full population (everyone, including children). “Child food insecurity” pulls out children from the full population to specifically spotlight child food insecurity.
* Note: data take-aways seem to include safety and exercise, availability of transportation, walking up and down the road (exercise). People out in the county with limited access to food. Perhaps we could trace a consistent thread to help narrow down and focus in over time?
* Q: Do you pull out themes for action? Have you pulled that together already?
  + A: That’s what meeting today is for … you’re pulling together commonalities through starring the data posters, having discussion.
  + Then, the third MAPP meeting in May will be to further pull together all these “themes/trends,” decide where to focus efforts and/or how to tie them together, … and then apply for the MAPP implementation funding to address one or more items together.
* Note: when presentation/handout is a rate, these numbers are calculated. Typically by rate per 100,000 population (or sometimes 1,000 or 10,000). Allows comparison between localities in a standardized format. However, most of our localities don’t have 100,000 people so something to be aware of.
* Q: about overdose deaths vs. ED visits for overdose
  + Comments: lots of fentanyl doesn’t even make it to ER.
* Q: Nelson suicide rates are highest in district. Why? What happened in 2013? Any ideas?
  + Discussion: lots of white middle-aged males with access to firearms and alcohol. Reluctance to go for care. Lots of stigma. Is it possible some of the “suicides” were overdoses and not suicides?
* Comment on life expectancy estimates: seems to track pretty closely with income. Would be interesting to overlay with income by census tract. Also note it is similar to obesity data.
* Comment: highest rates of free/reduced lunch are in the southern area … that also have higher rates of obesity, etc.

***Data Discussion***

* The state is looking to increase the TANF by 5% (monthly check you give to disadvantaged families). Federal poverty limits are limiting – don’t convey whole picture of poverty.
* Original estimate of number of people eligible for Medicaid expansion in Nelson County was 798 people. 422 people have been enrolled to date. Barriers to applying may include:
  + Transportation
  + “Shame culture”—Appalachian mindset
  + Lack of internet access (the state presumed people would be able to enroll online)
  + Not enough outreach about expansion and other ways to enroll (such as via phone)
* Across the state, only 240,000 of the estimated to 400,000 persons enrolled—the state scaled down the target for enrolled persons.

***Some Equity Questions for Further Consideration***

* *From Unnatural Causes*: How do you feel about this data profile as a snapshot of your life or community? What does it fail to capture?
* **Health disparities** are differences in health status (different than health equity)
  + Disparities could be by income, race, ethnicity, gender, education, age, employment status, sexual identity, homeownership and housing status, immigration status, etc.
  + Do you see any differences in health outcomes?
  + Place matters. Our zip code is a strong indicator of our health. Do you see any geographic differences in the data?
* Did you see anything in the data that supported what you saw in the *Unnatural Causes* video clips or from the “Ten Things to Know about Health?” For example:
  + *From Unnatural Causes*: **Built space and the social environment** have a direct impact on residents’ health. Neighborhood conditions can have an indirect impact on health by making healthy choices easy, difficult, or impossible. Public policy choices and private investment decisions shape neighborhood conditions 🡪 Did you see any data to support this?
  + *From Unnatural Causes*: **Layoffs, unemployment, and job insecurity** have a negative effect on health 🡪 Did you see any data to support this?
  + *From Unnatural Causes*: Did you see any differences in life expectancy between counties, census tracts, or neighborhoods?

**Agency Updates & Other Business**

* None noted.

