Cultural Competency
Program and Plan

WellCare Health Plans, Inc.

The following health plans incorporate WellCare Health Plans, Inc. (the Plan): WellCare Health Insurance of Arizona, Inc., WellCare of Connecticut, Inc., WellCare of Florida, Inc., WellCare of Georgia, Inc., WellCare Health Insurance of Arizona, doing business as 'Ohana Health Plan, Harmony Health Plan of Illinois, Inc., WellCare of Kentucky, Inc., WellCare of Louisiana, Inc., Harmony Health Plan of Illinois, Inc. doing business as Harmony Health Plan of Missouri, Inc., WellCare Health Plans of New Jersey, Inc., WellCare of New York, Inc., WellCare of Ohio, Inc., WellCare of Texas, Inc., and Windsor Health Plan.

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Cultural Competency
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WellCare's Corporate Commitment to Cultural Competency

As a company dedicated to managing the health care of beneficiaries of public coverage programs—Medicaid, SCHIP, Exchanges, Medicare and MMP (SC Healthy Connections Prime and New York FIDA) —WellCare s Health Plans fully recognizes the importance of serving members in a culturally and linguistically appropriate manner. We know from direct experience that:

- Some of our members have limited proficiency with the English language. This includes members whose native language is English but who are not fully literate.
- We have members with disabilities and/or cognitive impairments that impede their communicating with the health plan and using health care services.
- Some of our members come from other cultures that view health-related behaviors and health care differently than the dominant culture.
- We have members from ethnically, racially and economically disadvantaged segments of society that have faced longstanding barriers to good health and thus exhibit disproportionately high rates of certain diseases.

WellCare is committed to ensuring that its staff and its provider partners, as well as its policies and infrastructure, are attuned to meeting the diverse needs of all members, especially those who face these challenges. WellCare is committed to communicating our progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Cultural competency is a key component of WellCare's continuous quality improvement efforts. We expect to realize tangible gains in member satisfaction and health outcomes resulting from the measures set forth in this plan. Both of these aims tie directly to the fundamental mission of our company.

WellCare Statement of Social Responsibility

As a leading provider of managed care services, WellCare is focused on:

- Ensuring the provision of culturally and linguistically appropriate services;
- Improving health literacy to ensure that all of our members and their caregivers have the understanding they need and are empowered in their choices of care;
- Decreasing health care disparities in the minority and special needs populations we serve;
- Improving understanding and sensitivity to cultural diversity among our Associates and network providers; and
- Improving health outcomes by instilling cultural competency into all parts of the organization, including member services, network development, disease/care management and quality improvement.
- Increasing the availability of assistive tools and technology for the disabled

We also understand that a disability affects the whole family. That is why we are committed to serving not only the needs of our members, but the entire family as well, so that they can all be happier and healthier.

Purpose

The Cultural Competency program aims to ensure that:

- WellCare meets the unique diverse needs of all members in the population
- The staff of WellCare value diversity within the organization and for the members that the plan serves
- Members with limited English proficiency have their communication needs met
- Our provider partners fully recognize and are sensitive to the cultural and linguistic differences of the WellCare members they serve
- The needs of our members with disabilities and their families are identified and fully addressed

Objectives

The objectives of the Cultural Competency program are to:

- Identify members that may have cultural, linguistic or disability-related barriers for which alternative communication methods are needed
- Utilize culturally sensitive and appropriate educational materials based on the member's race, ethnicity, condition of disability and/or primary language spoken
- Ensure that resources are available to overcome the language and communication barriers that exist in the member population
- Make certain that providers care for and recognize the culturally diverse needs of the population
- Teach staff to value the diversity of both their co-workers inside the organization and the population served, and to behave accordingly
- Provide cultural competency and disability training to all staff members. Ensure training is provided both orally and in written format.

Definitions

Cultural competence in health care describes a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Health care services that are respectful of and

responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes[1].

