ASSESSING CULTURALLY COMPETENT HOME VISITATION; GATHERING CLIENT FEEDBACK TO EVALUATE THE CULTURAL COMPETENCY OF HOME VISITORS AND SERVICES DELIVERED

A Project

Presented to the faculty of the Division of Social Work

California State University, Sacramento

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SOCIAL WORK

by

Amara Reddick

Jordan Eller

SPRING 2013
ASSESSING CULTURALLY COMPETENT HOME VISITATION; GATHERING CLIENT FEEDBACK TO EVALUATE THE CULTURAL COMPETENCY OF HOME VISITORS AND SERVICES DELIVERED

A Project

by

Jordan Eller

Amara Reddick

Approved by:

_________________________________, Committee Chair
Teiahsha Bankhead, LCSW, Ph.D.

_________________________________
Date

iii
Student:  Jordan Eller
          Amara Reddick

I certify that these students have met the requirements for format contained in the
University Format Manual, and that this project is suitable for shelving in the Library,
and credit is to be awarded for the project.

___________________________________, Graduate Coordinator_________________
Dale Russell, Ed.D., LCSW

Date

Division of Social Work
Abstract

of

ASSESSING CULTURALLY COMPETENT HOME VISITATION; GATHERING CLIENT FEEDBACK TO EVALUATE THE CULTURAL COMPETENCY OF HOME VISITORS AND SERVICES DELIVERED

by

Jordan Eller

Amara Reddick

This research study focuses on assessing culturally competent home visitation services from the perspective of the client. A review of the literature finds that although gathering client feedback is important to service delivery, there is a lack of research evidence established by gathering client feedback on the cultural competency of their service providers, as well as a scarcity of tools to measure cultural competency from the client perspective (Clark, 2010; Cornelius et al., 2004; Switzer et al., 1998; Fuertes & Brobst, 2002; Lum, 1999; Bhui et al., 2007; Ahmed & Bates, 2012). Therefore, this study attempted to find and adapt a tool that could be used to measure the cultural competence of a local home visitation program. Participants (N=24) in the agency were surveyed via mail regarding their perceptions of their home visitor and the agency’s cultural competence. The tool used is comprised of eight subscales repeatedly found in the literature assessing factors relating to cultural competence. The purpose of this study is to determine if the clients’ perceptions of the cultural competence of the services received,
is reflective of the service providers’ philosophies and standards of cultural competence. Findings demonstrated that the culturally competent practices of the service provider were reflected in the perception of the clients. An analysis of the descriptive statistics showed that 100% of participants felt their home visitor respected them and their cultural beliefs. Significant positive correlations demonstrate a close relationship between the varying skills of culturally competent practice. Furthermore, only one statistically significant t-test result between the responses of the racial groups represented was found in the study. The varying perceptions differed on the Consumer Involvement subscale; White participants felt less involved than People of Color in receiving support from their home visitor in areas outside of child rearing, the confidentiality of the home visitor, and support for ethnic matching with the service provider. The overall findings suggest that implementing standards for culturally competent service delivery are positively reflected in clients’ perceptions of services.

_____________________, Committee Chair
Teiahsha Bankhead, LCSW, Ph.D.

_____________________
Date

vi
ACKNOWLEDGEMENTS

Amara Reddick’s Acknowledgements

I would like to thank and appreciate all of the tremendously fabulous people in my life who have supported my personal and professional development. To my stellar support team thank you for encouraging me to be great. A special thanks to my chef, chauffeur, errand runner, sounding board, and resident expert in anything statistical; how so much wonderful can be condensed into one person I cannot comprehend and am immeasurably grateful. Thank you to my thesis partner for her willingness to be flexible, honest, patient, and caring at the same time imposing structure and having a detailed oriented perspective.