**Next meeting:**

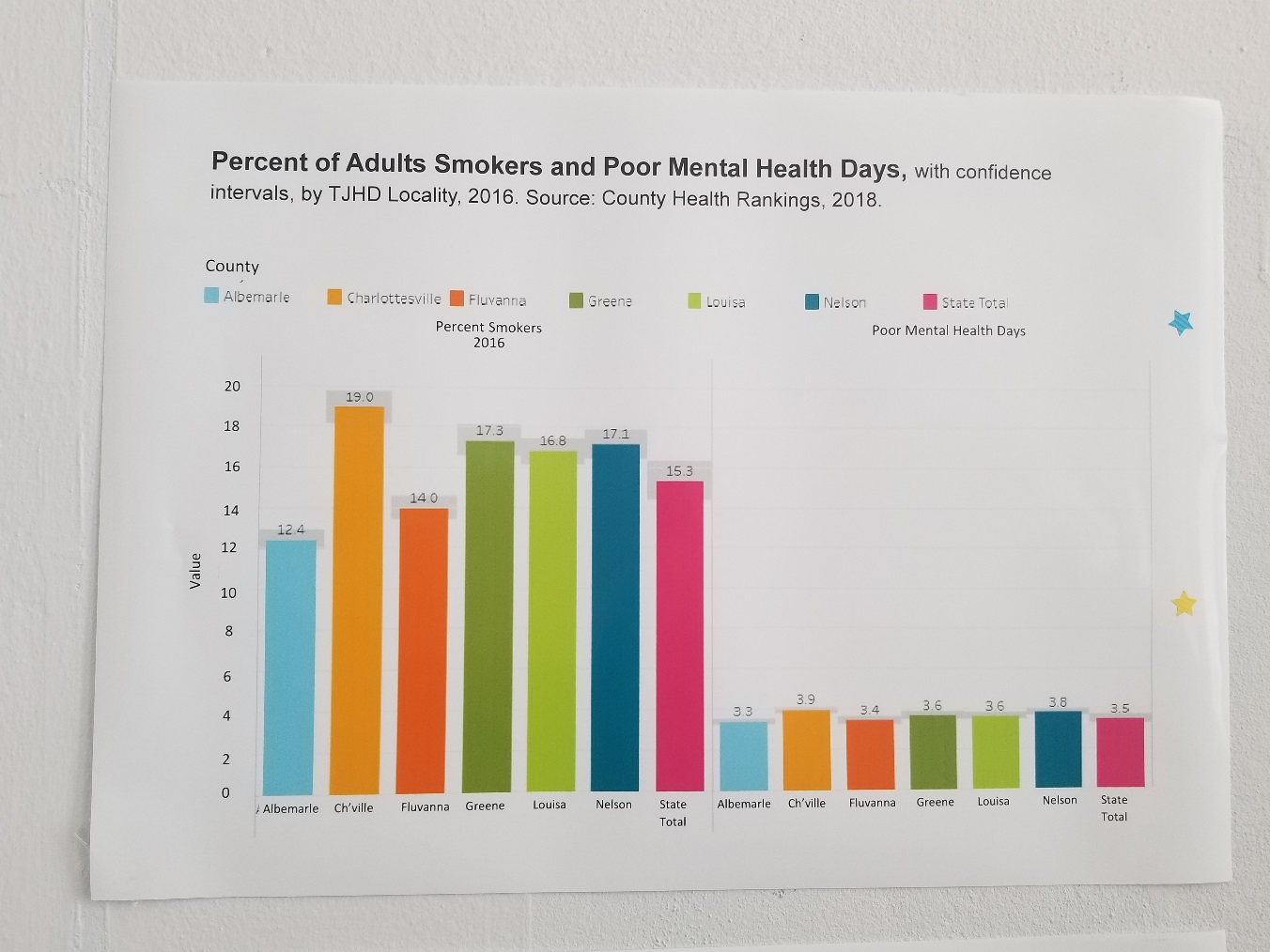