Culturally and linguistically appropriate services (CLAS): The collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.[2] The U.S. Department of Health and Human Services, Office of Minority Health, has issued national CLAS standards. WellCare is committed to a continuous effort to perform according to those standards.

The delivery of culturally competent health care and services requires health care providers and/or employees to possess a set of **attitudes, skills, behaviors, and policies which enable the organization and staff to work effectively in cross-cultural situations**. It reflects an understanding of the importance of acquiring and using knowledge of the unique health-related beliefs, attitudes, practices, and communication patterns of beneficiaries and their families to improve services, strengthen programs, increase community participation, and eliminate disparities in health status among diverse population groups.[3]

Rationale

Performing in a culturally competent manner is not just good for our members, it is good for business. WellCare endorses the view, promulgated by the federal government,[4] that achieving cultural competence will help our health plan to:

- Improve services, care, and health outcomes for current members (improved understanding leads to better adherence and satisfaction)
- Increase market penetration by appealing to potential culturally and linguistically diverse members
- Enhance the cost-effectiveness of service provision
- Reduce potential liability from medical errors and Title VI (Civil Rights Act) violations[5]

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[1] U.S. Department of Health and Human Services, Office of Minority Health, December 2005.

[2] *National Standards for Culturally and Linguistically Appropriate Services in Health Care* Final Report, OMH, 2001; U.S. Department of Health and Human Services, Office of Minority Health, December 2005.

[3] *Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans*, Centers for Medicare and Medicaid Services and Agency for Health Care Research and Quality, 2003.

[4] *Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans*, Centers for Medicare and Medicaid Services and Agency for Health Care Research and Quality, 2003.

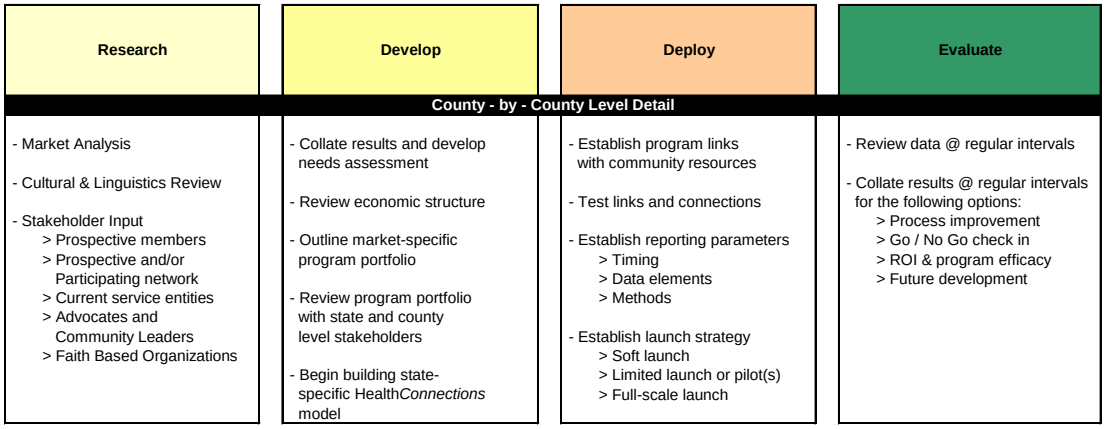
[5] Title VI of the Civil Rights Act specifically requires that managed care organizations provide assistance to persons with limited English proficiency, where a significant number of the eligible population is affected. Department of Justice regulations (28 CFR Section 42.405(d)(1)) state: "Where a significant number or proportion of the population eligible to be served or likely to be directly affected by a federally assisted program … needs service or information in a language other than English in order effectively to be

Achieving cultural competency is a continuing journey, not a single act. With that understanding, the remainder of this document sets forth WellCare's approach toward becoming an ever more culturally competent organization.

Plan Components

The main components of WellCare Cultural Competency program mirror those of its Health*Connections* market launch strategy as well as annual strategic planning process.