Jordan Eller’s Acknowledgements

First and foremost, I would like to thank my thesis partner for her patience and understanding with my obsessive and neurotic ways; including my hectic schedule. Along this journey, I have been surrounded by tremendous professors, colleagues, and individuals that have enhanced my skill-set and provided me with the motivation to excel as an exemplary social worker. I have to give props to my brother, Ethan, for giving me that motivational “shove” I needed to apply for graduate school; I would not be here without your diligent harassment Edog! Thank you to my sister, Genevieve, who provided me with encouragement, food, and many productive study sessions. A special thanks goes to my many dear and close friends for making me laugh and supporting me through my daunting complaints and overall absence these past two years. Thanks to my...
precious nieces and nephew for being so full of positive energy and making me smile! And last but not least, thank you to my mother, father, stepmother, and sweet, sweet Nana for their unconditional love, support, and words of wisdom. Thank you all for believing in me. Cheers to you all and to me!

**Researchers’ Quote for Social Work Practice**

Go to the people  
Live Among them  
Learn from them  
Love them  
Start with what they know  
Build on what they Have:  
But of the best leaders  
When their task is accomplished  
Their work is done  
The people will remark  
“We have done it ourselves”

-Lao Tzo 2000, Chinese Proverb
## TABLE OF CONTENTS

| Acknowledgements                                                                 | vii  |
| List of Tables                                                                    | xii  |
| List of Figures                                                                    | xiii |
| Chapter                                                                           |      |
| 1. STATEMENT OF THE PROBLEM                                                       | 1    |
| Statement of Collaboration                                                        | 1    |
| Background of the Problem                                                         | 2    |
| Statement of the Research Problem                                                 | 5    |
| Study Purpose                                                                     | 5    |
| Theoretical Framework                                                             | 5    |
| Definition of Terms                                                               | 6    |
| Assumptions                                                                       | 7    |
| Social Work Research Justification                                                | 7    |
| Study Limitations                                                                 | 7    |
| 2. REVIEW OF THE LITERATURE                                                       | 9    |
| Effects of Cultural Competency on Service Delivery                                | 10   |
| Commonalities of Cultural Competence Theories and Standards of Practice           | 13   |
| Strategies for Developing Cultural Competency                                     | 20   |
| Barriers to Culturally Competent Home Visitation Services                          | 27   |
| Evaluating Cultural Competency                                                    | 31   |
3. METHODS .................................................................................. 42
   Study Objectives ........................................................................ 42
   Study Design ............................................................................. 42
   Population ................................................................................... 43
   Sampling Procedures ................................................................. 43
   Data Collection Procedures ......................................................... 43
   Instruments ................................................................................ 44
   Data Analysis ............................................................................. 45
   Protection of Human Subjects ....................................................... 46
   Summary ..................................................................................... 46

4. STUDY FINDINGS AND DISCUSSION ....................................... 48
   Overall Findings .......................................................................... 48
   Specific Findings ......................................................................... 52
   Interpretations of the Findings ...................................................... 61
   Summary ..................................................................................... 66

5. DISCUSSION .............................................................................. 68
   Summary of Study ....................................................................... 68
   Implications for Social Work ......................................................... 76
   Recommendations ....................................................................... 77
   Limitations ................................................................................. 78
   Conclusion .................................................................................. 79
Appendix A. Client Consent to Participate ...................................... 82
Appendix B. Consentimento del Cliente Para Participar...................... 84
Appendix C. Step by Step/Paso a Paso’s Cultural Competency Services Survey.....86
Appendix D. Encuesta de Servicios Competencia Cultural Paso a Paso........90
References ................................................................................................. 94
LIST OF TABLES

Table                                                                 Pages

1. Common Components of Theories and Standards on Culturally Competent Service Delivery ................................................................. 19

2. Common Factors of Evaluating Individual and Organizational Cultural Competence ................................................................. 34

3. Awareness of Client Culture ........................................................................ 53

4. Respectful Behaviors ............................................................................. 54

5. Potential Language/Interpreter Issues ...................................................... 55

6. Home Visitor’s Understanding of Indigenous Practices ......................... 56

7. Consumer Involvement ......................................................................... 57

8. Acceptance of Cultural Difference .......................................................... 59

9. Community Outreach ........................................................................... 60

10. Client-Provider-Organization Interactions ............................................ 61

11. Home Visitor Understanding and Respect of Indigenous Practices Subscale Correlations ................................................................. 63

