

# *Improve Access to Health Care Services*



- Domain 7: Promote strategies to improve access to health care services
- **Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services**
- 7.1.1 A: Convene and/or participate in a collaborative process to assess the availability of health care services
- 7.1.2 A: Identify populations who experience barriers to health care services
- 7.1.3 A: Identify gaps in access to health care services
- **Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services**
- 7.2.1 A: Convene and/or participate in a collaborative process to establish strategies to improve access to health care services
- 7.2.2 A: Collaborate to implement strategies to increase access to health care services
- 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

## ***7.1.1 A: Convene and/or participate in a collaborative process to assess the availability of health care services***



### Required Documentation

1. A collaborative process to assess availability of health care services
  - Involvement of the health care system
  - Must include rosters of coalition/network/council members
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
  - Must document sharing of public health Tribal, state and local data and health care system data for planning purposes

# DOH “Read Me” Example



## 7.1.1S\_NICE\_ReadMe

Overview: The Public Health Improvement Partnership (PHIP) convenes a collaborative process to improve health in Washington, including assessing the availability of health care services through the Local Public Health Indicators (LPHI); also, the Health of Washington State (HWS) provides more detail on health care access and disparities.

#1 is met through LPHI. We include the PHIP charter, the August 2011 meeting minutes of the Public Health Indicators Workgroup, and the LPHI indicator list as documentation. More detail is available at <http://www.doh.wa.gov/hip/initiative/phi.htm>.

#2 is met through the same documentation as #1. We additionally include the LPHI home page and an announcement of the LPHI 2011 update.

# DOH “Read Me” Example



**Measure 7.1.1 A – Convene and/or participate in a collaborative process to assess the availability of healthcare services.**

The Office of Community Health Systems is located within the division of Health Systems Quality Assurance. **As an office, we support:**

- Strong Emergency Medical Services and trauma systems.
- Health systems in rural areas.
- The Washington Poison Center.
- Adequate reimbursement for health services.
- Injury and violence prevention programs.
- And manage Patient Safety/Adverse Events Program.
- The effort to reduce health disparities

The Department of Health/Office of Community Health Systems collaborates with the American Indian Health Commission to produce the American Indian Health Care Delivery Plan. The plan includes information on American Indian/Alaska Native health status and also Indian Health services available. Every 2 years since 1997 Washington State has published an American Indian Health Care Delivery Plan. The Office of Community Health Systems staff and other staff in the department participate in the American Indian Health Commission meetings and provide information on programs and data. Attached is the contract with the Commission for the American Indian Health Care Delivery Plan, a copy of an agenda and meeting minutes from a Commission meeting showing collaboration. The attached sign in sheet (roster) shows the coalition participants. Also attached is the cover letter signed by the Sect. of the Department of Health and the Chair of the American Indian Health Commission.

**Document List:**

- 7.1.1A\_CHS\_1\_AIHCDP Final with Signed Letter 2.pdf
- 7.1.1A\_CHS\_1\_American Indian March\_2008\_Minutes.doc
- 7.1.1A\_CHS\_1\_American Indian March\_2008\_Agenda.doc
- 7.1.1A\_CHS\_1\_Jamestown 2007 10 4 Executed contract.pdf
- 7.1.1A\_CHS\_1\_March 2008 Meeting sign in sheet.pdf
- 7.1.1A\_CHS\_1\_AIP Charter.pdf
- 7.1.1A\_CHS\_1\_RCW 43\_70\_590 American Indian health care delivery plan.pdf

## ***7.1.2 A: Identify populations who experience barriers to health care services***



### Required Documentation

1. Reports of health care needs of the population
  - The process and information used to identify populations who lack access to health care
2. Description of the process(s), used for the identification of program gaps and barriers to accessing health care services
  - Populations who lack access to health care services and identify who was involved in the identification process.
  - Must reflect a range of partners, including health care providers, communities of color, Tribal reps., employers, low income workers, and specific populations who lack health care and experience barriers to service

# DOH “Read Me” Example



## 7.1.2S\_NICE\_ReadMe

Overview: The Public Health Improvement Partnership (PHIP) convenes a collaborative process to improve health in Washington, including assessing the availability of health care services through the Local Public Health Indicators (LPHI); also, the Health of Washington State (HWS) provides more detail on health care access and disparities. The PHIP developed criteria for selecting indicators and then, using these criteria, selected indicators for health care access and other key areas affecting health. The measures were then provided in two documents available to state, local and tribal health: the Local Public Health Indicators (LPHI) and the Health of Washington State (HWS). Documentation is the PHIP charter, the criteria for selecting indicators, the list of LPHI indicators, and sections of the HWS.

#1 The documentation used for 7.1.1 also applies to 7.1.2. Also, the HWS provides additional information: the section on Health Care Services focuses specifically on access issues and each other HWS chapter includes information on disparities by age, sex, income, education, and race/ethnicity (unless data are unavailable). We include the Health Care Services Section Overview and the chapter on Access to Prenatal and Preconception Care as examples. More information is available at <http://www.doh.wa.gov/hws/HWS2007.htm>.