Health*Connections* Development Process
Medicaid-Specific Programs and Services



Health*Connections* is our overall portfolio of programs and services. We create state-specific programs and services based on the market's unique needs.

These components include:

1. **Research / Needs Assessment** – Activities we conduct to identify the cultural and linguistic needs of the communities and members we serve, as well as health disparities present in the enrolled population and the community at large.

2. **Development / Organizational Readiness** – Steps WellCare takes to design and implement a plan and ensure that the health plan has the platforms, systems, and people skills needed to operate in a culturally competent manner. This includes identifying elements by which successful cultural competency is evaluated ***(See page 9 Organizational Readiness for additional information)***.

3. **Program Deployment** – The implementation of programs to link WellCare to community resources, to enhance the cultural and linguistic capabilities of our provider partners, and to educate members so that their experience with the health system is more positive and their health outcomes are more favorable ***(See page 13 Organizational Readiness for additional information)***.

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informed of or to participate in the program, the recipient shall take reasonable steps, considering the scope of the program and the size and concentration of such population, to provide information in appropriate languages to such persons. This requirement applies with regard to written material of the type which is ordinarily distributed to the public."

4. **Evaluation** – Using the metrics identified in the development phase, the organization will collect data annually to identify its progress towards success as well as opportunities for ongoing process and / or quality improvement.

1. Research / Needs Assessment

Data Analysis

WellCare analyzes data on the populations in each region we serve quarterly and as needed, for the purpose of learning their cultural and linguistic needs as well as any health disparities they may suffer. Such analyses are performed at the time we enter a new market and regularly thereafter, depending on the frequency with which new data become available. Data sources and analysis methods include the following:

- State-supplied data for Medicaid and SCHIP populations
- Demographic data available from the U.S. census and any special studies done locally
- Claims and encounter data to identify the health care needs of the population by identifying the diagnostic categories that are the most prevalent
- Member requests for assistance, plus complaints and grievances, to identify areas of opportunity to improve service to members from a cultural and linguistic angle
- Data on race, ethnicity, and language spoken for members can be collected both electronically from the state data received and through voluntary self-identification by the member during enrollment/intake or during encounters with network providers.

Community-based Support

Our success requires linking with other groups having the same goals. WellCare reaches out to community-based organizations that support racial and ethnic minorities and the disabled to be sure that the community's existing resources for members having special needs are utilized to their full potential. The goal is to coordinate the deployment of both community and health plan resources, as well as to take full advantage of the bonds that may exist between the community-based entities and the covered population.

WellCare will develop and maintain grassroots sponsorships that will enhance our effort to reach low-income communities and provide opportunity for building meaningful relationships that benefit all members of the communities. These sponsorships will be coordinated with providers, community health fairs and public events. One example includes our partnership with organizations such as Family Café, which connects individuals with disabilities and their families with resources, peer support and services. As waitlists for these critical services grow, WellCare assistance and partnership with the Family Café is filling an important gap for these individuals.

2. Organizational Readiness

Management Accountability for Cultural Competency

The Quality Improvement Committee maintains ultimate responsibility for the activities carried out by the health plan related to cultural competency. The committee oversees the day-to-day operations of the quality program in the health plan including the Cultural Competency program and improvement activities undertaken by the individual WellCare plans.

WellCare's Director of Quality Improvement is the principal executive in charge of the company's efforts to meet its internal cultural competency objectives and any externally set rules and guidelines on the subject. The Director of Quality Improvement collaborates with the heads of all WellCare's functional units in making certain that the Cultural Competency program plan is fully and properly executed.

The Senior Management Team, comprised of the unit leaders of all major functional departments of WellCare Health Plans and the heads of the state operations, is responsible for ensuring that culturally sensitive training occurs in their respective areas.

Diversity and Language Abilities of Health Plan Staff

WellCare recruits diverse talented staff to work in all levels of the organization. We do not discriminate with regard to race, religion or ethnic background when hiring staff.