12. Other Subscale Correlations ................................................................ 64

13. Group Statistics By Race ..................................................................... 65

14. Consumer Involvement Response Variance by Race ................................ 66
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figures</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants’ Race</td>
<td>50</td>
</tr>
<tr>
<td>2. Participants’ Ethnicity</td>
<td>50</td>
</tr>
<tr>
<td>3. Participants’ City of Residence</td>
<td>51</td>
</tr>
<tr>
<td>4. Participants’ Highest Level of Education</td>
<td>52</td>
</tr>
</tbody>
</table>
Chapter 1

STATEMENT OF THE PROBLEM

The 2010 California Census reported that approximately 52% of the state’s population is comprised of those identifying as an ethnic minority (non-white) (United States Census Bureau, 2010). With the rapid growth of the ethnic minority population, it is vital that social service agencies adopt culturally competent philosophies that have an understanding and appreciation for diverse cultural and family values (NASW, 2001). When assessing the cultural competency of services and providers, client feedback is not typically gathered, although research has shown that client feedback is a critical element in the assessment of cultural competency (Metzger, Telfair, Sorkin, Weidmer, Weech-Maldonado, Hurtado, & Hayes, 2006; McPhatter & Woodroffe 2005; Cornelius et al., 2004; Clark, 2010). Cultural competency cannot be appraised solely from the provider perspective, to increase accuracy it should be assessed by combining practitioner self-evaluation and client feedback. In this chapter, the purpose of the study will be discussed including the research problem, terms and definitions associated with the problem, the background of the problem, the theoretical framework guiding this study, the limitations of this research, and the assumptions of this study.

Statement of Collaboration. The researchers’ collaboration varied from writing sections side-by-side at one computer to composition of sections individually with side-by-side editing. Chapter One and Chapter Three were created with the researchers writing side-by-side. Chapter two was divided into sections; Jordan Eller composed the themes on the effects of cultural competency on service delivery and the commonalities
of cultural competence theories and standards of practice. Amara Reddick composed the themes on strategies for developing cultural competence and the barriers to culturally competent home visitation services. The last theme, evaluating cultural competency, and the conclusion of the chapter were composed side-by-side by the researchers. The researchers also worked side-by-side on the final editing of Chapter Two. Data entry, analysis, and the discussion for Chapter Four and Chapter Five were written side-by-side by the researchers.

**Background of the Problem**

Historically there has been a disparity in access to services between whites and ethnic minorities (U.S. Department of Health and Human Services, 2001; Whealin & Ruzef, 2008). California has a growing minority population; with 15,800,022 self-identified non-white residents, compared to 14,836,157 white residents. With a large percentage of ethnic minority populations, cultural competence becomes paramount in providing effective services that enable flexibility in working with various family structures and norms (NASW, 2001). The importance of culturally competent service delivery is evidenced by the creation of legislation that mandates specific forms of culturally competent practice (California State Auditors, 2010). While cultural competence policies are being introduced and implemented in regards to accessing healthcare, the policy mandates for cultural competence in social services is lacking.

Over the past decade, legislative policies for linguistically competent health care services have been introduced in California to help address the disparities of health care access among underrepresented groups. Policies include California Assembly Bill 1195,
Continuing Education: Cultural and Linguistic Competence (2006) and the Health Care Language Assistance Act of 2009 (SB 83). Legislation on cultural competency in social services is limited to linguistic competence mandated in the Dymally-Alatorre Bilingual Services Act of 1973. Although there is a lack of policies on social services in regards to cultural competence, many individual agencies and practitioners are incorporating culturally competent standards that necessitate a wide range of skills and methods for evaluating practice (American Evaluation Association, 2013).

Policies that address cultural and linguistic barriers in accessing services have been advocated for many years (AEA, 2013; Nakashian, 2009). The Dymally-Alatorre Bilingual Services Act was enacted in 1973 and mandated that all state agencies provide bilingual staff and translated materials for any language that consisted of 5% or more of the service population (CSA, 2010). This act was an effort to provide resource materials and interpreters to help the clients understand and participate in services in their communities. In 2006, California Assembly Bill 1195; Continuing Education: Cultural and Linguistic Competency was put into effect requiring by law that medical education and practice courses include cultural and linguistic curricula; helping to serve diverse client populations (Legislative Counsels’ Digest, 2005). In 2009, the Health Care Language Assistance Act (SB 83) was implemented which requires the Department of Managed Health Care to create standards for providing data collection on the race, ethnicity, and language of patients; and provide interpreter services and translated materials to patients as needed (CPHEN, 2006). While over the past decade cultural
competence policies have been created and introduced, it is unclear if state agencies are adhering to the requirements set forth in legislation on cultural competence (CSA, 2010).

