Public Health Domain 7

Crosswalk between Version 1.0 and 1.5

4/16/14

Health departments that submit their applications on June 3, 2014 or after will be reviewed and assessed using Version 1.5 of the Standards and Measures.

	Version 1.0	Version 1.5
7.1.1 Significance	Health care services, …, include: clinical preventative services, urgent care, occupational medicine, ambulatory care (primary and specialty), ~~inpatient care~~, dental treatment, ~~and behavioral health~~.	Health care services, …, include: clinical preventative services, urgent care, occupational medicine, ambulatory care (primary and specialty), and dental treatment.
7.1.1.A: Guidance 1.	Documentation should also demonstrate the involvement of the health care system. Charters or meeting agendas with minutes must be submitted.	The collaborative process **must** include the involvement of the health care system. Documentation **could be**, for example, charters or meeting agendas or meeting minutes.
7.1.1.A: Required Documentation 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.	The sharing of comprehensive data for purposes of assessing the availability of health care services and for planning.
7.1.1.A: Guidance 2.		**New:** Documentation could be examples of data sharing through reports, emails, etc.
7.1.1.A: Required Documentation 3.		**New**: Consideration of emerging issues in public health, the health care system, and health care reimbursement.

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7.1.1.A: Guidance 3.		**New:** 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.
7.1.2.A Required Documentation 1.	Reports of health care needs of the population.	A process for the identification of un-served or under-served populations. **Note:** Guidance remained the same.
7.1.2.A Required Documentation 2.	**Moved to 7.1.3.A**	**New:** A report that identifies populations who are un-served or under-served.

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7.1.2.A Guidance 2.	**Moved to 7.1.3.A**	**New:** 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 locations, 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 topics, a separate report, or part of the community health improvement plan.
7.1.3.A: Measure	Identify gaps in access to health care services.	Identification of gaps in access to health care services and **barriers to the receipt of health care services identified.**
7.1.3.A: Purpose		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.
7.1.3.A: Significance		It is important for health departments to understand the gaps in access to health care and **the barriers to care** so that effective strategies …

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7.1.3.A Required Documentation 1.	**Moved from 7.1.2.A**	**New number**
7.1.3.A Guidance 1.	**Moved from 7.1.2.A**	**New number**
7.1.3.A Required Documentation 2.		**Was 7.1.3.A 1.** In version 1.0
7.1.3.A Guidance 2.	At a minimum, data sources **should** include the partners that participated in the collaborative process ….	The health department must document the process used to identify gaps in health care services and **barriers to care.** At a minimum, data sources **must** include the partners that participated in the collaborative process ….
7.1.3.A Guidance 2.b.	Assessment of the availability of health care services, such as clinical preventative services, EMS, emergency departments, urgent care, occupational medicine ambulatory care (primary and specialty), inpatient care, dental, ~~behavioral health~~ and other services.	Assessment of the availability of health care services, for example, clinical preventative 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 services.
7.1.3.A Required Documentation 2.c.		Identification of causes of gaps in service and **barriers** to receipt of care.
7.1.3.A Guidance 2.c	Assessment of cause(s) for lack of access.	Assessment of cause(s) for lack of access **to services and barriers to care.**

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7.1.3.A Required Documentation 2.d	Results of periodic surveys of access.	Results of data gathered periodically concerning access.
7.1.3.A Guidance 2.d	Results of periodic surveys of access, such as …. 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.	Results of **data or information gathered** concerning access, such as …. These surveys do not have to be administered by the health department, but the results **must** be considered in the assessment of gaps in access.

7.2.1A: Guidance 1.	The example must also demonstrate involvement of the health care system.	The example must demonstrate involvement of representatives of providers of health care services, for example, …..
7.2.1A: Guidance 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.	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 ….
7.2.2.A Significance	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.	Improved access to care will provide continuity of health promotion and disease prevention to members of the health population and ensure access to needed preventative services.

7.2.2.A Guidance 1.	Partners may include …..	Does not include examples of partners. Added: Documentation of transportation programs
7.2.3A Documentation 1.	Interventions delivered in a culturally competent manner to populations within the jurisdiction of the health department.	Initiatives to ensure that access and barriers are addressed in a culturally competent manner.
7.2.3.A Guidance 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.	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.