

# Culture Care Connection

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# History

- Since 1971
- Independent nonprofit

# Clinical Services

- Pap tests, pelvic exams, colposcopies
- Contraception & emergency contraception
- STI testing & treatment
- HIV testing
- Pregnancy testing & all options counseling
- Referrals, follow-up education
- Collaboration with Sexual Violence Center

# Clinic Patient Profile 2008

Patient total: 3,388

Race	%
White	56
African American	16
American Indian	1
Asian Pacific	7
Islander	
More than one race reported	8
Other, unknown	12
	100%
% Hispanic/Latino	6

AGE	%
11 - 14	0.2
15 - 17	17
18 - 19	30
20 - 21	28
22 - 24	24
25 - 34	0.8
	100%

Gender: 88% female, 12% male

# Community Education

- Presentations on sexual health: puberty, reproductive anatomy, STI/HIV prevention, contraceptive methods, healthy relationships
- Parents Are Sexuality Educators
- Culturally-specific and geographic-specific programs
- Faith communities
- Training for professionals

# Community Education

11,000+ people

Race/Ethnicity:	%
African	1
African American	37
American Indian	3
Asian/SE Asian	9
Pacific Islander	9
Caucasian/White	36
Hispanic/Chicano/ Latino	6
Multiracial	8
Total	100%

Age	%
6 - 9 yrs	2%
10 - 14	23%
15 - 17	58%
18 - 22	9%
23 - 54	8%
Total:	100%

58% female, 42% male

# Primary Service Area

# Why we chose to participate

Our organization's strategic plan already includes language about promoting ongoing cultural competence.

*CCC was an opportunity to increase the structure of our programming & acquire training resources.*

# Executing the program

## **3-Year Cultural Care Competency Strategic Plan for Annex Teen Clinic**

### **Goals:**

1. Continuous quality improvement of Annex staff around Cultural Care Competency.
2. Maintain and assure culturally competent care and high patient satisfaction as we see an increase in diverse clientele.
3. Build relationships with culturally diverse agencies in and around NW Hennepin County

# Executing the program

- Monthly professional development meetings  
Attendance required for fulltime staff and PT staff working at least 20 hours/week. Other PT staff, interns, and volunteers are invited to attend.
- Meetings include 15 people:
  - clinical staff
  - community health educators
  - administrative staff (billing, reception, director)

# Executing the program

- One primary staff person serves as the contact and schedules the speakers/activities
- Many staff provide input regarding potential speakers and topics (we all have community contacts)
- Mary Beth provided an overview of the program for our first meeting

# Executing the program

- One topic leads to other inservice ideas:

*We watched the DVD on Somali Culture & Health Care, then we invited staff from MN International Health Volunteers to our next meeting.*



# Initially, we wondered...

1. Would this program address issues that are relevant to adolescent sexual health?
2. Do our adolescent clients identify with “American youth culture” more so than their home/ethnic culture?
3. Would this be interesting & worth our investment of staff time?

# S.W.O.T. Analysis

## **Strengths**

- Excellent reputation
- Staff, volunteers and interns represent diverse cultural communities

# S.W.O.T. Analysis

## Weaknesses

- Part-time staff find it difficult to attend multiple meetings per month
- Incapable of being a walk-in clinic due to lack of resources and space
- Current facility is inadequate for extensive growth
- Limited clinic hours