According to the California Audit Report, by the Bureau of State Audits in 2010, the State Personnel Board is not meeting a large amount of the requirements of the Dymally-Alatorre Bilingual Services Act. A majority of the issues noted were reported as fault of the Personnel Board for not thoroughly communicating the mandates of the act to the affected state agencies (CSA, 2010). The Bureau of State Audits found gaps in agency evaluation relating to meeting the language needs of clients, surveying the language needs of clients, providing enough bilingual staff, and a lack of documentation supporting compliance or strategies for implementing the standards of the act. Furthermore, the Bureau felt the agencies could do more to meet the bilingual needs of their clients (CSA, 2010). This research suggests that many state agencies are not yet meeting the basic linguistic standards set for the Dymally-Alatorre Bilingual Services Act.

While the need for linguistically competent services is recognized by legislation, it is only one component of cultural competence. Agencies and practitioners need education on how to obtain and promote greater cultural awareness, how to create an organizational culture that embraces diversity, and the necessity of conducting self-evaluations and client surveys on the cultural competence of their practice(s).
Statement of the Research Problem

There is a lack of client feedback when measuring the cultural competence of social service agencies. Structurally, it is difficult to measure cultural competency due to the lack of a standardized definition. The challenge is using an evaluative method that encourages honest feedback from participants.

**Study purpose.** The purpose of this study is to explore the extent to which culturally competent philosophies of a home visitation program are reflected in the client perceptions of cultural competency of the services received. In doing so, the researchers hope to promote culturally competent social service agencies where underserved populations feel respected, accommodated, comfortable, and secure in accessing services. Furthermore this research will help a local home visiting agency, Yolo County Children’s Alliance Step-by-Step/Paso a Paso Program, implement a valid tool for receiving client feedback. Establishing an evaluative process to collect client feedback will bring the agency into compliance with their accreditation standards set by the national governing agency, Healthy Families America.

**Theoretical framework.** Social Constructionist theory states that individual reality is shaped by each person’s interactions with their social environment, which is constantly changing (Shriver, 2011). Therefore, a person’s reality is subjective and unique, and cannot be fully understood from the perspective of another. Cultural competency respects and embodies the social constructionist perspective by embracing and validating individual definitions and experiences of culture.
Definition of terms. Culture is defined as an “integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group”. (NASW 2001, p. 9)

Culture competence as defined by Krist-Ashman & Hull (2006) is “understanding the concept of culture; appreciating the strengths inherent in all diverse cultures; acquiring a consistently growing knowledge base about clients’ culture that can be applied to practice; and seeking to understand the nature of oppression and social diversity as they apply to various groups” (p. 358).

Home visitation is any service provided in the home of the participant; common services include child welfare prevention and intervention programs and behavioral intervention services.

“Healthy Families America (HFA) is a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including maltreatment. It is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, mental health, and or substance abuse issues. HFA’s services begin prenatally or right after birth of a baby and are offered voluntarily, intensively, and over the long-term (three to five years after the birth of the baby) (HFA, 2013)

Yolo County Children’s Alliance Step by Step/Paso a Paso is an intensive home visiting program providing emotional and practical support to pregnant women and families of newborns. Step by Step/Paso a Paso’s mission is to “improve the infant-
parent relationship by enhancing skills, and by promoting healthy child development and bonding in a safe home environment” (Yolo County Children’s Alliance & Child Abuse Prevention Council, 2012, pg.1)

Assumptions. This research is based on the assumption that participants are aware of the need for cultural competence in service delivery. It is assumed that cultural competence is a shared program goal for the providers and the client, and that both are willing to work towards achieving that goal. Also assumed, is that participants will want to take part in the evaluation process.

