



Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. The Board Education Video Series is a resource to strengthen governance and ultimately the services provided by health centers.

MODULE 1

What's Different about a Community Health Center?

Discussion Guide

Before watching Module 1 video vignettes, consider these basic elements of health center governance.

Patients are the majority of health center board members in order to assure that patients' perspectives drive health center boards in meeting responsibilities such as:

- Selecting services and sites that support the health center's mission and strategic plan, including as needed, services that enable people served by the health center to receive care, such as language translation or bilingual staff;
- Establishing policies and procedures that respect differences among people served by the center, including those policies and procedures that support the implementation of a sliding fee discount program; and
- Approving annual health center operating budgets and federal grant applications.

To assure the patient's voice, it is essential that:

- Board members attend and participate in monthly board and committee meetings;
- Patient board members are actively involved in performing governance responsibilities; and
- All board members are willing to compromise as needed for the good of the health center's mission.

Module 1, Vignette 1

As you watch vignette 1, think about how your patient-majority board assures that services are truly accessible.

After watching vignette 1, discuss these or other questions with the full board.

1. If Mrs. Rodriguez called your health center with this concern, what are similarities and differences of your center with either of the two organizations in the video?
2. Health centers increase access to care by reducing barriers patients face such as language or cultural differences, transportation challenges, or inconvenient clinic hours. What are barriers people face in getting care at our health center?
3. What is your health center doing to eliminate or minimize these barriers?
4. How does your health center inform medically underserved people in its community about the availability of accessible services at the health center?

Module 1, Vignette 2

As you watch vignette 2, think about efforts your board makes to assure the patients' perspectives are actively expressed and considered.

After watching vignette 2, discuss these or other questions with the full board.

1. From a patient perspective, what would you look to see inside a community health center to know it's patient-centered?
2. What is the board's role in supporting and encouraging a patient-centered approach?
3. How does your board ensure the voice of patient board members is heard?
4. How engaged are all members of your board? What might you do to increase participation of all board members?



MODULE 1 What's Different about a Community Health Center?

Resource Guide

Federal Regulations - Requirements for Operating a Community Health Center

<http://www.bphc.hrsa.gov/about/requirements/index.html>

Under second bullet (Program Regulations), link to 42CFR Part 51c. Go to 51c.303 (Project Elements) and scroll down to sections (l) and (m) for requirements for serving people in the languages and cultural contexts that are most appropriate for those individuals.

Federal Regulations - Governing Board Requirements

<http://www.bphc.hrsa.gov/about/requirements/index.html>

Under second bullet (Program Regulations), link to 42CFR Part 51c. Go to 51c.304 (Governing Board) and see sections (a) and (b) for requirements that health center boards have at least 9 and not more than 25 members and that a majority of the board members are individuals served at the health center and who as a group, represent the individuals served by the health center, specifically as relates to demographic factors such as race, ethnicity, sex.

Cultural and Linguistic Competence Policy Assessment

<http://www.clcpa.info>

This assessment was developed by the National Center for Cultural Competence at Georgetown University at the request of the Bureau of Primary Health Care (BPHC), to assist community health centers to advance and sustain cultural and linguistic competence. After completing a free registration, you can download the survey assessment and access a tool on how to use the assessment.

Self-Assessment Checklist for Personnel Providing Primary Health Care Services

<http://nccc.georgetown.edu/documents/Checklist%20PHC.pdf>

This checklist, also developed by the National Center for Cultural Competency at Georgetown University is intended to heighten the awareness of cultural and linguistic cultural competence in health settings and provides examples of the kinds of beliefs, attitudes, values and practices that foster cultural and linguistic competence at the individual or practitioner level.

HRSA Patient-Centered Medical/Health Home Initiative

<http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html>

This initiative provides support to health centers to gain recognition as a Patient-Centered Medical Home — a recognition that demonstrates the achievement of standards that include organizing care around patients, working in teams, and coordinating and tracking care over time.

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