

Standards and Measures Documentation - Tips for Success: October-November 2018

This is the second in a series of columns in which PHAB staff share tips for successfully demonstrating conformity with various PHAB Standards and Measures. Here, PHAB Chief Program Officer Robin Wilcox discusses measures related to Domain 7: Strategies to Improve Access to Health Care.

Domain 7 addresses access to needed health care services. The intent of the PHAB Standards and Measures in Domain 7 is to address improved access from a community systems perspective. This Domain and its standards and measures are not about clinical services that the health department provides directly or how, when, or where those services are provided.

The PHAB Acronyms and Glossary of Terms says that access is “the potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel distance, waiting time, available financial resources, and availability of a regular source of care.”

Populations who often lack access to health care include the elderly, children, veterans, people with physical or intellectual disabilities, the homeless, people who lack financial resources, migrants, immigrants, immuno-compromised individuals, the uninsured and underinsured, people who live in rural/frontier locations, non-English speaking people, and the LGBTQ community.

Characteristics of communities promote or impede these populations’ ability to obtain the health services they need. Community characteristics that influence access to health care include social, cultural, economic, infrastructure, and geographic factors.

Domain 7 is also about the structure and design of the health care system and its relationship with the community. Issues include the availability of primary care and other providers, the community’s trust of the health care system, the location of services related to public transportation routes, service hours, urgent care availability, continuity of care, convenience of health care locations, insurance reimbursement structures, and electronic medical records.

The assessment and promotion of the population’s access to care requires that community partners evaluate and address factors such as prevalence of disabilities; insurance status; economic status; racial and ethnic minority status; limited English proficiency; poor mobility; lack of transportation; lack of health literacy; sexual orientation and gender identity; socioeconomic status; and residential location.

The promotion of access to care is not as simple as looking at where people live and where health care outlets are located. It is not as simple as increasing a clinic’s hours. Efforts to increase access to care require multi-sectoral collaboration, in-depth analysis of the populations who lack access, creative systems-thinking, and community systems-level changes.

Going All In to Create Multisector Partnerships and Share Data

All In: Data for Community Health is a learning network of communities that are testing exciting new ways to systematically improve community health outcomes through multisector partnerships working to share data. The Public Health National Center for Innovations (PHNCI) joined All In to partner with other national program offices implementing similar initiatives to improve communities, as well as to include its learning communities of grantees in the diverse collaborative network that connects members with tools, resources, and expertise to help advance efforts. [Click here](#) to read a blog authored by PHNCI staff to learn more about this initiative.