#2 is met through the same documentation as 7.1.1 and 7.1.2 #1. For example, an important measure of health care access is first trimester prenatal care. This indicator was selected by the collaborative PHIP process and then both included as an indicator in LPHI and described in more detail in the HWS chapter on Access to Prenatal and Preconception Care. The HWS chapter contains additional detail on populations who are unlikely to receive first trimester prenatal care (based on receipt of Medicaid and cash assistance through the Temporary Assistance to Needy Families program and on women who were not US citizens). We also include the HWS Technical Notes which include a section on measurement of factors, such as race/ethnicity, that are associated with a variety of health outcomes as well as health care access.

Here are meeting notes: <http://www.doh.wa.gov/PHIP/doc/phi/mtg/10/dec5.pdf>

Here is the matrix: <http://www.doh.wa.gov/PHIP/doc/phi/mtg/10/dec3.pdf>

## *7.1.3 A: Identify gaps in access to health care services*



### Required Documentation

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.
  - Assessment of capacity and distribution of health care providers
  - Availability of health care services
  - Identification of causes of gaps in services
  - Results of periodic surveys of access

# DOH “Read Me” Example



## Overview: 7.1.3 – 1 – a, b, c, d

Non-Infectious Conditions Epidemiology provides data identifying gaps in health care services through the Local Public Health Indicators (LPHI) and the Health of Washington State (HWS). Both provide state and county-level information; LPHI provides more frequent data updates (every 2 years) while HWS provides more in-depth information (every 5 years). Questions pertaining to health care access, covered in both documents, include the following: adults with unmet medical need, adults with personal healthcare provider, adult dental care, adult preventive cancer screening (breast, cervical, and colorectal), adults with health insurance, children with health insurance, and prenatal care.

**7.1.3\_1\_a** (geography): The LPHI provides data on a variety of measures of health care access by local health jurisdiction (generally county). For documentation of this we include:

- The indicator list (also available at <https://fortress.wa.gov/doh/lphi/lphi/Indicator.mvc/IndicatorList>),
- The list of jurisdictions for which data are available (also available at <https://fortress.wa.gov/doh/lphi/LPHI/Indicator.mvc/JurisdictionList>)
- Additionally, each HWS chapter has data by county, unless it is unavailable. The chapter on prenatal care is provided as an example.

**7.1.3\_1\_b** (health care access): In addition to the measures described above, provided on both LPHI and HWS, the chapters in the HWS section on Health Care Services provides additional information. This is the major focus of this section. Please see the overview section for documentation.

**7.1.3\_1\_c** (causes): In addition to the measures described above, provided on both LPHI and HWS, the Health of Washington State provides additional information about causes of gaps in access in the chapter on Access to Primary Health Care Services. Especially see the parts on “Barriers and Motivation” and “Risk and Protective Factors”. The specific link and document is included.  
[http://www.doh.wa.gov/HWS/doc/HS/HS\\_acc2007.pdf](http://www.doh.wa.gov/HWS/doc/HS/HS_acc2007.pdf)

**7.1.3\_1\_d** (periodic survey) BRFSS is a periodic survey that asks about health care services. These data are used in both LPHI and HWS. DOH continually administers the Behavioral Risk Factor Surveillance System Survey, which includes questions about access, including health insurance coverage and whether the respondent has needed to see a doctor but been unable to in the past year due to cost. The [questionnaires for 2010](#) are attached as documentation.

## ***7.2.1 A: Convene and/or participate in a collaborative process to establish strategies to improve access to health care services***



### Required Documentation

1. Documentation that a coalition/network/council is working on collaborative processes to reduce barriers to health care access or gaps in access
  - Must provide one example where HD process for developing strategies to improve access to health care
  - Must also demonstrate involvement of the health care system
2. Development of strategies through the collaborative process to improve access to health care services
  - Written reports or meeting minutes with strategies that the group developed together to improve access to health care services

# DOH “Read Me” Example



The Office of Community Health Systems is located within the division of Health Systems Quality Assurance. **As an office, we support:**

- Strong Emergency Medical Services and trauma systems.
- Health systems in rural areas.
- The Washington Poison Center.
- Adequate reimbursement for health services.
- Injury and violence prevention programs.
- And manage Patient Safety/Adverse Events Program.
- The effort to reduce health disparities

During the 2008 Tribal Leaders Health Summit Maternal Infant health was a priority topic. Attached are the agenda from the Summit showing Maternal Infant Health meeting times, the agenda from one of the work sessions working on Maternal Infant Health including and the notes and action plan from the meeting.

Attached is the strategic plan for the Tribal Maternal-Infant Health Strategic Plan showing written reports of strategies that the group developed to improve access to maternal infant services. Page 140 of the plan begins a discussion of strategies to improve access to health care services.

