

Cultural Competency Training

Directions: Please enter A, B or C next to each item below. There is no right or wrong answer; it is a self-assessment, relevant only to you and will not affect your ability to work for Heartland PCA. We must provide this training per the insurance providers that we are contracted with.

- A = Things I do frequently
- B = Things I do occasionally
- C = Things I do rarely or never
- N/A= Doesn't apply to my current role within the agency

Physical Environment, Materials & Resources

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

_____ 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.

_____ 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 by my program or agency.

_____ I ensure that printed information given out by my agency or program considers the average comprehension levels of individuals and families receiving services.

Communication Styles

When interacting with individuals and families who have limited English language understanding, I always keep in mind that:

_____ Limitations in English language are in no way a reflection of their level of intellectual functioning.

_____ Their limited ability to speak the language of where they live (USA, for example) has no effect on their ability to communicate effectively in the language they speak.

_____ They may or may not be able to understand well or speak well, or at all, in their own language or English.

_____ I use bilingual-bicultural staff and/or personnel and volunteers who are 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.

_____ 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.

_____ I attempt to determine any familial colloquialisms (ways in which they talk to their family; an informal language or "slang") used by individuals or families that may impact on assessment, treatment or other interventions.

_____ When possible, I ensure that all notices to individuals and families are written in their own language.

_____ 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 of receiving information.

Values & Attitudes

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

_____ I review 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.

_____ 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.

_____ I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of adopting the practices and values of another culture, while still retaining their own distinct culture.

_____ I understand and accept that family is defined differently by different cultures (e.g., extended family members, nonblood relatives, godparents).

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

_____ 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).

_____ 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.

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

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

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

_____ I recognize and accept that 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.

_____ I understand that grief and bereavement are influenced by culture.

_____ I ask for information from individuals, families or other key community members 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.

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

_____ I keep myself aware 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.

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

_____ I am educated in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the location served by my agency or program.

_____ I make myself available 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.

_____ I advocate for the review of my program or agency's mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence (unconscious knowledge of grammar that allows a speaker to use and understand a language.)

How many:

A's _____ B's _____ C's _____ N/A _____

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 or practitioner level. 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.

Employee Signature

Date

Employee printed name