Domain 7: Promote Strategies to Improve Access to Health Care

Domain 7 focuses on the population's access to needed health care services. An important role of public health is the assessment of the population's access to health care services and the capacity of the health care system to meet the health care needs of the population. Public health also has a role in efforts to increase access to needed health care services, particularly primary care. The focus of this Domain is not on health care or clinical services that the health department may provide directly, though those services are part of the analysis of access to health care.

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.

Health departments should work with the health care system to (1) understand the availability of health care services to the population, (2) identify populations who experience barriers to health care services, and (3) identify gaps in access to health care and barriers to the receipt of care.

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.1.1 A Process to assess the availability of health care services	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 needed health care services.	Collaborative efforts are required 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 primary care and chronic disease management. Health care services, for access planning purposes, include: clinical preventive services, emergency services, urgent care, occupational medicine, ambulatory care (primary and specialty), and dental treatment.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. A collaborative process to assess availability of health care services	**1. The health department must document its participation in a collaborative process to assess the availability of health care services to the population.** The collaborative process must include the involvement of the health care system. Other partners may include, for example, representatives of social service organizations, employers, health insurance companies, communities of color, Tribes, low income workers, military installations, correctional agencies, specific populations who may lack health care and/or experience barriers to service (e.g., disabled, non-English speaking, or otherwise disenfranchised residents), and other stakeholders. For Tribal health departments it may include clinic and hospital representatives, Indian Health Service, other Tribal programs and departments, and individuals representing communities that experience barriers to services (e.g., distance from service, transportation barriers). Information on the partnerships developed to assess health care must include rosters of coalition/network/council members. Documentation could be, for example, charters or meeting agendas, or meeting minutes.	**1 collaborative process**	**5 years**

2. The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning	**2. The health department must document the sharing of public health Tribal, state, and/or local data for assessment and planning purposes.** Sharing mechanisms can include regional health information organizations (RHIOs) and health information exchanges (HIEs), or less formal data sharing efforts, for example, MOUs or contracts. Documentation could be examples of data sharing through reports, emails, etc.	**2 examples**	**5 years**
3. Consideration of emerging issues in public health, the health care system, and health care reimbursement	**3. The health department must document consideration of emerging issues that may impact access to care.** These might include changes in the structure of the health care system; types and numbers of health care professionals being trained; changes in reimbursement structure, rates, or payment mechanisms such as accountable care organizations; developing care models, for example, coordinated care organizations or convenient care clinics; and electronic medical records. Documentation could be, for example, meeting minutes, reports, or white papers.	**2 examples**	**5 years**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.1.2 A Identification of populations who experience barriers to health care services identified	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.	It is important for the health department to identify populations in its jurisdiction that experience perceived or real barriers to health care. Assessing capacity and access to health care includes the identification of those who are not receiving services and understanding the reasons that they are not receiving needed care or experiencing barriers to care. Barriers may be experienced, for example by populations who are uninsured or under-insured, have no transportation to health care, are non-English speaking, 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 the health care system or do not understand why certain routine medical services or screenings are necessary for their health. The importance of access to health care services includes, for example: pregnant women who use tobacco (who 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 (who are at risk for cancer).

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. A process for the identification of un-served or under-served populations	**1. The health department must document 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.	**1 process**	**5 years**
2. A report that identifies populations who are un-served or under-served	**2. The health department must provide a report that identifies populations who experience barriers to health care services.** Populations may be identified by a variety of characteristics, for example, age (e.g., teenagers, elderly, etc.), ethnicity, geographic location, health insurance status, educational level obtained, mental or physical disabilities, discrimination (e.g., marriage inequality), or special health service needs (women who are pregnant, individuals with diabetes, etc.). This report could be a section of a larger report that includes other topic, a separate report, or part of the community health improvement plan.	**1 report**	**5 years**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.1.3 A Identification of gaps in access to health care services and barriers to the receipt of health care services identified	The purpose of this measure is to assess the health department's knowledge of gaps in access and barriers to health care services among the population it serves.	It is important for health departments to understand the gaps in access to health care and the barriers to care so that effective strategies can be put in place to address the lack of access to health care. Barriers to health care services can range from financial (e.g., lack of affordable services), health care system capacity (e.g., lack of dental providers), cultural (e.g., lack of interpreters), geographic (e.g., lack of transportation), and lack of health insurance, among others. Shared data among the members of the partnership can evidence an effort to capture and understand all possible gaps that exist.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The process or set of processes used for the identification of service gaps and barriers to accessing health care services	**1. The health department must document the process used to identify gaps in health care services and barriers to care.** The documentation must identify who was involved in the identification process. Processes may include sector maps, analysis of hospital admissions or emergency department data, analysis of health insurance data, or other tools.	**1 process or set processes**	**5 years**
2. Reporting the 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, or barriers to care. **Reports must include:**	**2. The health department must provide reports of analysis of data from various partnership sources that identify and describe gaps in access and barriers to health care services.** Reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access. At a minimum, data sources must 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:	**2 examples**	**5 years**