WellCare ensures that bilingual staff are hired for functional units that have direct contact with members to meet the needs identified. Today, one-third of our Customer Service Representatives are bilingual.

Spanish is the most common translation required. Whenever possible, we will also distinguish place of origin of our Spanish-speaking staff, so as to be sensitive to differences in cultural backgrounds, language idioms, and accents. For example, in Georgia, approximately two-thirds of the Hispanic population is of Mexican origin. In Florida and New York City, the Puerto Rican population is predominant.

Where we enroll significant numbers of members who speak languages other than English or Spanish, WellCare seeks to recruit staff who are bilingual in English plus one of those other languages. We do this even if the particular population is not of a size that triggers state agency mandates.

Diversity and Suitability of Provider Network

WellCare recruits providers to ensure that the network includes a diverse array of providers to care for the population served. By building our network around "significant traditional providers," we intend to have providers and supportive services that value diversity and are committed to serving people of racial and ethnic minorities. Though it is unlikely that the make-up of the provider network will reflect the composition of the

enrolled population exactly, WellCare strives to achieve the best match possible in each community.

Any time we assign new members to PCPs, we factor known language needs into the matching process for PCP assignment. The established PCP auto assignment algorithm captures the identified language of the member from the enrollment file and looks for a PCP with same language indicator. This information is captured and stored in Xcelys which is the organization's primary Enrollment/Customer Services Operating system.

WellCare also periodically inventories network providers—including provider office personnel—for their language abilities. This information is housed in the Xcelys system and printed in the Provider Directory—both the hard copy and website versions—so that members can choose providers that speak the languages that they do. This information is updated frequently.

Linguistic Services

Preparation of Materials

Readability – Materials that are used for member marketing, enrollment, education, etc. are tested for readability and must be scored at the appropriate State required reading level (i.e. Florida - 4th grade; Georgia, 5th grade; Hawaii – 6th grade; Kentucky -6th grade, etc.).

Language other than English – Materials are routinely prepared in full in both English and Spanish. We assess the population served and will also prepare materials in any other languages spoken by five percent or more of the member population. We will prepare materials in other languages that do not reach the five percent threshold when directed by the state agency or requested by members. For Example, in Hawaii make all written information for members will be available in English, Ilocano, Vietnamese, Chinese (Traditional) and Korean. When the health plan is aware that the member needs written information in one of these alternate languages, the health plan shall send all written information in this language (not English) to that member within seven (7) days of the request or next business day. The health plan may provide information in other prevalent non-English languages based upon its member population as required in Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d, 45 CFR Part 80.

Materials for persons with cognitive impairments – Materials will be specially prepared in large-print versions for people who can see but not read normal size print, or in Braille or audiotape for people who are legally blind.

Foreign Language Translation Services

Communication with the health plan – There is a Spanish language queue set up in Customer Service that members can access as they call into Customer Service. And, for our members in Hawaii, we set up a Customer Services center staffed with local residents

to ensure all languages and cultures are represented. WellCare employs many customer service representatives who speak various languages including, but not limited to, Spanish. In addition, WellCare uses the CLI Language Line for interpreter services as needed to communicate with members who have limited English proficiency.

Communication with health care providers during and around medical encounters:

- Non-urgent – If a member needs a sign language interpreter for a medical appointment, the Customer Service Department arranges for this service through a locally contracted vendor. The Customer Service Department will also arrange for interpreter services through the CLI Language Line for provider visits as necessary. Live, in-person translation is preferred to telephonic translation in non-urgent cases; the telephonic service will only be used when an interpreter for the required language cannot be found in or near the particular locality.

- Urgent/Emergent – If a member needs language translation at the time of an urgent or emergent encounter with a health care provider when there is no time to arrange interpretation ahead of time and when the provider does not have bilingual staff, WellCare directs the provider to use the CLI Language Line.

