

Reflecting on Committees and Boards for Advancing Public Health



Sharing experiences from the local, state and federal levels

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Outline

- About me
- Disclaimers
- New York City Dept. of Health and Mental Hygiene (Local)
 - About the PEACH project
 - Cross-collaboration at the local level and health improvement
 - Governance Councils of the Neighborhood Health Action Centers
- Utah Department of Health (State)
 - Utah Health Data Committee (mandated by statute)
 - Development of subcommittees
- National Institutes of Health/National Institute on Drug Abuse (Federal)
 - National Drug & Alcohol Facts Week
 - Other engagement at the Federal level
- Summary



Disclaimers

- This presentation does not represent the opinions or views of the Utah Department of Health, New York City Department of Health, nor the National Institutes of Health
- Delivering this presentation as myself, having experience in public health across local, state and federal levels



About the Office of Health Care Statistics (my office)

Office of Health Care Statistics collects, analyzes, and disseminates healthcare data and is responsible for the following data series:

- **Healthcare Facilities Data (HFD)** Includes all institutional “patient encounters” that are provided in the State of Utah by qualifying licensed facilities
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** Health plans (commercial and Medicaid, medical and dental) conduct annual surveys of their members (Required by statute - implemented by rule)
- **Healthcare Effectiveness Data and Information Set (HEDIS)** Quality of care measures - developed and maintained by the National Committee for Quality Assurance (NCQA).
- **All -Payer Claims Database (APCD)** Includes claims paid on behalf of Utah residents for the majority of health plans, Medicaid, Medicare Advantage, and third party administrators including PBMs.
- **Patient Safety Surveillance and Improvement Program (PSSIP)** A reporting mechanism which captures patient safety events (injuries, death or other adverse events) associated with healthcare delivery and administration of anesthesia.

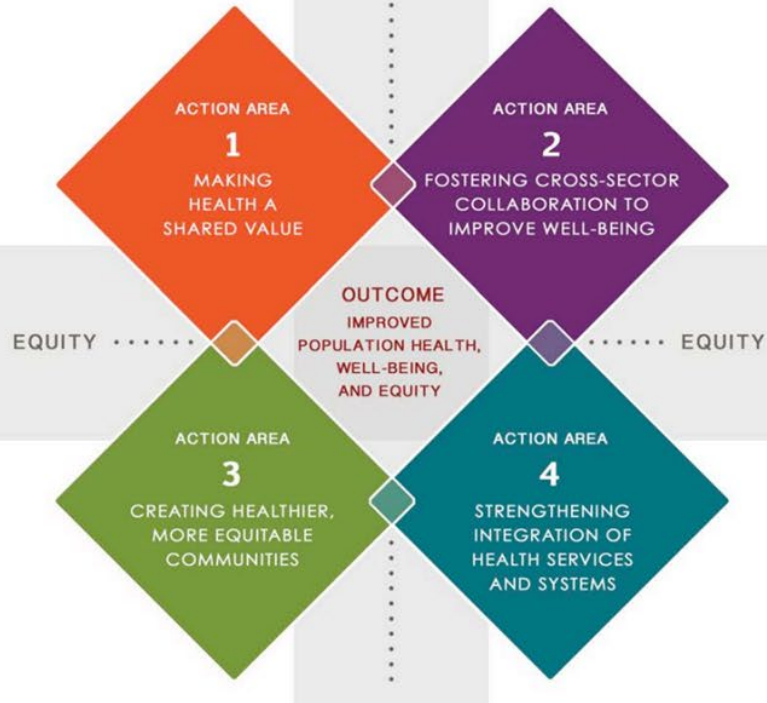


Impact of Partnerships in NYC: The Local Experience

- 2017, Awarded RWJF Systems for Action Grant, project title: PEACH: Partnerships to Encourage Actionable Cultures of Health
- Purpose: To provide new evidence on how aligning a city health department with cross-sector community stakeholders under a place-based model can improve health and reduce inequities across neighborhoods.
- Goal: Evaluate the impact of the system on the neighborhood, and detail how this alignment may be scaled up in New York City (NYC) and replicated in other U.S. cities.
- Core of the study was centered around the East Harlem Neighborhood Health Action Center.

