



Cultural Competency



FLCHFPEd



FLCHRHEd

www.localcommunityhealth.org

Finger Lakes Community Health

Federally Qualified Health Center (FQHC) founded in 1989

- ✓ Bath
- ✓ Ovid
- ✓ Geneva
- ✓ Sodus
- ✓ Port Byron
- ✓ Penn Yan
- ✓ Newark
- ✓ Dundee (dental only)

Full Service

- ✓ Medical
- ✓ Dental
- ✓ Reproductive Health
- ✓ Nutrition Counseling
- ✓ Mental Health

*Most insurance accepted and nominal fee



Finger Lakes Community Health

- **Mission:**
 - “Finger Lakes Community Health strives to ensure high quality, comprehensive health care to the people in the communities that we serve with an emphasis on underserved and special populations.”
- **Vision:**
 - “To be the provider of choice for comprehensive Health Care and an advocate for services that improves the quality of life for diverse and underserved populations.”
- **Values:**
 - “We are listeners, we are healers; we provide healthcare without the restrictions of private practices. We are a prideful, culturally sensitive group-experience in treating migrant seasonal farmworkers as well as community patients. Our community health philosophy emphasizes wellness and sets us apart-allowing us to spend more time with our patients and to dig deep to find solutions that fit.”



Cultural Competency

- Understanding & appropriately responding to the unique combination of cultural variables and the full range of dimensions of diversity that the professional and client/patient/family bring to interactions.
- Why is this important?
 - Cultural competence in service delivery is increasingly important to
 - Respond to demographic changes in the United States;
 - Eliminate long-standing disparities in the health status of people based on racial, ethnic, and cultural backgrounds;
 - Improve the quality of services and health outcomes; and
 - Meet legislative, regulatory, and accreditation mandates.
- Source: <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/>

Overview of Patients



- Agricultural Workers
- Hispanic
- LGBTQ
- Teens
- Adults

- Low-literacy
- Haitian Creole
- Priority Populations
- Asian
- American Indian
- Caucasian
- Home-less
- Low-income
- Amish
- Mennonite

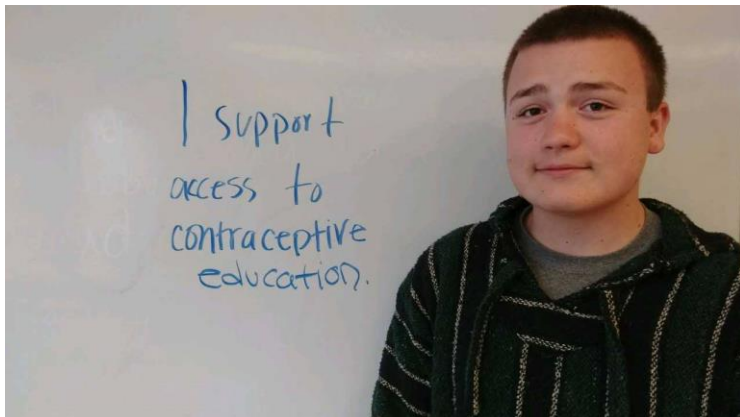
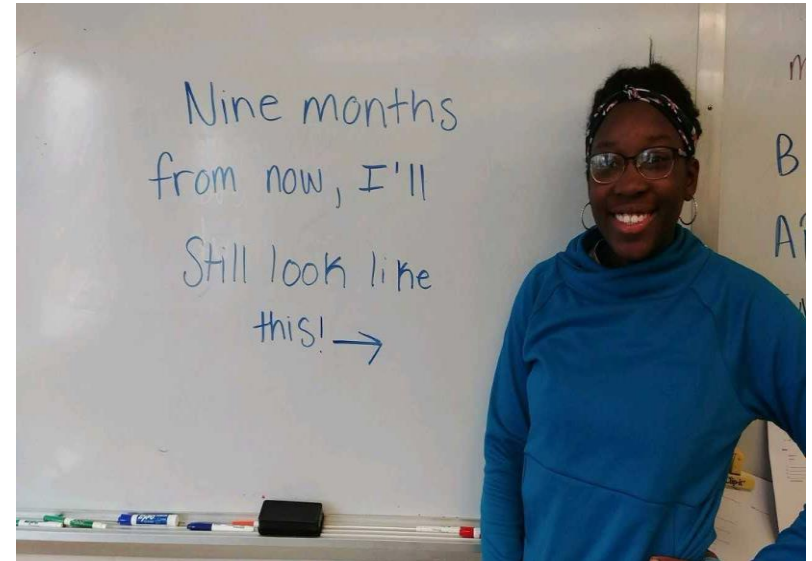
CC/HL Committee Structure

- Nursing
- Education Team
- Administration
- Human Resources
- Registered Dietician
- Medical Director
- Head Patient Service Representative
- Community Health Worker
- Executive Assistant
- Outreach Director
- Director of Special Programs
- Director of Operations



Sexual Health Services

- Barriers for care:
 - Women-only services
 - Heteronormative services
 - Historical Mis-treatment
- Best care treatment for patients
- In Reproductive health we face:
 - Stigma
 - Lack of Education
 - Shame
 - Mis-information/myths



Changes for Reproductive Health



- Website update
- Development of brochure
- Newsletter
- Increased LGBTQ Provider information
- Patient intakes
- Increased use of neutral language for all staff
- Education team feedback from community
- Target communities (priority populations)



Typical meeting

- Via Zoom or in person
- Review Strategic Plan
- Work group report
- One person takes notes
- Champion leads



Work Groups

- Data Collection & Analyzation
- Leadership
 - Implement new policy
 - Approve training
- Health Literacy
 - Availability in many languages
 - Patient review committee
 - Revamp website
- Hiring/application process review
 - Recruiting people we serve
 - How PN's help with application
 - In person assistance
 - Language assistance



Changes we have made



- Increased training
 - How to be culturally competent
 - Health Literacy
- LGBTQ Competency for all staff
- Poverty simulation
- Better understanding of how our actions impact others
- Bridges out of Poverty Training
- Developed work plan
- Quality Improvement Committee
- Increased resources and linkages

Keys to success

- Champion in place
- Dedicated budget for cultural competence
- Prepare for process of creating specific, measurable objectives around cultural competence and health literacy within the strategic plan
- Ensure that the corresponding budget/resources to support CC/HL activities are sufficient to support this work.
- Patient advisory board
- Practice what you preach
- Differences in Adolescents vs. Adults



Take Home

- One size medical care does not work for all
- You will not know the needs of the communities you serve unless you ask
- Training is a must
- Involve many levels of staff (entry level to administrative)



Questions?

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