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

Developed by:
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Target Group: Health Care Workers

Purpose
1. To increase individual awareness of practices, beliefs, attitudes and values that promote and hinder 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 three categories:
1. Physical Environment, Materials and Resources
2. Communication Styles
3. Values and Attitudes

Each item is rated on a three-point scale.

Self-Assessment Checklist for Personnel Providing Primary Health Care Services
Georgetown University Center for Child and Human Development - 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 provider 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, and 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 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 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 ensure 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:

- Limitation 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/bi-cultural 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 and 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 or agency 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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