# S.W.O.T. Analysis

## Opportunities

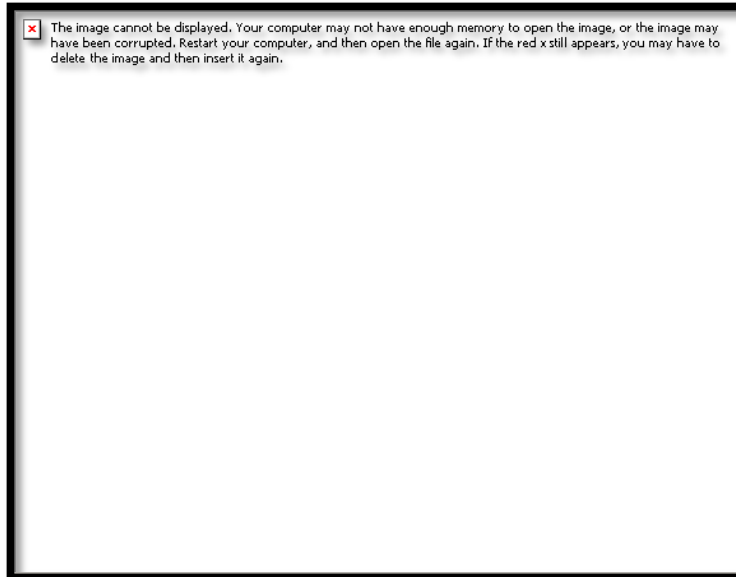
- Increase number of clients served with new facility
- Have meeting space available in new facility available for community meetings
- Develop relationships with culturally diverse community organizations

## Threats

- Funding!

# INSIGHTS

- Large Liberian community in our “backyard” – Brooklyn Park
- We hadn’t seen a large number of Liberian clients for clinic services
- Our intake forms did not offer a way for provide a way to track Liberian clients



# INSIGHTS

- Many commonalities across cultures regarding gender roles and discussing sex/sexuality

## Examples

- Sexuality as a “taboo” topic
- Double standards and penalties among genders regarding sexuality
- Homophobia
- Parent/child communication around sexuality is difficult
- Concerns that talking about sexuality will lead to sex (the research says this does NOT happen)



# INSIGHTS

- a. Evil eye: misfortune or illness caused by a person wishing harm on another & sometimes complimenting the person!
- b. Different sense of time and the importance of relationships
- c. Even though the intake questions are the same for everyone, taking more time to consider responses and body language.
- d. Paying and waiting for health care can be new concepts
- e. The importance of language: Latino vs. Hispanic
- f. For many, the potential side effects (e.g. of contraception) don't seem like a good trade for the benefits



# INSIGHTS

- g. Theory vs. reality of cultural concepts
- h. New American experiences vs. generations of immigrants
- i. Reinforces the importance of plugging away at some of our culturally-specific programming
- j. Mental* health care also is a concept new to many
- k. Sickness as punishment
- l. Traditional healers & their methods

# Complementary Programs

## **MANnex = Annex Just for Men!**

- Clinic: Scheduling primarily male clients every Monday.
- ✓ creates greater comfort in the waiting room
- ✓ feels like a special focus
- ✓ playing DVDs on sexual health geared toward young men (“Safe in the City”)

# Complementary Programs

- Male physician
- Family planning focused on men
- Promoting a “prevention model” for men around sexual health vs. a “crisis model”
- Advertising the clinic during presentations

1-year start-up funding for MANnex provided by a Medica Foundation Grant

# Complementary Programs

Our mission is to promote racial, social, and economic equality for transgender youth, with the freedom to self-define gender identity and expression. We do this through training, educating, and connecting youth serving organizations.

# Complementary Programs

## **R.E.A.C.H. Collaborative**

*Restore and Empower African-American Adolescents to Create and Hope: A Community Approach to Preventing Teen Pregnancy Among African American Youth in North Minneapolis*

### Partners

- Annex Teen Clinic
- Nia-Imani Youth and Family Development Center of Kwanzaa Presbyterian Church
- Minneapolis Beacons Project - Nellie Stone Johnson School programs are administered by the YWCA and Cityview Performing Arts Magnet School programs are administered by the North Community YMCA.
- Healthy Youth Development-Prevention Research Center (Division of Pediatrics and Adolescent Health at the University of Minnesota)

*Funded by the Eliminating Health Disparities Initiative at the Minnesota Department of Health*

Questions?