As a general rule, WellCare discourages the use of patients' family members, particularly minor children, as translators. Family members may not be capable of translating medical terminology, or patients may hesitate to speak candidly about their health problems in the presence of young family members. However, recognizing the cultures of our members in specific markets (i.e. Hawaii), we do acknowledge the importance placed on family and have adopted procedures which embrace the entire family in the health care decision making process.

WellCare also encourages providers to increase the use of signage in languages other than English that are spoken by a significant fraction of the population in their local communities.

- WellCare pays all costs of commercial language services required by its members, including services rendered in a provider's office or facility, as long as the translator is not on the staff of the facility. WellCare requires that providers offer access to interpretation services for members that have a Limited English Proficiency (LEP) at no cost to the member, and to document the offer and provision of interpreter services to the same extent as the health plan under the Contract.

Special Services for Persons with Sight Impairments

WellCare members who have sight impairments may require devices or services to aid them in communicating effectively with their providers. Customer Service Representatives ask members who are sight impaired if they would like assistance reading or listening to the marketing, enrollment, member-related or other support materials. Customer Service maintains a list of phone numbers and locations of

interpreter services, by county. If the use of an interpreter is not appropriate, Customer Service will offer the member the chance to specify what other type of auxiliary aid or service they prefer. Or, the offer to make information available in alternative formats likes Braille, large print or audio formats.

Special Services for Persons with Hearing Impairments

WellCare members who are deaf or hard of hearing may require devices or services to aid them in communicating effectively with their providers. Customer Service Representatives ask members who are hearing impaired if they would like a certified interpreter—such as a computer assisted real-time reporter, oral interpreter, cued speech interpreter, or sign-language interpreter—to be present during a medical visit. Customer Service maintains a list of phone numbers and locations of interpreter services, by county. If the use of an interpreter is not appropriate, Customer Service will offer the member the chance to specify what other type of auxiliary aid or service they prefer.

Also, the Provider Services Center and Provider Relations staff will educate providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for the patient
- Reduce echoes to enhance sound quality
- Add lighting to enhance visibility
- Install flashing lights that work in conjunction with auditory safety alarms
- Clearly identify all buildings, floors, offices and room numbers
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office.

Functional Illiteracy

Often hidden from view is the fact that many members who speak English as their native language cannot read at a level that allows them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such members identify themselves to our staff or to our network providers. Nevertheless, we are committed to making best efforts to help these individuals so that they can get the most out of their health care plan.

We begin by encouraging our staff and providers' office staffs to look for telltale signs of literacy problems. These personnel then attempt, with sensitivity and discretion, to help the member with the immediate need, such as completing a medical consent form. We will also try to guide the member to appropriate community resources that can help the member improve his or her literacy skills.

Electronic Media

Telephone system adaptations – WellCare members have toll-free access to the TTY/TDD line for hearing impaired services. The WellCare Customer Service Representatives have responsibility for any follow-up phone calls that are necessary.

3. Program Development

Linkage to Community

WellCare is dedicated to partnering with community organizations to promote cultural understanding and to meet the needs of the diverse population. Wherever possible, WellCare will pursue linkages with national, state-level and local organizations dedicated to advancing both the broad interests and the health interests of groups having needs for culturally-based supports.

At the national level, WellCare is a member of the National Alliance for Hispanic Health, an organization with ties to the federal government that fosters the development of resources to improve Hispanics' access to, and quality of, health care. One of the Alliance's projects is the National Hispanic Family Health Helpline (1-866-SU-FAMILIA). The Alliance also sponsored the report, "Genes, Culture and Medicines: Bridging Gaps in Treatment for Hispanic Americans," which WellCare uses to educate providers about ways to reduce health disparities.

At the State and local levels, where there are very specific cultural and linguistic needs, the community linkage will be guided by a multi-cultural task force made up of community leaders, public health representatives and other advisors comprising of public health stakeholders. In close collaboration with these advisors and stakeholders, WellCare hopes to eliminate barriers to accessing health care which include but are not limited to those which are ethnically or culturally based.

