

Domain 7



Public Health Accreditation Board

STANDARDS

& Measures

VERSION 1.0

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Format for the Standards and Measures

In this document, the PHAB Standards and Measures are preceded by the domain number and brief description of the domain. Standards are repeated at the beginning of each measure for easy reference. The chart below provides an example of the layout for standards, measures, required documentation and guidance for required documentation.

Standard: This is the standard to which the measure applies.

Measure	Purpose	Significance
<p><i>This section states the measure on which the health department is being evaluated.</i></p>	<p>The purpose of this measure is to assess the health department's . . .</p> <p><i>This section describes the public health capacity or activity on which the health department is being assessed.</i></p>	<p><i>This section describes the necessity for the capacity or activity that is being assessed.</i></p>
Required Documentation	Guidance	
<p><i>This section lists the documentation that the health department must provide as evidence that it is in conformity with the measure.</i></p> <p><i>The documentation will be numbered:</i></p> <ol style="list-style-type: none"> 1. Xxx 2. Xxx <ol style="list-style-type: none"> a) xxx b) xxx 	<p><i>This section provides guidance specific to the required documentation. Types of materials may be described, e.g., meeting minutes, partnership member list, etc. Examples may also be provided here.</i></p> <p><i>This section will state if the documentation is department-wide or if a selection of programs' documentation is required.</i></p> <ol style="list-style-type: none"> 1. Xxx 2. Xxx <ol style="list-style-type: none"> a) xxx b) xxx 	

Domain 7: Promote strategies to improve access to health care services

Domain 7 focuses on the link between public health activities and health care services. The health care sector provides many preventive services, such as immunizations, cholesterol screening, screening for breast cancer, high blood pressure management, and prenatal care. Patient counseling on health promotion, disease prevention, and chronic disease management is an important link between health care and public health. Linkages between health care and public health ensure continuity of care and management for the population.

An important role of public health is the assessment of (1) the capacity of the health care system to meet the health care needs of the population, and (2) community members' access to health care services. Public health also works to increase access to needed health care services.

DOMAIN 7 INCLUDES TWO STANDARDS:

Standard 7.1 Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2 Identify and Implement Strategies to Improve Access to Health Care Services

STANDARD 7.1: ASSESS HEALTH CARE SERVICE CAPACITY AND ACCESS TO HEALTH CARE SERVICES.

Public health services should link with health care services to ensure that there is continuity of services for the population. Health departments should work with the health care system to (1) understand the capacity of the health care system, (2) identify barriers to health care, and (3) identify populations who experience barriers to health care services.

Standard 7.1: Assess health care service capacity and access to health care services.

Measure	Purpose	Significance
<p>7.1.1 A Convene and/or participate in a collaborative process to assess the availability of health care services</p>	<p>The purpose of this measure is to assess the health department's participation in a collaborative process to develop an understanding of the population's access to health care services and the capacity of the health care system.</p>	<p>The health department should participate in collaborative efforts to assess the health care needs of the population of the Tribe, state, or community. The focus is on the need for primary care, particularly preventive care and chronic disease management.</p> <p>The health department might not directly provide health care services in order to improve access, but may provide selected clinical services where it has authority and responsibility.</p> <p>Health care services, for access planning purposes, include: clinical preventive services, emergency services, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, dental treatment, and behavioral health. <i>(See Glossary for definition of Health care Services.)</i></p>

Measure 7.1.1 A, continued

Required Documentation	Guidance
<ol style="list-style-type: none"><li data-bbox="212 331 743 399">1. A collaborative process to assess availability of health care services<li data-bbox="212 591 743 769">2. Description of partnerships across Tribal, state, and local health departments and the health care system to make comprehensive data available for the purposes of health care access planning	<ol style="list-style-type: none"><li data-bbox="785 331 1885 548">1. The health department must document that it has participated in a collaborative process to assess the availability of health care services. Documentation should also demonstrate the involvement of the health care system. Charters or meeting agendas with minutes must be submitted. Information on the partnerships developed to assess health care availability and the use of data in the assessment process must include rosters of coalition/network/council members, such as health care providers, social services organizations, and other stakeholders.<li data-bbox="785 591 1885 732">2. The health department must document the sharing of public health Tribal, state and local data and health care system data for planning purposes. Documentation can include regional health information organizations (RHIOs) and health information exchanges (HIEs), or less formal data sharing efforts.

Standard 7.1: Assess health care service capacity and access to health care services.