Social work research justification. The NASW supports the integration of cross-cultural knowledge into the standards of social work practice, as addressed in the NASW Standards of Cultural Competence (2001). As part of enhancing cross-cultural practice, and to meet the goals of the NASW standards, agencies and individuals are encouraged to create a framework for assessing their cultural competence. By conducting this research study, the researchers hope to advance the conversation regarding cultural competence and take part of the shift from theoretical discussion to tangible guidelines for social work practice. This research study aims to illustrate the importance of culturally competent services to increase access and improve services for underprivileged or underrepresented client populations.

Study limitations. While this study is specific to a child abuse prevention home visitation model (HFA), these findings cannot be generalized to all home visitation models. Although the sampling procedures were provided to all program participants and the home visitation program will provide services to males, only female participants are
currently enrolled in the program; limiting the findings to a female perspective. This study could have been enhanced by using a triangulation method in which client, staff, and agency materials are assessed to ensure all areas of cultural competent service delivery. These varying perspectives would provide a “check and balance” for the evaluation process, however due to time and resource limitations the single client perspective was used.
Chapter 2

REVIEW OF THE LITERATURE

In order to obtain a better understanding of evaluating cultural competency, research was gathered on varying perspectives as they pertain to evaluating service delivery and gaining client feedback for evaluation. Although no research was found in regards to evaluating the clients’ perceptions of the home visitors’ cultural competence, research literature was found on the necessity for culturally competent services (Kumpfer et al., 2002; Aktan et al., 1996; Jackson, 2009; Resnicow et al., 2000; McCurdy & Daro, 2001); important characteristics of a service provider from the clients’ perspective (Damashek et al., 2012); and measurement tools for evaluating cultural competency (Switzer et al., 1998; Fuertes & Brobst, 2002; Clark, 2010; Cornelius et al., 2004). Within this chapter, the following themes will be discussed: 1) the effects of cultural competency on service delivery, 2) the commonalities of cultural competence theories and standards of practice, 3) strategies for developing cultural competence, 4) barriers to culturally competent home visitation services, and 5) evaluating cultural competency. This literature review will provide a foundation for understanding how cultural competency is implemented at the agency level; which competencies and skills are essential; and methods used to evaluate the level of cultural competence within the agency setting and of individual practitioners.
Effects of Cultural Competency on Service Delivery

Empirical evidence showing the effects of culturally competent services was found in relation to general social service delivery (i.e. mental health services, substance abuse prevention services), because little research was found on culturally competent home visitation services (Her, 2010; Kalyanpur & Rao, 1991; Damashek, Bard, & Hecht, 2011; McCurdy & Daro, 2001; Kumpfer, Alvarado, Smith, and Bellamy, 2002; Aktan, Kumpfer, & Turner, 1996; Jackson, 2009; Resnicow et al., 2000; McCurdy & Daro, 2001). The empirical evidence found supports implementing culturally competent practices to improve a variety of service aspects including program retention rates (Kumpfer et al., 2002; Aktan et al., 1996; Jackson, 2009; Resnicow et al., 2000; McCurdy & Daro, 2001), the client-worker relationship (Damashek et al., 2011; McCurdy & Daro, 2001), and client utilization of services (Her, 2010; Kalyanpur and Rao, 1991). This literature suggests that culturally competent standards improve service delivery.