a. Assessment of capacity and distribution of health care providers	a. Assessment of capacity and distribution of health care providers. These data will show geographic gaps in the availability of health care providers.		
b. Availability of health care services	b. Assessment of the availability of health care services, for example, clinical preventive services, EMS, emergency departments, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, chronic disease care (e.g., diabetic care, HIV health services), dental, and other health care services. These data can be useful in seeking support for a particular service.		
c. Identification of causes of gaps in services and barriers to receipt of care	c. Assessment of cause(s) for lack of access to services and barriers to access to care. 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.		
d. Results of data gathered periodically concerning access	d. Results of data or information gathered concerning access, for example, focus groups, studies of eligible groups receiving services, and other assessment information, can provide perspectives from the population that lacks access. These data collection efforts do not have to be administered by the health department, but the results must be considered in the assessment of gaps in access and barriers to care.		

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
Measure 7.2.1 A Process to develop strategies to improve access to health care services	The purpose of this measure is to assess the health department's collaborative efforts to develop strategies to increase access to health care for those who experience barriers to services.	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 collaborative process, but it must have participated in the process.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. A coalition/ network/ council working collaboratively to reduce barriers to health care access or gaps in access	**1. The health department must document its involvement in a collaborative process for developing strategies to improve access to health care.** The example must demonstrate involvement of representatives of providers of health care services, for example, hospitals, clinics, primary care physicians, etc. Other partners may include, for example: community service providers, schools, correctional agencies, migrant health, social service organizations, transportation providers, military installations, and employers. The documentation must demonstrate that the group is actively working to identify strategies. 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. Documentation could be, for example, a charter for the group; membership rosters or participant/attendance lists; meeting agendas and minutes; or workgroup reports, work plans, and white papers.	**1 collaborative process**	**5 years**

2. Strategies developed by the coalition/ network/council working through a collaborative process to improve access to health care services	**2. The health department must provide strategies that the coalition/ network/council developed to improve access to health care services and reduce barriers to care.** Examples include: linking individuals with needed and convenient services; establishing systems of care in partnership with other members of the community; addressing transportation barriers; addressing cuts in budgets and clinic hours; expanding roles of care givers (e.g., mid-level providers) to provide screenings and referrals; working with employers to increase the number of insured workers; or other strategies to address particular barriers. Documentation could be, for example, reports, meeting minutes, or MOUs.	**2 examples**	**5 years**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.2.2 A Implemented strategies to increase access to health care services	The purpose of this measure is to assess the health department's involvement in the implementation of strategies to increase access to health care services.	Improved access to care will provide continuity of health promotion and disease prevention to members of the population and ensure access to needed preventive services.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Collaborative implementation of mechanisms or strategies to assist the population in obtaining health care services	**1. The health department must document collaborative implementation of strategies to improve access to services for those who experience barriers.** Documentation could be, for example: • A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines. • 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. • Documentation of transportation programs.	**2 examples**	**5 years**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 7.2.3 A Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences	The purpose of this measure is to assess the health department's involvement in the 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.	Cultural differences can present serious barriers to receipt of health care services. Cultural differences must be addressed in strategies to improve access to health care services, if those strategies are to be successful. For example, some cultures discourage women from talking about personal issues with people outside of their families, discourage men from seeking care, may not trust health care providers, or may rely on community providers who are not trained in medical care. Language and low literacy can also limit access to care.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Initiatives to ensure that access and barriers are addressed in a culturally competent manner	**1. The health department must document that initiatives to ensure access and address barriers are culturally competent, and take into account cultural, language, or low literacy barriers.** The initiatives may be developed by the health department or in collaboration with others. Examples of initiatives include the 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.	**2 examples**	**5 years**