

# Gaining Ground

## Domain 7: Access to Care Webinar Transcript

### **Webinar Series Overview:**

PHAB accreditation uses an established framework of standards based on twelve domains. The first ten address the Ten Essential Services of Public Health. The last two focus on your health department's infrastructure and governance. This 12-part video series provides information, tips, and resources on how you can use the specific performance measures in each domain to advance the quality and performance of your department. Applying the standards now will help your department reach its strategic goals, even as you consider taking the next steps towards accreditation.

### **Domain 7 Introduction:**

The goal of this presentation is to provide an overview of PHAB Domain 7. Domain 7 provides requirements for Promoting Strategies to Improve Access to Health Care. This presentation was developed by Grace Gorenflo who serves as a national mentor to Iowa's Gaining Ground Coalition. I'll be narrating it on her behalf.

My name is Tanya Uden-Holman. I'm a Clinical Professor at the University of Iowa College of Public Health. I'm also the Director of the Midwestern Public Health Training Center which is one of ten regional public health training centers funded by the Health Resources and Services Administration. The overarching goal of the center is to help improve public health by strengthening the technical, scientific, managerial, and leadership competencies of the public health workforce.

There are 12 domains as shown here. This presentation is going to focus on Domain 7: Promoting Strategies to Improve Access to Health Care.

Part of public health's unique governmental role is to assess the population's access to health care services and the capacity of the health care system to meet the population's health care needs. Public health also has a role in increasing access to needed services, especially primary care.

Note that the focus of this domain is not on health care or clinical services that the health department may directly provide. Those services, however, are part of the overall analysis of access to health care services that this domain covers.

Domain 7 is broken down into two areas called Standards. These standards may be broken down further into separate measures. Within the two standards of Domain 7, there are 6 measures.

**Standard 7.1:**

Standard 7.1 is to assess health care service capacity and access to health care services. Health departments should work with the health care system to analyze the services that are available, gaps in services, and barriers to accessing services. There are many factors that can contribute to lack of access to health care. These include: insurance status, transportation, travel distance, availability of a regular source of care, time until an appointment is available, and office wait times.

Social conditions also influence access to health care. For example: education and literacy level, understanding the importance of symptoms, and employment leave flexibility.

Cultural issues can come into play as well. For example, depending on the culture: women may be discouraged from talking about personal issues with people outside of their families, men may be discouraged from seeking care, health care providers may be distrusted, and people may rely on community providers who are not trained in medical care.

Language can also limit access to care.

**Measure 7.1.1:**

Measure 1 of this standard assesses the health department's collaboration with the health care system and other partners to develop an understanding of the population's access to needed health care services.

Other partners might include: social service organizations, employers, health insurance companies, communities of color, low income workers, or populations with specific barriers to care such as non-English speakers and people with disabilities.

Documentation can take the form of charters, meeting agendas, or meeting minutes. This measure also requires documentation that the health department shared its own data for assessment and planning purposes. Documentation could be examples of data sharing in reports or emails. The final requirements for this measure is that the health department considered emerging issues that could also affect access to care, such as changes in how health care is delivered or changes in payment structures. Documentation could include meeting minutes, reports, or white papers.

**Measure 7.1.2:**

The second measure of this standard looks at the identification of populations that experience barriers to health care services. PHAB requires documentation of the process and the information sources used to identify populations that lack access to care. Information sources could be surveys, focus groups, and secondary data sets. PHAB also requires a report that identifies the un- or under-served populations. This can be a standalone report or it could be part of a larger report, such as a community health improvement plan.

**Measure 7.1.3:**

Measure 7.1.3 looks at the health department's identification of gaps in health care services as well as barriers to receiving services. PHAB requires documentation of the process that was used to make these determinations; for example, an analysis of hospital admissions, emergency department visits, or health insurance data. The documentation should also include who was involved in the process. A second requirement is reports that include analyses and conclusions that will inform the development of strategies to improve access. These reports must include data from collaborating partners.

**Standard 7.2:**

Once the community's barriers and gaps in service are known, strategies may be developed and implemented to address them and improve access to health care services. This is Standard 7.2.

**Measure 7.2.1:**

The first measure of Standard 7.2 is to engage in a collaborative process to identify strategies that will improve access to health care services. Partnership with other organizations and agencies provides the opportunity to address multiple factors and coordinate strategies. Some examples of strategies 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 caregivers (such as mid-level providers) to provide screenings and referrals, and working with employers to increase the number of insured workers.

It is important to note that the health department does not need to convene or lead the process; rather, it must have participated in the process. Documentation for this measure includes evidence of the collaborative process such as a group charter, meeting agendas or minutes, or meeting participant lists. The strategies that were developed also must be submitted and this can take the form of reports, meeting minutes, MOUs, or the like.

**Measure 7.2.2:**

The second measure in this standard is the collaborative implementation of strategies, and documentation can take several forms, for example: an MOU, written system of referrals between partners, documented outreach or case management activities, or assistance with enrollment in Medicaid or workers' compensation, description of new service co-location such as WIC, immunizations, and lead testing, transportation programs, and subcontracts for health care service provision at accessible locations and convenient times.

**Measure 7.2.3:**

The third and final measure, "Implement culturally competent initiatives," is geared to those populations who may experience barriers to health care due to cultural, language, or literacy differences. The documentation should reflect strategies that address these barriers, and the strategies may be developed by the health department or in collaboration with others. Some examples of strategies include: an initiative developed with members of the target population, the provision of services that combine cultural health care practices and the health care system, the use of lay health advocates indigenous to the target population such as promotoras in the Latino communities, language and interpretive services, and informational materials written for low literacy individuals.

**Conclusion:**

That concludes our presentation on Domain 7: Identify and implement strategies to promote access to health care services. We hope this overview is helpful.

On behalf of the Gaining Ground Coalition, thank you for joining us today.