Member/Patient Education Programming

The multicultural basis of WellCare patient education program is drawn from the Healthy People 2020 initiative. Healthy People 2020 is a "national health promotion and disease prevention initiative that brings together government agencies, nonprofit, voluntary, and professional organizations, businesses, communities, and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life." (http://www.healthypeople.gov/2020/about/default.aspx)

This initiative focuses on assessing health disparities across the U.S. population by evaluating and tracking rates of illness, death, chronic conditions, behaviors, and other types of outcome in relation to demographics factors that include:

- Race and ethnicity
- Gender
- Sexual identity and orientation
- Disability status or special health care needs
- Geographic location(rural and urban)

Given the nature of the population we serve, from the 2020 list of conditions with disparate impacts on racial and ethnic minorities, WellCare has chosen **diabetes**, **asthma**, and **cardiovascular disease** as the areas our member health education will focus on.

Upon enrollment, members receive a welcome packet that includes a member handbook, which outlines our disease management program. The disease management program offers a meaningful opportunity to educate our members about ways to improve their quality of life through the effective management of chronic conditions.

Member Rights

WellCare adopts and acts on the basis of the Medicaid member rights and responsibilities as approved by each state's Medicaid agency. All associates including Customer Service representatives are expected to treat members in a manner that respects their rights and the expectations of their responsibilities. Associates are trained annually on each state's specific requirements regarding members' rights including but not limited to the following:

Members have:

1. A right to receive information about the organization; its services, its practitioners and provider and members' rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and right to privacy.
3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate clinically or medically necessary treatment options for their conditions; regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy.
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care

8. A responsibility to follow plans and instructions for care that they have agreed on with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Provider Education

WellCare educates providers regarding the Cultural Competency program through the Provider Handbook, the WellCare website, and as part of routine encounters with Provider Services staff. All providers will have the ability to access the full Cultural Competency Plan at no charge. The topic will also be covered regularly in WellCare provider newsletter. We will distribute appropriate reference materials to providers as well—for example, the national CLAS standards.

All Providers receive a Cultural Competency Checklist, approved by the federal Centers for Medicare & Medicaid Services, to assess the cultural competency in their offices. **(See Attachment A)**. Use of the tool is voluntary for providers at the present time, however based on provider and staff recommendations, in 2016 this tool will be enhanced to capture findings and monitor identified gaps. WellCare will arrange for appropriate follow-up assistance to providers who, after using it, report a need for help in becoming more culturally competent. This will be conducted through ongoing provider site visits by the assigned Provider Relations Representative.

4. Performance Improvement

WellCare is committed to conducting performance improvement projects both pertaining to culturally and linguistically appropriate services and related to health care disparities identified in the population served. This includes utilizing the reporting structure of the Quality Improvement Committee to identify and address any issued Performance Improvement Plans (PIPs). Recommendations or actions resulting from any issued PIP will be included in the annual evaluation of the Cultural Competency Plan and incorporated as an identified focused area or objective.

Provider Performance Monitoring

WellCare aims to monitor provider's compliance by doing the following:

- Monitor Complaints or Grievances filed by members
- Monitor Quality of Care and Quality of Service issues
- Case Manager and Disease Managers may also identify issues

All Quality of Care and Quality of Service issues involving providers are sent to Provider Relations for their provider visits. We also review these issues at the time of re-credentialing and re-contracting.

In the event that members file complaints or grievances with WellCare concerning a provider that behaves in a manner inconsistent with standards for culturally and linguistically appropriate services, WellCare will investigate the matter with the same degree of concern applied to any other complaint or grievance. Offending providers will be expected to take corrective measures, and WellCare will follow up to make certain that such action indeed was taken.

If we observe patterns in complaint and grievance information that suggest there are systemic deficiencies in providers' conformance to cultural competency aims, we will investigate the root causes and define broad performance improvement projects to eliminate the weakness.