Measure	Purpose	Significance
<p>7.1.2 A Identify populations who experience barriers to health care services</p>	<p>The purpose of this measure is to assess the department's knowledge of barriers to health care and of the specific populations who experience those barriers.</p>	<p>It is important for the health department to identify populations in its jurisdiction that experience perceived or real barriers to health care. Part of assessing capacity and access to health care is to identify those who are not receiving services and to understand the causes. Barriers may be experienced, for example by populations who are uninsured or under-insured, have no transportation to health care, do not speak or understand English, are immuno-compromised, or live where there is a shortage of primary care practitioners. Barriers may also be perceived by populations who do not trust accessible providers of health care or do not understand why certain routine medical services or screenings are necessary for their health. Populations who may lack access to health care services include, for example: pregnant women who use tobacco and are at risk of giving birth to a low birth weight baby; obese populations who are at risk for diabetes; or individuals who use tobacco products and are at risk for cancer.</p>

Measure 7.1.2 A, continued

Required Documentation	Guidance
<ol style="list-style-type: none"><li data-bbox="216 334 604 399">1. Reports of health care needs of the population<li data-bbox="216 558 737 659">2. Description of the process(s), used for the identification of program gaps and barriers to accessing health care services	<ol style="list-style-type: none"><li data-bbox="785 334 1877 513">1. The health department must provide documentation that shows the process and information used to identify populations who lack access to health care. Information could be obtained from an assessment survey and/or surveys of particular population groups. Other information sources include: analysis of secondary data and/or health care data, such as emergency department admissions or population insurance status data.<li data-bbox="785 558 1877 808">2. The health department must provide information describing the process used to identify populations who lack access to health care services and identify who was involved in the identification process. Documentation must reflect a range of partners, including health care providers, communities of color, Tribal representatives, employers, low income workers, and specific populations who lack health care and experience barriers to service. Processes may include: sector maps, analysis of hospital admissions or emergency department data, analysis of health insurance data, or other tools.

Standard 7.1: Assess health care service capacity and access to health care services.

Measure	Purpose	Significance
<p>7.1.3 A Identify gaps in access to health care services</p>	<p>The purpose of this measure is to assess the health department's knowledge of gaps in access to health care services among the population it serves.</p>	<p>It is important for health departments to understand the gaps in access to health care so that effective strategies can be put in place to address the lack of access to health care. Causes of gaps in service can range from financial (lack of affordable services), health care system capacity (lack of dental providers), cultural (lack of interpreters), and geographic (lack of transportation), among others. Shared data among the members of the partnership can evidence an effort to capture and understand all possible gaps that exist.</p>
Required Documentation	Guidance	
<p>1. Reports of analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access. Reports must include:</p> <ul style="list-style-type: none"> a. Assessment of capacity and distribution of health care providers 	<p>1. The health department must provide reports of data analysis from various partnership sources that identify and describe gaps in access to health care services. At a minimum, partnership data sources should include the partners that participated in the collaborative process described in measure 7.1.1. Data may be contributed by all partners or may be discussed or evaluated by partners. The reports must include:</p> <ul style="list-style-type: none"> a. Assessment of capacity and distribution of health care providers. These data will show geographic gaps in the availability of health care providers. 	

Measure 7.1.3 A, continued

Required Documentation	Guidance
<p>b. Availability of health care services</p> <p>c. Identification of causes of gaps in services</p> <p>d. Results of periodic surveys of access</p>	<p>b. Assessment of the availability of health care services, such as clinical preventive services, EMS, emergency departments, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, dental, behavioral health, and other services. These data can be useful in seeking support for a particular service.</p> <p>c. Assessment of cause(s) for lack of access. Causes may include: a population that is uninsured/under-insured, lacks transportation to health care, does not speak or understand English, is immuno-compromised, or lives where there is a shortage of primary care and dental practitioners. Barriers may also be the result of populations who do not trust health care providers or do not understand why certain routine medical services or screenings are necessary to protect their health. Barriers may include, but not be limited to, travel distance in rural areas, inability to obtain timely appointments, lack of ability to pay for services, or limited service hours of health care.</p> <p>d. Results of periodic surveys of access, such as focus groups, studies of eligible groups receiving services, and other assessment information, can provide perspectives from the population that lacks access. These surveys do not have to be administered by the health department, but the results should be considered in the assessment of gaps in access.</p> <p>Assessment reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access.</p>

STANDARD 7.2: IDENTIFY AND IMPLEMENT STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE SERVICES.

There are many factors that can contribute to lack of access to health care, including insurance status, transportation, travel distance, availability of a regular source of care, wait time for appointments, and office wait times. Social conditions also influence access to health care, including education and literacy level, language barriers, knowledge of the importance of symptoms, trust in the health care system, and employment leave flexibility. Once the barriers and gaps in service are identified, strategies may be developed and implemented to address them and improve access to health care services.