Within social service delivery, culturally sensitive interventions (CSI’s) were found to be helpful in improving retention rates (Jackson, 2009; Resnicow et al., 2000). CSI’s are described as services that include cultural/ethnic norms, characteristics, values, experiences, behaviors, and beliefs of the target population when planning and implementing services. Furthermore, CSI’s incorporate historical, social, and environmental forces in the development of the program’s design, delivery, and evaluation of its services (Jackson, 2009; Resnicow et al., 2000).
In a discussion involving the substance abuse prevention model, Strengthening Families Programs (SFP), it suggests that using a culturally-adapted SFP program improves retention and recruitment rates by approximately 41% (Kumpfer & Alvarado, 1995; Kumpfer, Alvarado, Smith, & Bellamy, 2002). Similarly, in a quasi-experimental study comprised of 218 ethnic families with children of substance abusers, Aktan et al. (1996) compared culturally-adapted SFP model to the generic program model. The study involved comparing a two year generic SFP intervention program model (22-24 sessions), followed by a two year culturally-adapted version of the SFP intervention program model (22-24 sessions) (Aktan et al., 1996). In the sessions conducted with rural African American mothers with substance abuse issues, retention rates increased from 61% to 92%, when using the culturally-modified SFP intervention program (Aktan et al., 1996; Kumpfer et al., 2002). When working with urban African American mothers with substance abuse issues, retention rates increased from 45% to 85% after making cultural adaptions to their prevention interventions. Likewise, in the sessions conducted with Hispanic families using culturally-adapted SFP, the program completion rate increased from 65% to 98% (Kumpfer et al., 2002; Kumpfer et al., 1996). Because the programs were aware of the cultural needs of their target population, the clients used the services for a longer period of time resulting in greater program effectiveness.

A lack of cultural competence in home visitation services has shown to present negative effects on service delivery. In an attempt to evaluate client interactions with outreach agency professionals, Kalyanpur and Rao (1991) conducted a qualitative research study involving a sample of four black, adult, low-income, single mothers. The
researchers conducted in-depth interviews with the four participants and found that the lack of cultural competency of the worker directly affected the relationship with the client and ultimately caused an exclusionary client-worker relationship. The research findings suggested three reasons why clients viewed their relationship with their worker as unempowering; (1) the workers’ were perceived as lacking respect for parents and failure to trust them was a significant barrier to fostering a collaborative relationship, (2) professionals’ often focused on deficits while ignoring strengths, and (3) workers lacked appreciation for the mother’s parenting styles. This research elucidates the need for workers possessing cultural awareness, and a respectful approach to differences in order to foster the client-worker relationship and promote access to services by minority populations.

An increased level of cultural awareness by service providers enables recognition of cultural influences on client families. Cultural values and norms shape the way in which families look for and receive assistance. In order to reach the target population of an agency, practitioners must be aware of cultural patterns of service utilization and the motivating factors influencing it. In an exploratory, quantitative study of 41 adult, paraprofessionals who were Hmong women, in the Sacramento area, Her (2010) examined the prevalence of domestic violence in the Hmong community and the factors that kept it concealed. When surveying the 41 respondents, they reported that they were less likely to seek assistance for escaping domestic violence due to the perceived worker’s inability to understand their culture. Within this research study, 43.9% of the participants stated they would be more willing to access domestic violence services if
their workers had more knowledge of and sensitivity to Hmong culture. In addition, 61% of respondents did not seek domestic violence services specifically because of cultural factors/beliefs, including but not limited to religious practices and the reputation of the family clan (Her, 2010). This research suggests that it is crucial for service providers to be knowledgeable about the cultural beliefs and religious practices of their target population in order to effectively provide services, to enhance enrollment and retention rates, and to strengthen relationships with the target population.

Implementing culturally competent services is necessary as it has been shown to improve various aspects of service delivery (Damashek et al., 2011; McCurdy & Daro, 2001; Kumpfer, Alvarado, Smith, and Bellamy, 2002; Aktan, Kumpfer, & Turner, 1996; Jackson, 2009; & Resnicow et al., 2001). Culturally competent service delivery also promotes social justice by recognizing the needs of and advocating for diverse and oppressed populations (Lum, 1999; NASW, 2011; Mizrahi & Mayden, 2001; Lum, 2005; Cross et al., 1989; OMH, 2012). Because culturally sensitive services have shown to positively affect service delivery, social workers, practitioners, organizations, and universities continue the pursuit of ongoing cultural competency both individually and as groups.

Commonalities of Cultural Competence Theories and Standards of Practice

In order to determine the necessary components of evaluating the home visitor’s cultural competency and the overall cultural competence of the agency’s service delivery, research was obtained on common theories, practice standards, and empirical evidence on cultural competence philosophies of individual and group practice and/or service
delivery. An analysis will be presented to determine commonalities of these frequently utilized philosophies. The theories and standards presented within this discussion were generated by agencies pertaining to the welfare of children; as this study’s agency service domain is child abuse prevention. Theories of cultural competence have framed the standards or philosophies of organizations presented throughout this theme (National Center for Cultural Competence, 2012; Office of Minority Health, 2012; Mizrahi & Mayden, 2001).