## **Document List:**

7.2.1A\_CHS\_1\_MIH\_Position\_08.doc

7.2.1A\_CHS\_1\_Min 02-10-09.doc -MIH workgroup.doc

7.2.1A\_CHS\_2\_Maternal Infant Strategic Plan Executive summary.pdf

7.2.1A\_CHS\_2\_Maternal Infant Strategic Plan.pdf

## ***7.2.2 A: Collaborate to implement strategies to increase access to health care services***



### Required Documentation

1. Documentation of collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services
  - Two examples of strategies to improve access to services to those who experience barriers

# DOH “Read Me” Example



The Department requested money to support additional work with the American Indian Health Commission. Attached is a copy of the decision package requesting addition funding. This decision package is similar to a grant application.

Attached is a description from the DOH Centennial Accord agreement with Washington’s tribes showing outreach to Tribes in Washington State to improve access to health care. Having health care providers that are American Indian is a step in addressing health disparities. By encouraging American Indian/Alaska Native students to participate in the Health Occupational Preparatory Experience (HOPE) program the Office of Rural Health is developing potential future health care providers.

The following is a link to the entire DOH Centennial Accord plan  
<http://dohweb.doh.wa.lcl/culturalcomp/ccweblinks/Documents/Accord%202008-2009.pdf>

Attached is documentation that shows active participation from tribes and DOH on the Maternal Infant Health. The 2008 Tribal Leaders Health Summit position paper provides background and recommendations. The Feb 2009 minutes show work that has been done and was being planned around the issue of Maternal Infant health and documents programs and plans have been implemented.

## **Document List:**

- 7.2.2A\_CHS\_1 AIHC DECISION PACKAGE - ~~xx~~PL IH Tribal Health Disparities.doc
- 7.2.2A\_CHS\_1 Centennial Accord Outreach.doc
- 7.2.2A\_CHS\_1 Min 02-10-09.doc -MIH workgroup.doc

# DOH “Read Me” Example



Immunization Program CHILD Profile (IPCP)

Measure 7.2.2 A

*Two Examples Of Collaborative Implementation of Strategies to Improve Access to Services for those who Experience Barriers:*

**Example #1**

- 6-19-09 Memorandum of Agreement N17764I.doc – documents partnership to address underserved population, i.e., underinsured children. **See highlight**

**Example #2**

- Delegation of Authority Fax and 9-15-09 DOA provider agreement – documents implementation of strategy to reach underserved population, i.e., underinsured children. **See highlight**

***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***



## Required Documentation

1. Interventions delivered in a culturally competent manner to populations within the jurisdiction of the health department
  - Two examples of culturally competent, language, or literacy related interventions to populations that experience barriers to health care services

# DOH “Read Me” Example



Bill White, Deputy Sect. of the Department of Health, worked with the Commission to get additional funding to help the Department and the American Indian Health Commission address health disparities. Attached is Bill White’s resume. Also attached are meeting minutes that describe the commitment of the department to work collaboratively with the Commission to find resources to support the Commission in addressing American Indian Health Disparities. They show the development of partnerships to address health disparities that included Bill White, other state agency representatives and tribal organizations.

Also included is proof an executed contract within the Office of Community Health Systems. The contract addresses health disparities and culturally competent information for a community in the state.

**Document List:**

- 7.2.3A\_CHS\_1\_American Indian March\_2008\_Minutes.doc
- 7.2.3A\_CHS\_1\_Bill White Bio2008short (2).doc
- 7.2.3A\_CHS\_1\_2009 07 01 executed contract.pdf

# DOH "Read Me" Example



## Tobacco Prevention and Control Program (TPCP)

## Measure 7.2.3 A

Examples of interventions delivered in a culturally competent manner, such as use of lay health advocates indigenous to targeted population groups:

1. WACMHC LS1 Agenda
2. WA Migrant Health Center Actual Activities Summary Report FY 08-09

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Latino Tobacco Network  
Learning Congress:

## SUSTAINABLE APPROACHES

TUESDAY, DECEMBER 1, 2009

SEATAC MARRIOTT HOTEL & CONVENTION CENTER

7:30 am - 8:30 am	Registration & Breakfast	
8:30 am - 8:45 am	Opening Remarks & Welcome	
8:45 am - 9:30 am	Plenary 1: DOH Overview Terry Reid, Department of Health	
9:30 am - 10:15 am	Plenary 2: Tobacco Burden in WA State - Mike <a href="#">Boysun</a> -DOH	
10:15 am - 10:30 am	Morning Break	
10:30 am - 12:00 am	<b>TRACK A</b> <b><u>Tobacco Policy &amp; Advocacy</u></b>	<b>TRACK B</b> <b><u>Tobacco Collaborative</u></b>
10:30 am - 11:15 am	Tobacco Related Disparities & Social Determinates of Health and the call for advocacy Matias Valenzuela	Change Package: Strategies And Key Concepts Zena Kinne
11:15 am - 12:00 pm	Tobacco Advocacy with Public Funds Vic Coleman	PDSA Boot Camp Zena Kinne
12:00 pm - 1:00 pm	Lunch Break	
1:00 pm - 2:45 pm	Digital Storytelling and PhotoVoice: What is it and how it can be used as a strategy for Policy Change and Advocacy Tasha Freidus and SeaMar	Brief Tobacco Intervention Skills Training Michael Leon-Guerrero WA State Tobacco Quit Line Juliet Thompson

# *Thank You – Questions?*



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