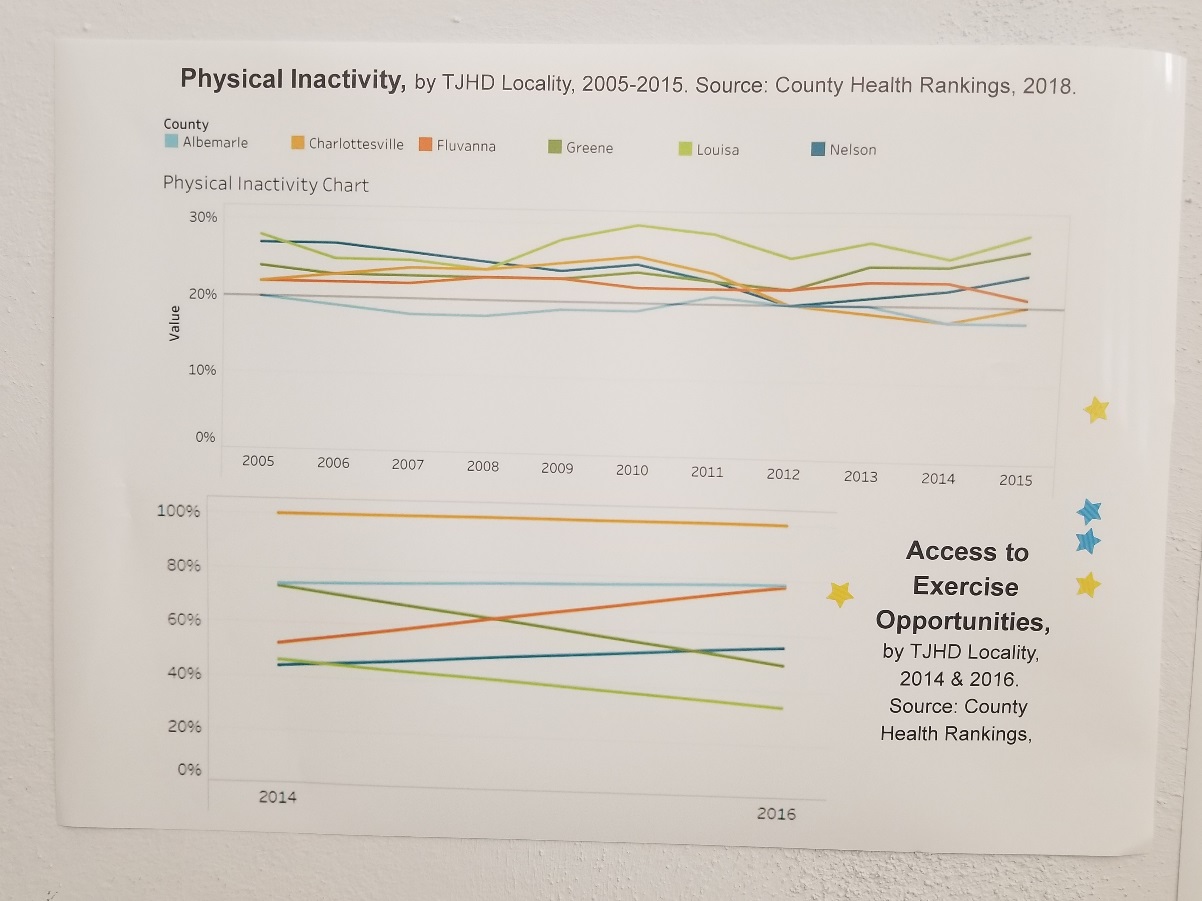
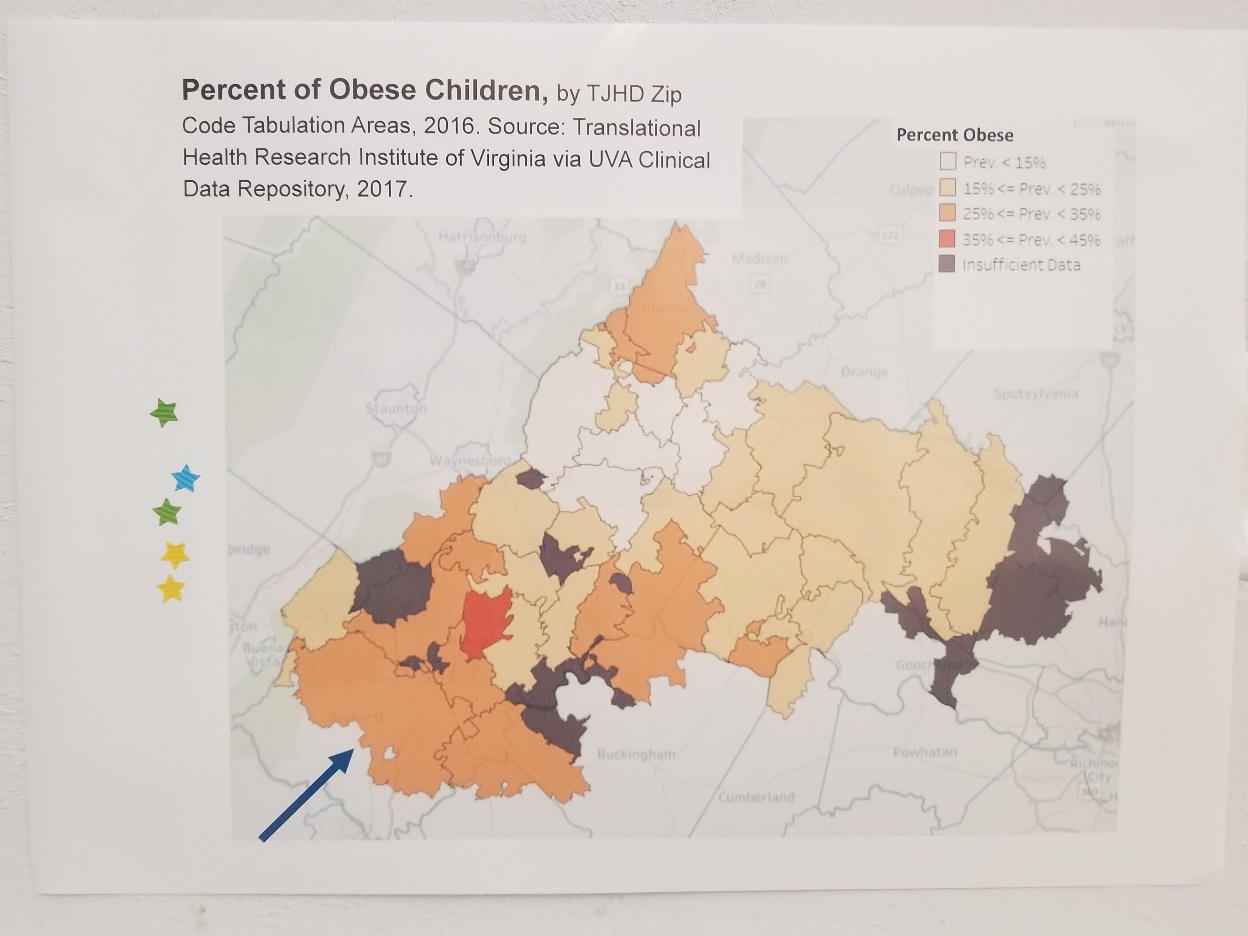