Common philosophies of cultural competent practice have derived from the theoretical frameworks of various individuals. However within the literature obtained for this research project, common theories referenced were Sue (Lum, 2005; Damashek et al., 2011; Fuertes & Brobst, 2002), McPhatter (Lum, 2005; McCurdy & Daro, 2001), and Cross et al. (NCCC, 2010; OMH, 2012; Lum, 2005). While all of these theories involve varying components, all suggest a need for valuing diversity and self-awareness.

In 2001, Sue defined cultural competence in regards to three components (Damashek et al., 2011). The first component involved the attitudes and beliefs about one’s personal values; as having the awareness to recognize personal bias and preferences will help eliminate barriers to practice based on the workers’ competence of self and other’s cultures. Secondly, a practitioner must obtain knowledge on the worldviews of various cultures; as a strong foundation in worldly cultures will provide further awareness of how varying individuals and cultures function within the systems around them, enhancing the worker’s ability to implement effective interventions and relationships. And lastly to obtain cultural competence, one must acquire skills for providing culturally
appropriate services (Damashek et al., 2011); as it is vital to have a basic set of abilities to approach each individual with a respect and awareness of their culture.

Similarly, McPhatter’s theoretical model for cultural competence includes four elements for obtaining this “multidimensional endeavor” (pg. 29) (McPhatter, 1997). The four standards in McPhatter’s model include enlightenment consciousness, grounded knowledge base, cumulative skill proficiency, and elusive organizational commitment (McPhatter, 1997; McPhatter & Woodroffe, 2005). In addition, McPhatter feels without these four standards working in unison, cultural competent practice is not obtainable as all components assemble the foundation for competency. In order to obtain this multifaceted, ongoing, consciousness of cultural competency, both the personnel and the agency must promote and engage in education, awareness, and skill enhancement.

Cross et al.’s theoretical stage development of organizational cultural competency focuses on five main concepts. Cross’ factors for implementing cultural competence are as follows: “(1) value diversity, (2) conduct self-evaluation, (3) manage dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the individuals and communities served” (Cross et al., 1989; Goode et al., 2002, p 1). In this theoretical framework, the practitioners’ and organizations’ ability to provide services that meet the needs and behaviors of varying cultures is sought, in regards to a knowledge and awareness to function and provide services within an assortment of human environments where culture is the foundation for all human interaction and encounters, in an effort to provide competent care. The purpose
of this model is to help communities and governments recognize and develop an appropriate system of care for all individuals through the facilitation of culturally competent services (Cross et al., 1989). This theoretical framework for obtaining organizational cultural competency has been embraced by other social service agencies including the National Center for Cultural Competence and the Office of Minority Health (NCCC, 2010; Office of Minority Health, 2012).

The National Center for Cultural Competence, at Georgetown University, embraces Cross et al.’s theoretical model of implementing organizational cultural competence. The NCCC promotes organizations and their personnel to have the capacity to embrace these five components in order to embed cultural competence standards into their individual and group practice (Goode et al., 2002). The NCCC operates out of the Center for Child and Human Development and encourages organizations to attend to the vast disparities within health and mental services by creating, implementing, and evaluating the cultural competency of the organization, personnel, and service delivery (NCCC, 2010).

The United States Department of Health and Human Services, Office of Minority Health (OMH) operates under the National Standards on Culturally and Linguistically Appropriate Service (CLAS). The CLAS consists of 14 standards, generated from Cross et al.’s original components, by which the OMH suggests that health care organizations, as well as other service types, adopt these standards in order to make healthcare more culturally and linguistically accessible (OMH, 2012). These standards focus primarily on
the linguistics of services and program materials and the linguistic knowledge and awareness of program policies and staff.