Building a Culture of Health in East Harlem

CULTURE OF HEALTH ACTION FRAMEWORK



Action Area 2: **Fostering cross-sector collaboration to improve well-being**

Source:

https://systemsforaction.org/sites/default/files/documents/75078_042518_WEBINAR_Presentation_Slides_Optimized.pdf



Action Center Co-Located Partners in East Harlem

CONCRETE SAFARIS

NYC
Health

Public Health Solutions

HARLEM
NEIGHBORHOOD
HEALTH ACTION CENTERS

ABC
Association to Benefit Children

- ❖ Harlem Health Advocacy Partners
- ❖ East Harlem Asthma Center of Excellence
- ❖ Newborn Home Visiting
- ❖ EHACE Chefs
- ❖ Fresh Food Box
- ❖ Shape Up
- ❖ East Harlem Community Walking Trail
- ❖ Family Wellness Suite

idNYC

SMART 

Source:

https://systemsforaction.org/sites/default/files/documents/75078_042518_WEBINAR_PresentationSlides_Optimized.pdf

NōWPōW

Governance Council Interviews



Monthly Governance Council Meeting

- Includes representatives from each co-located partner
- Supports coordination of services and planning at the building level

Governance Council Purpose

- Promote transparency
- Support cohesion and collaboration
- Address building management issues
- Ensure customer relations are of the highest possible standards and respond to community needs
- Strategic planning

Source:

https://systemsforaction.org/sites/default/files/documents/75078_042518_WEBINAR_PresentationSlides_Optimized.pdf

Statutorily Mandated Committee: The State Experience



UTAH STATE
LEGISLATURE



<< Previous Section (26-33a-103) Download Options PDF | RTF | XML Next Section (26-33a-105) >>

[Index](#) **Utah Code**

Title 26 **Utah Health Code**

Chapter 33a **Utah Health Data Authority Act**

Section 104 **Purpose, powers, and duties of the committee. (Effective 5/10/2016)**

Amended by 631-1-226 on 7/1/2024

Effective 5/10/2016

26-33a-104. Purpose, powers, and duties of the committee.

- (1) The purpose of the committee is to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and also to facilitate interaction among those with concern for health care issues.
- (2) The committee shall:
 - (a) with the concurrence of the department and in accordance with [Title 63G, Chapter 3, Utah Administrative Rulemaking Act](#), develop and adopt by rule, following public



The Office of Health Care Statistics (OHCS) implements the goals and directions of the Utah Health Data Committee (HDC).

The HDC is composed of 15 members who have experience with health data and who represent various perspectives from industry and community – public health, purchasers, providers, payers, and patients.

The subcommittees provide input on transparency efforts, data standards, data use and release, and process improvement.

- HDC Executive Committee
- Transparency Advisory Group
- Utah Healthcare Facilities Subcommittee
- Utah Payers Advisory Subcommittee
- Data Use Subcommittee



Recent work of the Office of Health Care Statistics

- Calculating wasteful healthcare spending in Utah (current)
- Flu Vaccination Trends
- COVID-19 Healthcare Trends
- Exploring the cost of colonoscopy across the state
- Exploring the cost of cataract surgery across the state
- Induced deliveries by race and rurality
- Calculating primary care spending in Utah
- ED visits for migraine across the state, by rurality
- Top driver of ED visits for people with autism
- And many, many more (statutorily required, and not)



Engagement at the Federal Level: The NIH/NIDA Experience





Engagement at the Federal Level?



National Institutes of Health
Turning Discovery Into Health

Optimize NIH Questions/Feedback Form

We welcome your feedback and engagement. Please enter your comments and questions in the space below to be shared with the Optimize NIH Teams. We will do our best to respond to all questions within 3 business days. Look for a response from the Optimize NIH mailbox.

[If you would like to volunteer, you can do so here.](#)

(* = Required fields)

Information Requested

Name

Email

Comment or question



Conclusion & Final Thoughts

Agency	Access to Resources	Access to Community & Engagement	Access to Policy Makers
Local	Lowest	Highest	Low?
State	Mid	Mid	High
Federal	Highest	Lowest	Low?

Thank You!

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