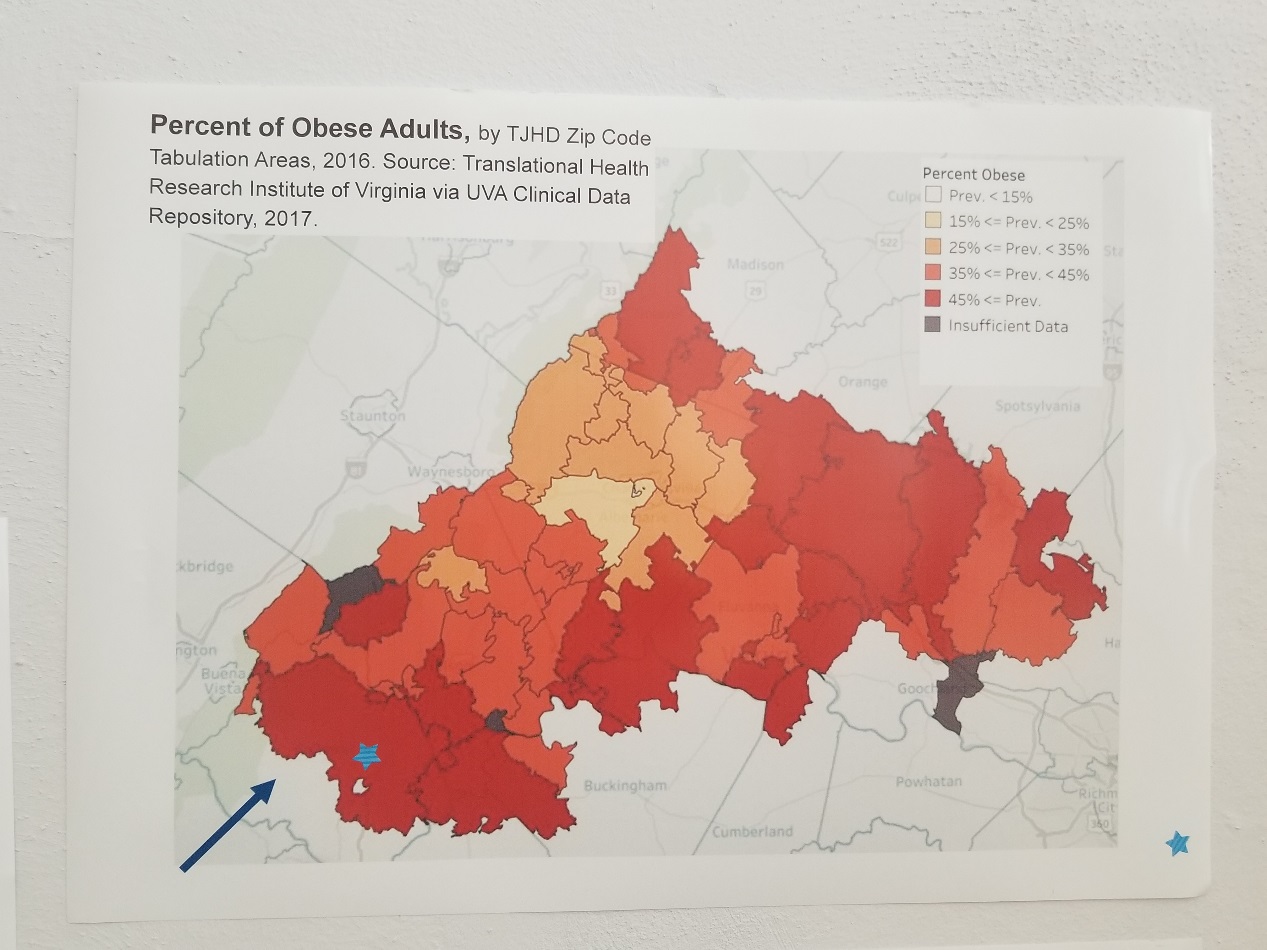
**Monday, May 20**, 2019