Ongoing Self-Assessment

Process and Tools

WellCare will continually assess the cultural competency of the company, both nationally and at the level of each health plan unit, to ensure that we are meeting the diverse needs of our members, providers, and staff. A component of the self-assessment will be to utilize focus groups of members, providers, and staff to explore the needs of all WellCare constituent groups and to listen to suggestions for improving our Cultural Competency program **(See Section Provider Education and Attachment A).**

Reporting

All measures including the evaluation of provider performance and accessibility, markets specific demographic assessments, grievances, top disease diagnoses, staff and provider training, and overall cultural competency plan effectiveness will be reported to the Quality Improvement Committee for recommendations, interventions, and approval.

Annual Review

On an annual basis this Cultural Competency Program and Plan will be reviewed, and revised where necessary, and presented to the Quality Improvement Committee to ensure compliance with the program objectives.

ATTACHMENT A

Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services

Developed by: Tawara Goode, National Center for Cultural Competence, Georgetown University[6]

Target Group

Healthcare workers

Purpose

1. To increase individual awareness of practices, beliefs, attitudes and values that promotes and hinders cultural and linguistic competence in the delivery of health care.

2. To identify training needs.

Length of Survey

30-item list

Distinguishing Characteristics

Divided into 3 categories:

1. Physical Environment, Materials, and Resources
2. Communication Styles
3. Values and Attitudes

Each Item is rated on a 3-point scale

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Self-Assessment Checklist for Personnel Providing Primary Health Care Services

Georgetown University Child Development Center-National Center for Cultural Competence

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic cultural competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values and practices, which foster cultural and linguistic competence at the individual or practitioner level.

DIRECTIONS: Select A, B, or C for each item listed below.

A = Things I do frequently
B = Things I do occasionally
C = Things I do rarely or never

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

____ 1. I display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served by my program or agency.

____ 2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

____ 3. When using videos, films or other media resources for health education, treatment or other interventions, I insure that they reflect the cultures and ethnic background of individuals and families served by my program or agency.

____ 4. I insure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

COMMUNICATION STYLES

____ 5. When interacting with individuals and families who have limited English proficiency I always keep in mind that:

____ • limitations in English proficiency is in no way a reflection of their level of intellectual functioning.

____ • their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin

____ • they may or may not be literate in their language of origin or English.

____ 6. I use bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.

____ 7. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.

____ 8. I attempt to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment or other interventions.

____ 9. When possible, I insure that all notices and communiqués to individuals and families are written in their language of origin.

____ 10. I understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method.

VALUES & ATTITUDES

____ 11. I avoid imposing values which may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

____ 12. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with individuals and families served by my program or agency.

____ 13. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors which show cultural insensitivity, racial biases and prejudice.

____ 14. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

____ 15. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).

____ 16. I accept and respect that male-female roles may vary significantly among different cultures and ethic groups (e.g. who makes major decisions for the family).

____ 17. I understand that age 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).

____ 18. 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.

____ 19. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

____ 20. I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease, and death.

____ 21. I understand that the perception of health, wellness and preventive health services have different meanings to different cultural or ethnic groups.

____ 22. I recognize and accept that folk and religious beliefs may influence an individual's or family's reaction and approach to a child born with a disability, or later diagnosed with a disability, genetic disorder, or special health care needs.

____ 23. I understand that grief and bereavement are influenced by culture.

____ 24. I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my program or agency.

____ 25. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs, and expectations that are unique to the culturally and ethnically diverse groups served by my program or agency.

____ 26. 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.

____ 27. I am aware of the socio-economic and environmental risk factors that contribute to the major health problems of culturally, ethnically and racially diverse populations served by my program or agency.

____ 28. 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.

____ 29. 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.

____ 30. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural and linguistic competence.

There is no answer key with correct responses. However, if you frequently responded “C”, you may not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence within health care delivery programs.

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