## **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	☐0ccasionally	Rarely/Never	□N/A			
2.	<ol> <li>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.</li> </ol>						
	Frequently	Occasionally	Rarely/Never	□N/A			
3.	8. 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	☐0ccasionally	☐Rarely/Never	□N/A			
Communication Styles							
5.	I identify the prima	identify the primary language spoken by clients					
	Frequently	Occasionally	☐Rarely/Never	□N/A			
6.	_	When interacting with individuals and families who have limited English roficiency, 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			

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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.	-	en possible, I ensure that all notices and communiqués to individuals 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	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	1. 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	0ccasionally	Rarely/Never	□N/A			
12	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	0ccasionally	Rarely/Never	□N/A			
13	3. 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	$\Box$ 0ccasionally	Rarely/Never	□N/A			
14	4. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.						
	Frequently	☐0ccasionally	Rarely/Never	□N/A			

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Human Development

15.	15. I accept that religion and health care beliefs may influence how individuand 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 ethically 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.	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 check	list					
the im setting practic is no a "rarely practic	portance of cultural ags. It provides concre ces that foster culturans nswer key with corre n/never", you may no	and linguistic compet te examples of the kin al and linguistic comp ect responses. Howev of necessarily demons	ness and sensitivity of pence in health and humands of beliefs, attitudes, betence at the individualer, if you frequently restrate beliefs, attitudes, ampetence within health	an service values and level. There ponses values and			
	on the results of this what would they be?	assessment, if you co	ould change two things i	n the coming			
1.							
2.							
*Adapted from Goode, T. (1989) NCCC, Georgetown University Center for Child and							