1. **Information and Data**

**This standard examines the agency’s ability to provide data and information to healthcare providers, coalitions, decision-makers, legislators and other stakeholders to support healthcare planning for access healthcare services.**

**Standard #23: Provide accurate, timely and locally relevant information to the healthcare system and service area on access and linkage to clinical care, including behavioral health, dental, healthcare system access.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 23.1 | Ensure that access to healthcare information is included in the community health assessment (CHA) and community health improvement plan (CHIP), every five years. | CHA and CHIP with access to healthcare information highlighted |  |  |  |
| 23.2  | Using CHA data and/or other sources, provide evidence-based assessment of the health impacts of lack of access to healthcare. This assessment will include an analysis of the data, conclusions drawn from the data, and any action taken. | MICA, Kids Count, BRFSS, Community Commons, Pre-& Posttests, survey data analysis document, work plans/reports |  |  |  |
| 23.3 | Use evidence-based assessment of health impacts, CHA, and other data sources to identify priorities and develop planning documents for strategies to address lack of healthcare access issues to share with community partners in developing the CHIP. | Coalition meeting minutes, emails with partners, staff meeting minutes, networking and team planning documentation, meeting minutes showing discussion of access to healthcare planning tied to CHA |  |  |  |
| 23.4 | Analyze and communicate issues on access to healthcare, including uninsured and underinsured rates and disparities, to agency staff, governing body, legislators and service area partners. | Analysis reports, meeting minutes with staff, service area partners and governing body, presentations, legislative briefs or reports |  |  |  |

1. **Community Partnerships**

**This standard examines the agency’s ability ensure ongoing planning with healthcare system partners, community members and organizations that represent members of priority populations.**

**Standard #24: Identify and work with local providers of healthcare to develop and implement a prioritized plan for increasing access to health homes and quality health care and seek funding for high priority policy initiatives.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 24.1 | Develop and maintain strategic, cross-sector partnerships and collaborations across systems and settings to enhance access to healthcare activities. | Advisory or stakeholder group meeting minutes with attendance list, partnership agendas and notices, letters of support on joint projects |  |  |  |
| 24.2 | Provide information on access to healthcare policies, programs and strategies to communities, partners, policy makers, and others to demonstrate the importance of interconnected efforts needed to assure adequate access issues. | Advisory or stakeholder group meeting minutes with attendance list, examples of social and other media postings and notices, educational materials, fact sheets, email distribution lists, school health educational materials, legislative report or letters, presentations |  |  |  |
| 24.3 | Work with partners, stakeholders, and service area members to identify community resources and understand community needs and priorities as they relate to access to healthcare issues. | Policy analysis that addresses priority issues, service area capacity meetings with sign-in sheets, examples of implementation programs, social and other media postings and notices |  |  |  |
| 24.4 | Develop and implement access to healthcare programs, policies and/or activities identified in the CHIP or other local priorities. | Programs developed from CHIP, town hall meetings, grant applications/narratives, examples of social and other media postings and notices, community gatherings utilizing evidence-based programing or researching the best practice or evidence-based trainings |  |  |  |

1. **Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #25: Identify, disseminate, and promote emerging and evidence-based information about access to healthcare initiatives.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 25.1 | Maintain subject matter expertise in:* Policy, systems, and environmental change;
* Evidence-based and emerging best practices;
* Social determinants of health and the health impact of access to healthcare activities; and

Access to healthcare areas | Training logs for all staff that work with access to healthcare issues or programs that show training in all points outlined in the measure, training schedules, certifications of attendance to trainings, meetings, seminars and workshops, CE completion. |  |  |  |
| 25.2 | Disseminate innovative, emerging, and evidence-based best practices with community partners. | Program research as developed and shared with others via meeting minutes, fact sheets, emails, social media posts |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #26: Implement local policies, programs, and strategies to improve access to healthcare at the level supported by existing funding.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 26.1 | Implement programs and interventions identified in the CHIP or other local priorities on access to healthcare initiatives.  | Completion dates on action plans, examples of social and other media postings and notices, program examples |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #27: Ensure access to effective vaccination programs.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 27.1 | Ensure access to all immunization-related services necessary to protect the public and prevent the spread of vaccine preventable disease. | Summary reports, social and other media postings and notices. Examples may include adult immunizations, travel immunizations, Hepatitis A immunizations |  |  |  |
| 27.2 | Ensure access to vaccines as appropriate during public health emergencies. | Emergency Response Plan (ERP)– Mass Vaccination Plan, AARs for mass vaccination exercises |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #28: Ensure access to effective preventable disease screening programs.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 28.1 | Ensure access to screening for chronic or infectious diseases as appropriate for local community. | Blood pressure screening, A1C screening, referral list, brochures for community screenings services |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #29: Ensure access to effective sexually transmitted diseases (STD) screening programs.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 29.1 | Ensure access to screening and treatment for sexually transmitted infections. | Referral list, brochures, annual reports, list of agency services, social and other media postings and notices |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #30: Ensure access to evaluation and effective tuberculosis (TB) treatment programs**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 30.1 | Provide evaluation of and treatment for TB and latent TB infections. | Brochure, list of services, social and other media notices and postings, AARs and evaluation reports |  |  |  |
| 30.2 | Ensure that all active TB cases and their contacts are diagnosed and treated using directly observed therapy. | Program summary reports, clinical procedures or policies on treatment protocols |  |  |  |
| 30.3 | Ensure diagnosis and treatment of those with latent TB infection. | Program summary reports, clinical procedures or policies on treatment protocols |  |  |  |

**C. Intervention and Activities**

**These standards examine the ability of the agency to provide or link priority populations to preventive services. They also examine the agency’s ability to recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.**

**Standard #31: Ensure access to cost-effective healthcare including behavioral health and dental services.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 31.1 | Work with healthcare providers to support provision of evidence-based programs and treatments that are proven to reduce the impact and costs associated with healthcare including behavioral health and dental services. | Advisory or stakeholder group meeting minutes that reference healthcare, behavioral health and/or dental services, referral lists, schedule of services provided, copy of local partners’ brochures |  |  |  |

**D. Evaluation In this standard, the agency demonstrates how to implement a culture of quality improvement using nationally recognized tools and resources to determine how effectively it works with system partners in assessing healthcare access and determines how to improve healthcare access promotion efforts in the future.**

**Standard#32 Evaluate and assess healthcare access activities.**

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| **Measure** | **Suggested Documentation** | **Name of Document to Upload** | **Describe How Documentation Meets the Measure** | **Staff Responsibilities** |
| 32.1 | Using the agency Communication Plan's message evaluation strategy, evaluate the effectiveness of access to healthcare materials and communications developed or presented by the agency. | Client surveys, internal monitors, agency QI projects, PDSAs, Story Boards, evaluation reports, analytics on social and other media postings and notices |  |  |  |
| 32.2 | Assess locally available healthcare access activities and information published for jurisdiction, e.g. County Health Ranking Reports, etc. | County Health Rankings, CDC, Community Commons, MICA |  |  |  |
| 32.3 | Evaluate results for quality and process improvement initiatives for access to healthcare. | Evaluation surveys, internal monitors, customer feedback surveys, attendance sheet or sign-in sheets at meetings, number of hits on website |  |  |  |
| 32.4 | Monitor and implement opportunities for improvement as indicated in evaluation results. | Evaluation reports and work plans |  |  |  |
| 32.5 | Staff, agency management, and governing body work cooperatively to evaluate activities and interventions to improve access to health care processes, activities and programs. | Staff and Board meeting minutes that show discussion on QI activities |  |  |  |