



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 4

# What Does it Mean to Be Community-Based?

## Discussion Guide

**Before watching Module 4 video vignettes**, consider these basic elements of health centers.

Although the federal Health Center Program requires grantees provide specific primary, preventive, and enabling services, there is flexibility to respond to community preferences and needs, for example:

- The number and location of sites and hours of operation;
- Staffing mix and languages spoken by staff;
- Availability of services such as nutrition education, school physicals, or addiction counseling.

The board serves as the eyes, ears, and voice for the people for whom the health center exists. Most board members are themselves patients who live and work in the community. Those who are non-patient board members are often community representatives who have expertise with community affairs, local government, or community social service agencies. Board members assure the center is community-based by:

- Being aware of and advocating for the community's needs and perspective, for example, when the board reviews and approves services, staffing, hours of operation, and fees;
- Asking for and listening to community feedback about unmet needs in the community or about staff respect for cultural and language differences; and
- Promoting health center services and programs in the community and encouraging collaboration between the health center and other community providers.

### Module 4, Vignette 1

**As you watch vignette 1**, think about different health care needs of people in your community.

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

1. What kind of information did you observe board members providing that assure the health center is community-based?
2. What are other things these board members could do to link their health center to community resources around this issue of depression among teens?
3. The Health Center Program requires the board to review and approve the community needs assessment, the annual grant application, and the center's services and hours of operation. What does your board review before approving these documents to make sure they are community-based?
4. What are challenges your health center faces to provide additional services in your community?

### Module 4, Vignette 2

**As you watch vignette 2**, think about other community organizations with whom your health center partners.

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

1. What are life challenges faced by people living in your community and have you observed how these challenges impact the health of people served by the health center?
2. As a board member, are you aware of non-medical services your health center provides, or might consider providing, to patients experiencing life challenges that can impact their health?
3. How does your board demonstrate that it welcomes community feedback from board members or others?
4. What are examples of successful community partnerships at your health center?



## MODULE 4 What Does it Mean to Be Community-Based?

### Resource Guide

#### **Authorizing Legislation for the Health Center Program**

<http://bphc.hrsa.gov/policiesregulations/legislation/index.html>

For definitions of required primary, preventive and enabling health services, see Section 330(b)(1) -Required Primary Health Services in the authorizing legislation, and Section 330(b)(2) for definitions of additional health services.

#### **Health Center Program Requirements**

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

The section on Services (requirements two through six) describes program requirements related to required and additional services, staffing requirements, accessible hours of operation and locations, after hour coverage, and hospital admitting privileges and continuum of care.

See requirement 17 in the Governance section for a description of the board's authorities, including selecting services and hours of operation.

See requirement 18 in the Governance section for a description of requirements for board size and composition, including representatives from the community.

#### **School-Based Health Centers**

<http://www.hrsa.gov/ourstories/schoolhealthcenters/>

School-based health centers are a partnership between the school and health center, providing a range of services to students and their families, including treatment for illness and screening for dental, vision, and hearing problems. With an emphasis on prevention, early intervention, and risk reduction, school-based health centers counsel students on healthy habits and how to prevent injury, violence, and other threats.

#### **Affiliation Agreements of Community & Migrant Health Centers**

<http://bphc.hrsa.gov/policiesregulations/policies/pin199727.html>

This policy information notice provides guidance on affiliation agreements to assure that such agreements are in compliance with grant requirements.

#### **The Board's Role in Evaluating Affiliation Opportunities** - NACHC Governance Information Bulletin #15

[http://www.nachc.com/client/documents/publications-resources/GOV\\_15\\_07.pdf](http://www.nachc.com/client/documents/publications-resources/GOV_15_07.pdf)

This NACHC information bulletin describes actions for the board to take when assessing a proposed affiliation.

National Association of  
Community Health Centers  
7200 Wisconsin Ave, Suite 200  
Bethesda, MD 20814  
301.347.0400  
[www.nachc.com](http://www.nachc.com)

This publication was supported by Grant/Cooperative Agreement No. U30CS16089 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.