**Cultural Competence Self-Test***

**Directions:** Please complete before the webinar, Introduction to Cultural Competence and the National Standards for Culturally and Linguistically Appropriate Services (CLAS), April 24, 2018, 11:00-12:00CT

The following self-assessment can assist care providers in identifying areas in which they might improve the quality of their services to culturally diverse populations. Please rate each item listed below.

**Physical Environment, Materials & Resources**

1. I display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served.
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A

2. I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served.
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A

3. When using videos, films or other media resources for health education, treatment or other interventions, I ensure that they reflect the cultures and ethnic background of individuals and families served.
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A

4. I ensure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A

**Communication Styles**

5. I identify the primary language spoken by clients
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A

6. When interacting with individuals and families who have limited English proficiency, I keep in mind that:
   Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their primary language.
   - [ ] Frequently  [ ] Occasionally  [ ] Rarely/Never  [ ] N/A
7. I use trained medical interpreters for treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

8. When possible, I ensure that all notices and communiqués to individuals and families are written in their language of origin.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

9. I understand that it may be necessary to use alternatives to written communications for some individuals and families.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

**Values and Attitudes**

10. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

11. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors that show cultural insensitivity, racial biases and prejudice.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

12. I understand that age, gender and life-cycle factors must be considered in interactions with individuals and families (e.g., high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family).
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

13. Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A

14. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.
   - Frequently
   - Occasionally
   - Rarely/Never
   - N/A
15. I accept that religion and health care beliefs may influence how individuals and families respond to illnesses, disease, and death.

☐ Frequently  ☐ Occasionally  ☐ Rarely/Never  ☐ N/A

16. I keep abreast of the major health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.

☐ Frequently  ☐ Occasionally  ☐ Rarely/Never  ☐ N/A

17. I am well versed in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the geographic locale served by my agency or program.

☐ Frequently  ☐ Occasionally  ☐ Rarely/Never  ☐ N/A

18. I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.

☐ Frequently  ☐ Occasionally  ☐ Rarely/Never  ☐ N/A

**How to use this checklist**

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values and practices that foster cultural and linguistic competence at the individual level. There is no answer key with correct responses. However, if you frequently responses “rarely/never”, you may not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence within health care delivery programs.

Based on the results of this assessment, if you could change two things in the coming year, what would they be?

1. 

2. 

*Adapted from Goode, T. (1989) NCCC, Georgetown University Center for Child and Human Development*