Standard 7.2: Identify and implement strategies to improve access to health care services.

Measure	Purpose	Significance
<p>7.2.1 A Convene and/or participate in a collaborative process to establish strategies to improve access to health care services</p>	<p>The purpose of this measure is to assess the health department's involvement with the health care system to encourage a collaborative process to develop strategies to increase access to health care for those who experience barriers to services.</p>	<p>Factors that contribute to poor access to care are varied. A partnership with other organizations and agencies provides the opportunity to address multiple factors and coordinate strategies. The health department need not have convened or have led the process, but it must have participated in a collaborative process.</p>

Required Documentation	Guidance
<p>1. Documentation that a coalition/network/council is working on collaborative processes to reduce barriers to health care access or gaps in access</p> <p>2. Development of strategies through the collaborative process to improve access to health care services</p>	<p>1. The health department must provide one example that demonstrates its involvement in a collaborative process for developing strategies to improve access to health care. The example must also demonstrate involvement of the health care system. The collaborative process and development of strategies in this measure can be done in conjunction with 7.1.1, and the same collaborative process/partnership can be used.</p> <p>The documentation must demonstrate that the group is actively working to identify strategies. Documentation could include: a charter for the group; membership rosters or participant/attendance lists; meeting agendas and minutes; or workgroup reports, work plans and white papers.</p> <p>2. The health department must provide written reports or meeting minutes that include identified strategies that the group developed together to improve access to health care services.</p>

Standard 7.2: Identify and implement strategies to improve access to health care services.

Measure	Purpose	Significance
<p>7.2.2 A Collaborate to implement strategies to increase access to health care services</p>	<p>The purpose of this measure is to assess the health department's implementation of strategies to increase access to health care services.</p>	<p>Strategies to improve access to health care services should be implemented to provide continuity of health promotion and disease prevention to members of the population and to ensure access to clinical preventive services. The health department should conduct these efforts in collaboration with partners, including the health care system. Strategies may include: linking individuals with needed services; establishing systems of care in partnership with other members of the Tribe, state, or community; addressing transportation barriers; working with employers to increase the number of insured workers, or other strategies to address particular barriers.</p>
Required Documentation	Guidance	
<p>1. Documentation of collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services</p>	<p>1. The health department must provide two examples of collaborative implementation of strategies to improve access to services for those who experience barriers. Partners may include: community service providers, schools, health care providers, migrant health clinics, social service organizations, transportation providers, and employers.</p> <p>Documentation that could be submitted includes:</p> <ul style="list-style-type: none"> • A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines 	

Measure 7.2.2 A, continued

Required Documentation	Guidance
	<ul style="list-style-type: none">• A documented cooperative system of referral between partners that shows the methods used to link individuals with needed health care services.• Documentation of outreach activities, case findings, case management, and activities to ensure that people can obtain the services they need.• Documentation of assistance to eligible beneficiaries with application and enrollment in Medicaid, workers' compensation, or other medical assistance programs.• Documentation of coordination of service programs (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access.• Grant applications submitted by community partnerships that address increased access to health care services.• Subcontracts in the community to deliver health care services in convenient and accessible locations.• Program/work plans documenting that strategies developed collaboratively have been implemented.

Standard 7.2: Identify and implement strategies to improve access to health care services.

Measure	Purpose	Significance
<p>7.2.3 A Lead or collaborate in culturally competent initiatives to increase access to health care services for those who may experience barriers due to cultural, language, or literacy differences</p>	<p>The purpose of this measure is to assess the health department's incorporation of cultural competence, language, or literacy in efforts to address the health care service needs of populations who experience barriers to access to health care.</p>	<p>Cultural differences can present serious barriers to receipt of health care services. Some cultures discourage women from talking about personal issues with people outside of their families. Cultures may also discourage men from seeking care, may not trust health care providers, or may rely on health care providers who are not trained in traditional methods. Language, literacy, and hearing impairment can also limit access to care. Cultural differences must be addressed in strategies to improve access to health care services, if those strategies are going to be successful.</p>
Required Documentation	Guidance	
<p>1. Interventions delivered in a culturally competent manner to populations within the jurisdiction of the health department</p>	<p>1. The health department must provide two examples of culturally competent, language, or literacy related interventions that it has provided to populations that experience barriers to health care services. The interventions may be developed by the health department or in collaboration with others.</p> <p>Examples could include: use of lay health advocates indigenous to the target population; parish nursing; informational materials developed for low literacy individuals; culturally competent initiatives developed with members of the target population; language/interpretive services; family-based care for some populations; or provision of health care that combines cultural health care and the health care system.</p>	