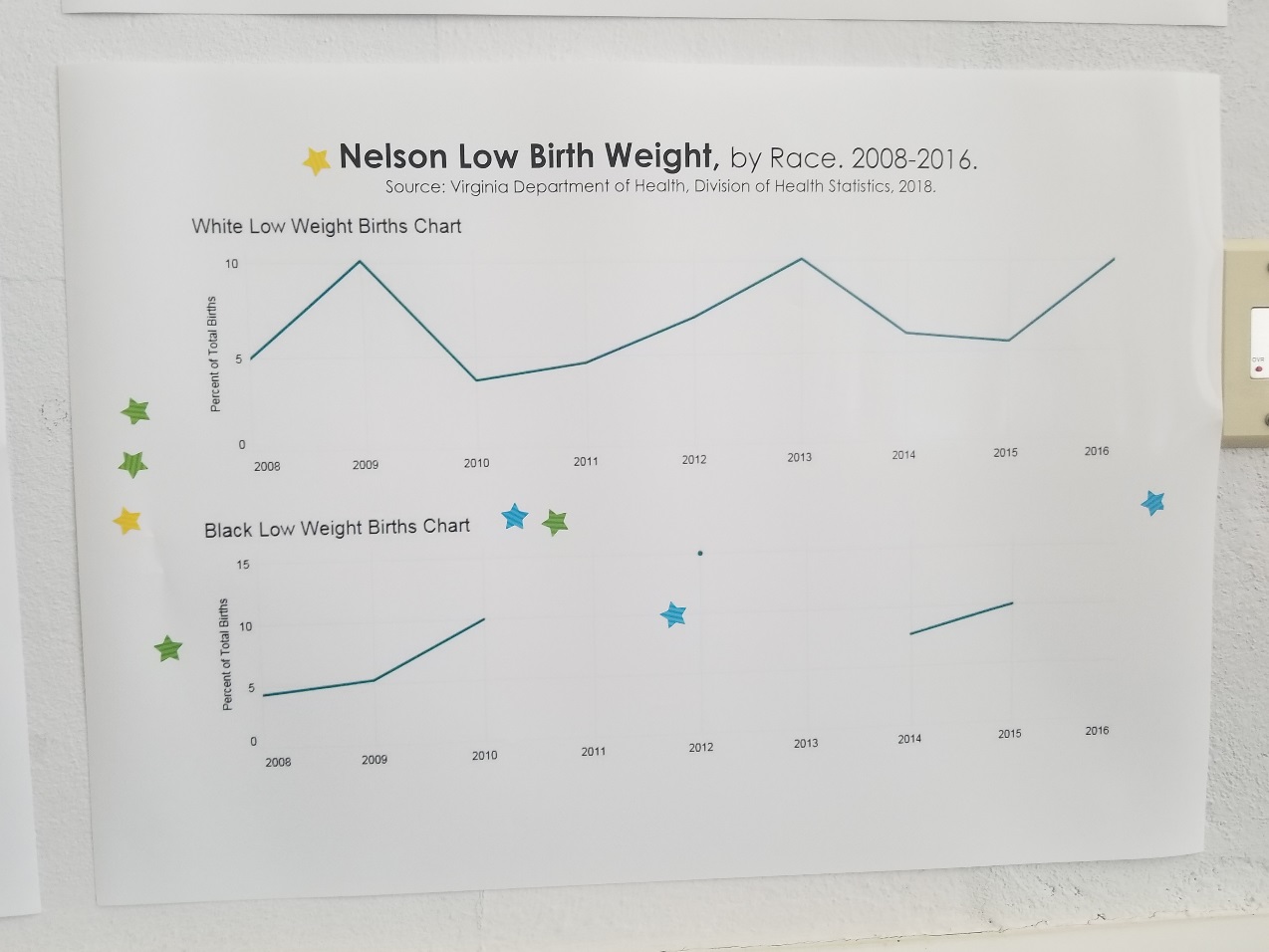
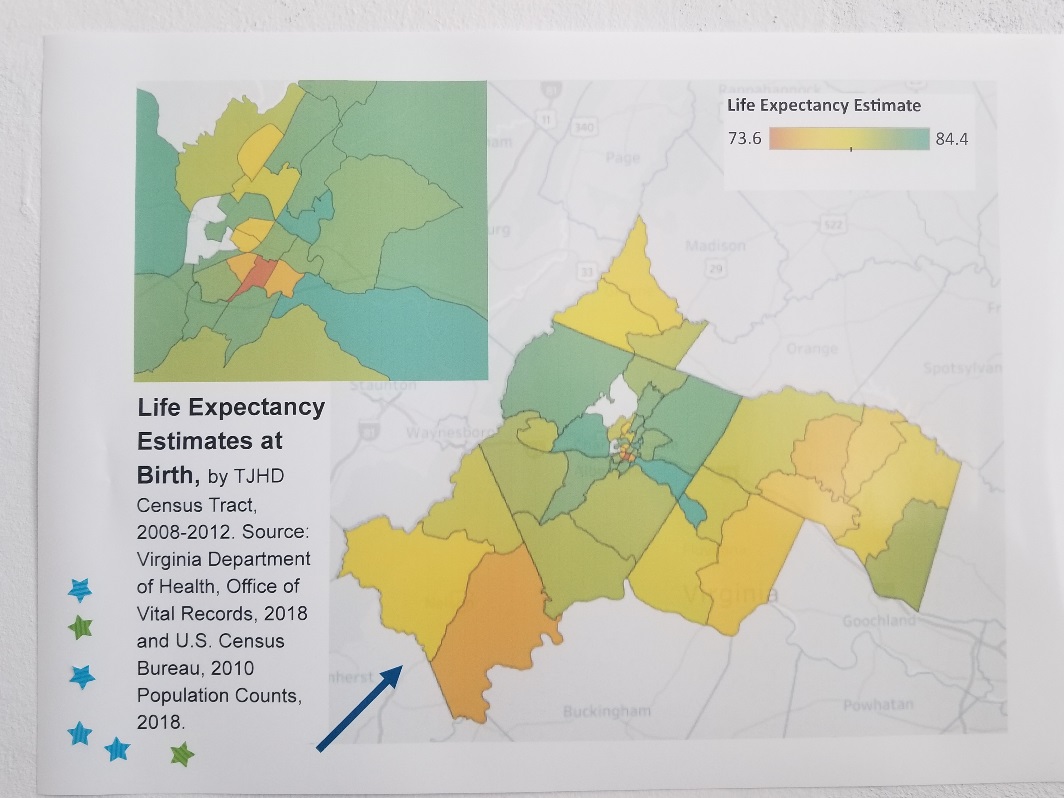
2:00-3:30pm

