

Culturally appropriate services in changing community



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1. Explain the meaning of cultural competence, its benefits and limits.

Cultural competence means that an agency or individual has the proper knowledge, skills and appropriate attitude to work successfully among the cross-cultural background of the populace. This allows an agency or an organization to better serve the population and provide the same care similarly to everyone. Limits are only based off of the knowledge and skills of the agency or organizations employees. Having bilingual employees can help, but those employees also need to be aware of cultural beliefs, as to not be oblivious towards said beliefs. This can mean you have to recruit and retain some staff members that would replicate the cultural diversity of the community that it is being served. Providing training and educational material on cultural health and competence also to be effective as well.

2. Describe how the demand-for-services should or should not shape Our Covenant Health Center's approach to its community and original mission. (In addressing this, you must indicate whether you would or would not change the mission, and explain why or why not.)

The demand for services should change the Covenant Health Center's approach to its community and mission. As community's change and grow over time, an organization cannot survive if it doesn't change also. The original mission statement stated that the mission is to provide community-based primary care for its residents, and the neighborhood. If 90% of the residents in the neighborhood have become Asian then health care services need to be ready to handle that. If there is no change there is a risk of

having low suitable health care. “ African Americans, Latinos, and Asian Americans, are more likely than Whites to report that they believe they would have received better care if they had been of a different race or ethnicity.” (Cultural Competence in Health Care)

3. Examine the ethical considerations behind reducing the social worker and lay health worker to part time positions in order to provide funding for another part-time bilingual social worker and part-time Spanish-English interpreter. (You must look at this from all angles, not just one side).

Factors to be considered would be how this change may affect those two employees and their families who are part of the community also.

Decreasing their hours to part-time may not be an option. They rely on the fulltime income to ensure their families are taken care of. Decreasing those employees to part time is not giving them an option of remaining. Those two employees could have to leave to find another fulltime position. Now your workforce is reduced to two employees as well as having to train the replacements contingent on the situation. The other side of this, you may be increasing your efficiency as a culturally competent health center. If the mission is to provide community-based primary care, this could better that mission. Why wouldn't the health center make the changes necessary to provide the better primary care.

4. Explain why you would or would not take this approach (as noted in No. 3) to provide more Spanish-speaking health care workers, and provide at least one other option for this clinic.

I would not take the approach in the above question for a couple of reasons. One the case study assumed that the new influx of patients would be coming from other neighborhoods or out of state. If this is the case then by downsizing, you are not respecting your mission statement. The mission statement states that primary care will be provided for the communities residents. It does not state that you will only provide care for residents that have been in the community for a long time. You may have two options as a health care provider. One is you set rigorous distant limits for the area you provide care. This sounds cruel when it comes to providing care but if you only get support from inside the community, then that is who should get the care. This may make available enough money to hire 2 more part time Spanish speaking care workers or lower the need for them. Secondly, you can continue to take the out of state and neighboring areas patients and reach out to those states or areas for more funding. If you don't get the funding needed using that way, then you may have to adjust your sliding scale of payment, so that people coming from outside your area do not get the same benefit as the residents.

5. Examine how public health organizations and health care providers encourage their employees to gain “ cultural competence” beyond being bilingual.

First employees need to enhance their self-awareness of attitudes they could have towards different racial and ethnic groups. Second, they can improve the care that they give by simply expanding their knowledge of different cultural beliefs and practices. They also need to know the various diseases or sicknesses of the different populations they serve. “ Cultural competency

includes the capacity to identify, understand, and respect the values and beliefs of others.” (Culturally Competent Healthcare Systems, 2003)

References

Laurie, A. M., Susan, S. C., Mindy, F. T., Jonathan, F. E., & Jacques, N. (2003). Culturally Competent Healthcare Systems. *American Journal of Preventive Medicine*, 24, 68-79.

Cultural Competence in Health Care: Is it important for people with chronic conditions? (n. d.). Retrieved March 17, 2016, from <https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html>