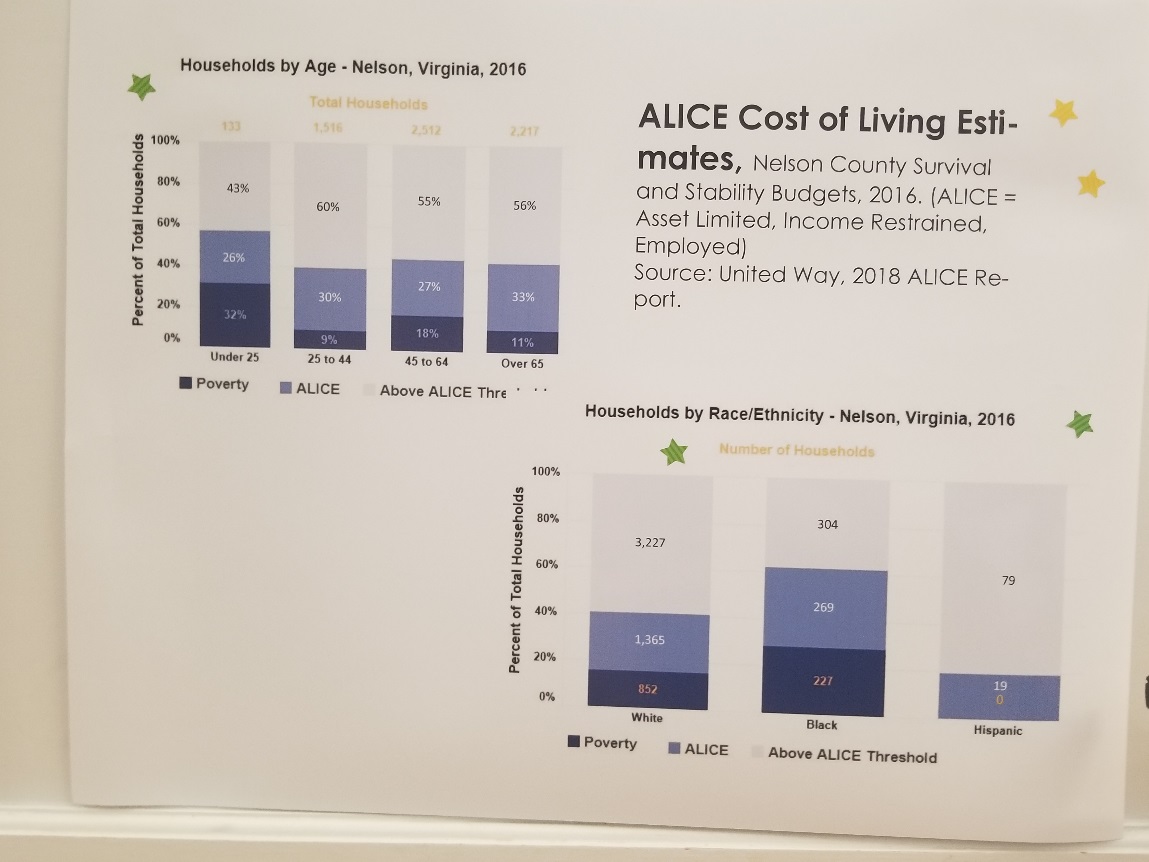
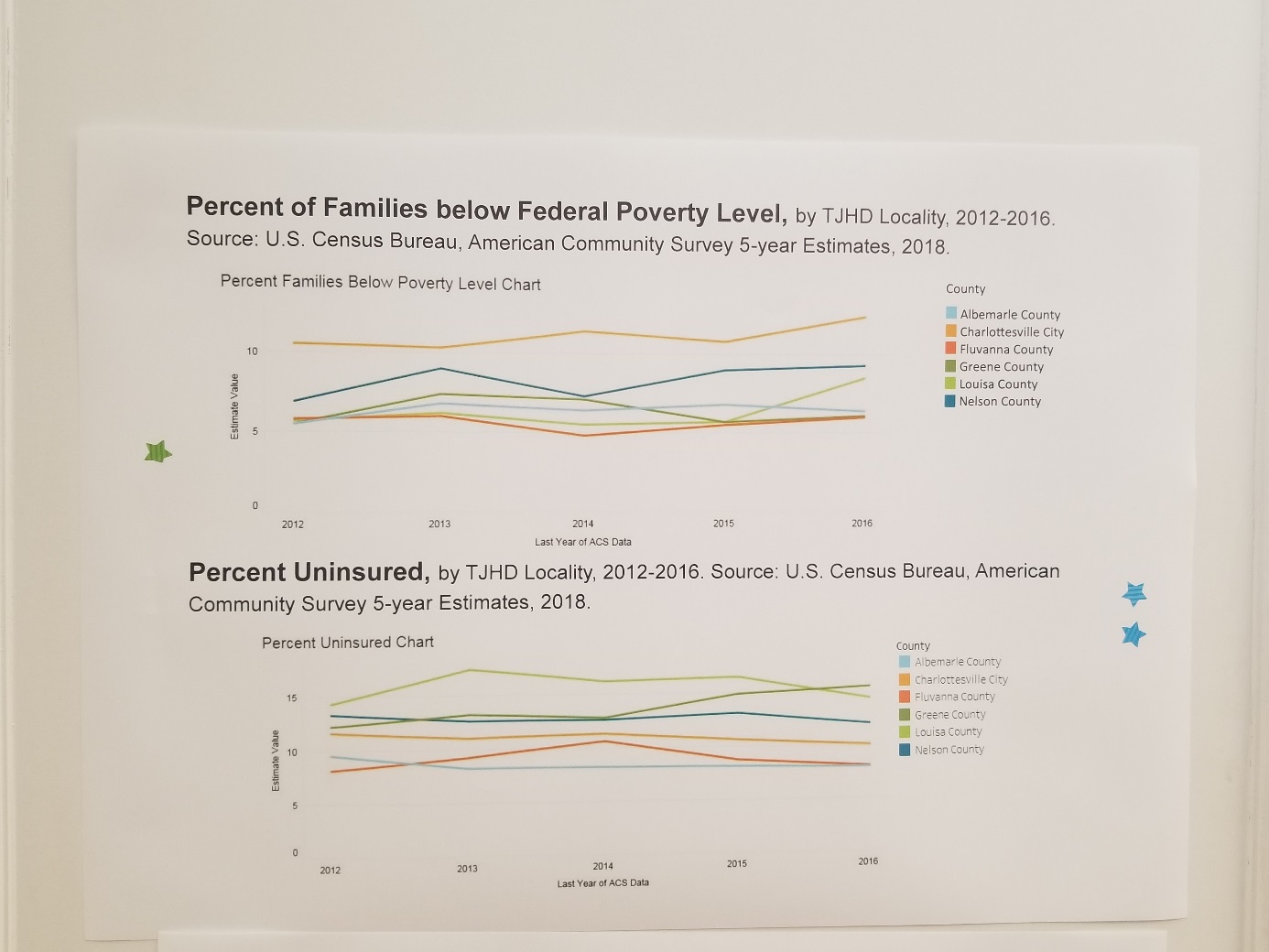
The Nelson Center

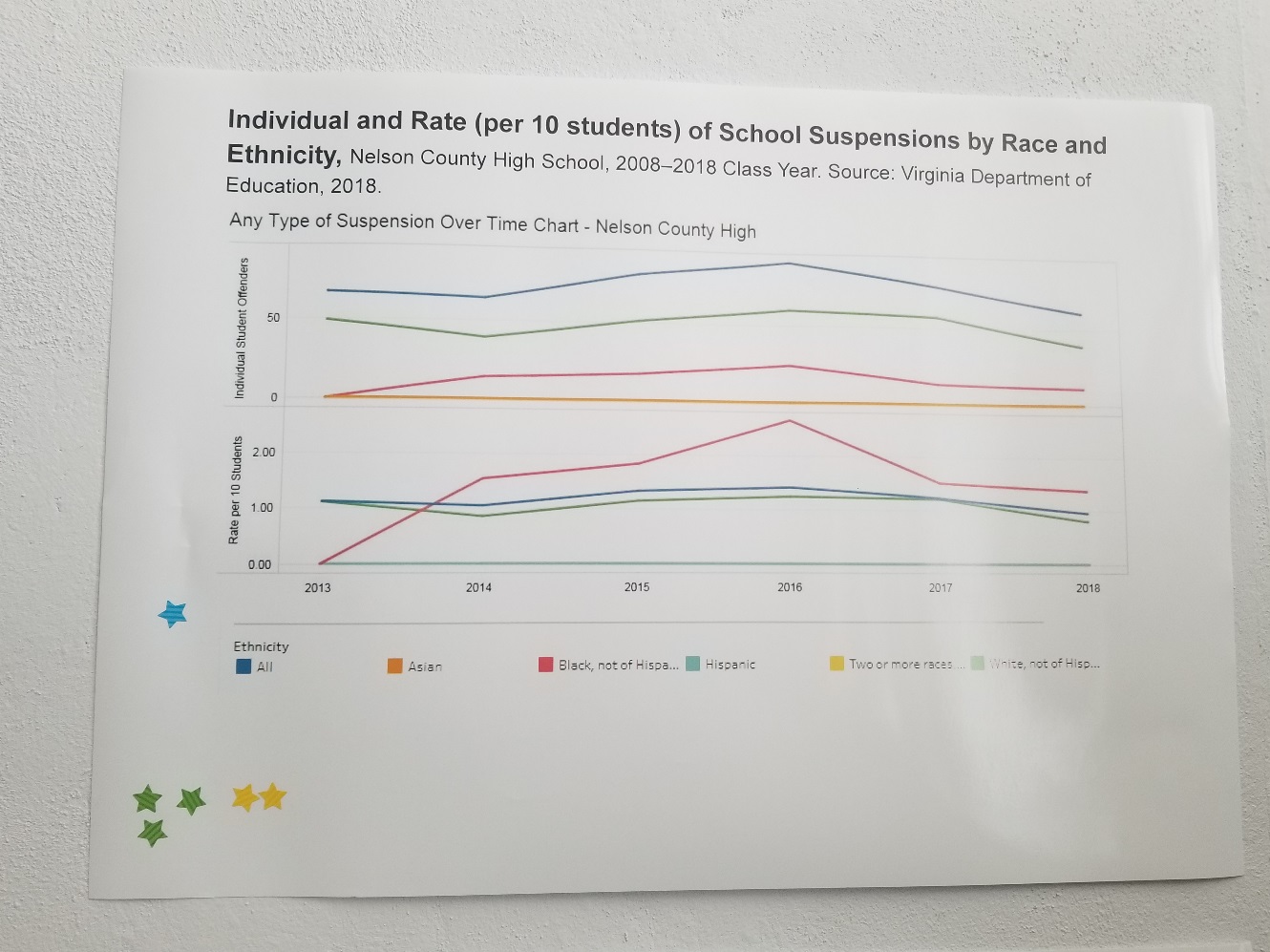
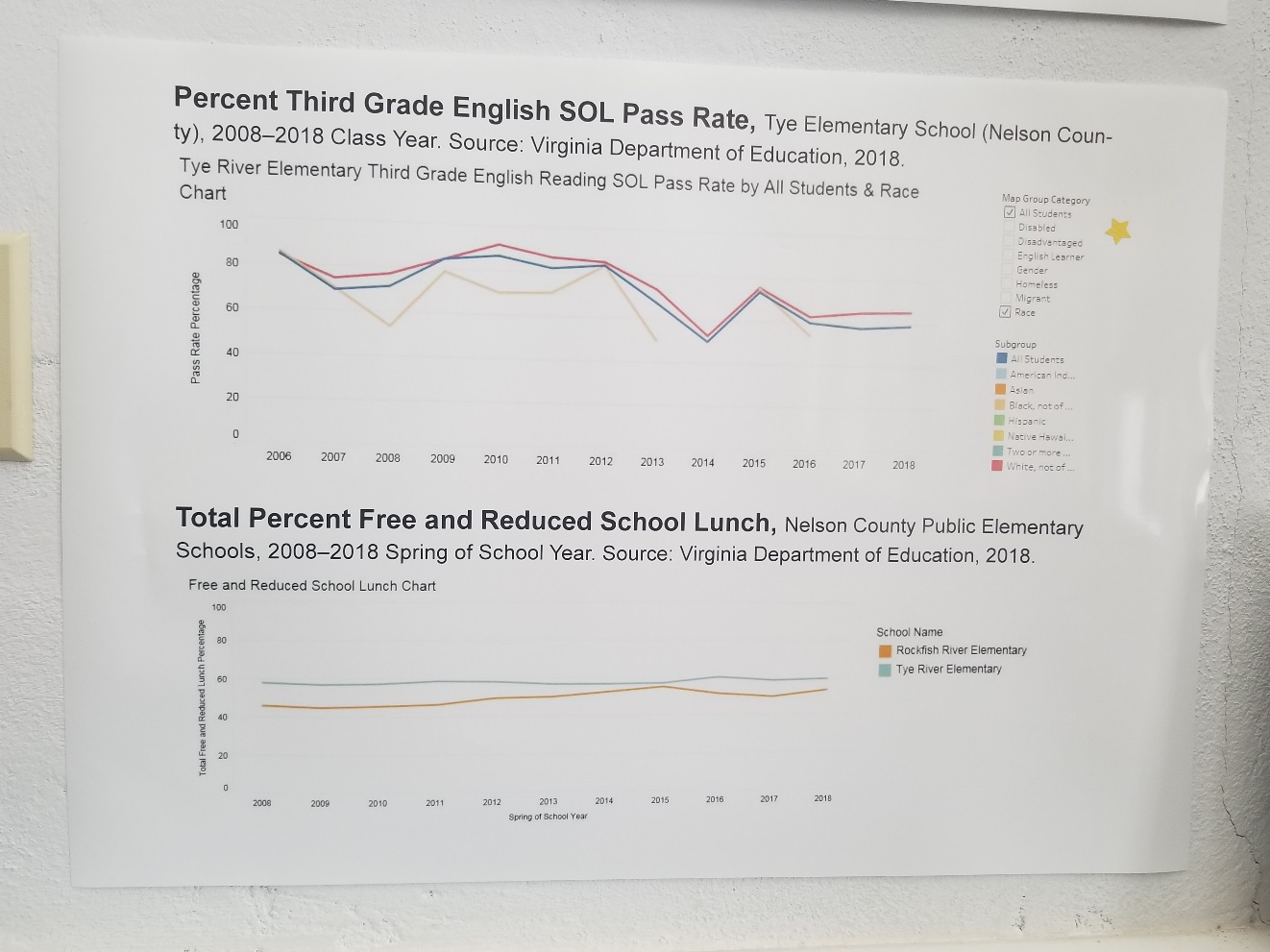
8445 Thomas Nelson Highway

Lovingston, VA 22949



****

****

****