In addition to healthcare organizations, social workers across all service domains are mandated to embrace culturally competent standards of practice and have knowledge on various theoretical frameworks associated with cultural development. The National Association of Social Workers (NASW) embraces a commitment to cultural competency in its *Code of Ethics*. This code for culturally competent practice is further demonstrated in the *NASW’s Standards of Cultural Competence in Social Work Practice* (NASW, 2001). The set of cultural competence practice standards includes ten key components. These components focus on the overall values and ethnic in such a way that they enhance self-awareness and cross-cultural knowledge. With this gained consciousness, cross-cultural skills can be developed that enhance service delivery and help empower clients to advocate for social justice. In addition, by employing a diverse workforce that is educated on language diversity and is provided a cultural knowledge base by the agency’s leadership, it will promote and enhance culturally competent practice (Mizrahi & Mayden, 2001; NASW, 2011).

Child welfare advocates also embrace policies of cultural competence within their service delivery. In 1999, the Child Welfare League of America (CWLA) created cultural competence policies and procedures in order to express the need for family and children service providers to be culturally competent. The CWLA’s values are as follows:
“cultural competence is for everyone, cultural competence is integral to best practice, cultural competence is an ongoing process, cultural competence is a part of overall organizational goal of excellence, culturally competent organizations must be customer driven, cultural competence is a key factor to continued financial survival, and cultural competent organizations should foster leadership” (pg. 28) (McPhatter & Woodroffe, 2005).

These CWLA policies suggest a necessity for respectful service delivery that is accepting of all groups of people in an effort to obtain ongoing cultural competence, which will foster organizational excellence.

Within the literature obtained on cultural competence philosophies and standards of practice, common themes were found including self-awareness, ethics/values/beliefs, cultural knowledge, and fluid and flexible cultural skills. Of the organizational standards presented within this theme, the majority incorporated the five components developed in Cross et al.’s (1989) model for a culturally competent system of care for organizations. Other areas of commonality were self-evaluation, service delivery, and a diverse workforce. These theories of cultural competence, both as individual practitioners and as a group/agency/organization, help highlight necessary areas of evaluation when determining the clients’ perspectives of the cultural competency of their service provider and services received. The commonalities of these culturally competent standards of practice were used in helping to determine an appropriate and valid measurement tool for this research study. The following table (Table 2.1) provides additional comparison of the commonalities of theories and standards for cultural competence.
As seen throughout this theme on philosophies and theories of cultural competence, competency of culture begins with an individual practitioner, but the agency must embrace and promote these same standards of competence in their service delivery and continue educating their personnel on the dimensions of ongoing culturally competent practice. While it is the duty of the individual to be self-aware and dedicated to these principles, it is the agency’s responsibility to promote an organizational cultural that embraces, respects, and expects personal reflection of services. As the theoretical views of cultural competency have continued to develop since Cross et al.’s model, peer reviewed literature demonstrates a need for continued culturally competent practice through heightened focus on the need for reflective supervision and ongoing evaluation of practice from various perspectives. A detailed discussion of strategies for obtaining
Strategies for Developing Cultural Competency

As discussed previously in this review of the literature, cultural competence is a socially constructed concept that is complex and multi-faceted. Although each author creates a salient meaning of cultural competence relevant to their work, commonalities are found across meanings. The presence of overarching commonalities extends to both the definition of cultural competence, as well as strategies for achieving cultural competency. An ideological shift can be found in the literature that represents a transition from a finite body of knowledge representing cultural competence, to a set of skills used to gather infinite understanding of culture for each individual unit whether a single person, family or cultural group (Cooley, 2011). This transition deviates from a traditional ethnocentric hegemonic view of culture; from which a dominant culture is assumed as a practice standard and cultural difference equates to deviant social inferiority. The progression of cultural understanding has transitioned from a notion that all members of a cultural group maintain the same values and beliefs (Marsiglia & Kulis 2009; Lum, 2005; Halpern, 1993). Therefore, understanding could be gained by memorization of a standard list of facts of cultural information. This approach epitomized the erroneous perception that a cultural group is a homogenous cluster of people distinguishable from the dominant culture by stereotypical traits.

The understanding of culture has transitioned to pertaining to a larger racial or ethnic group as well as an individual, family and community. Thus, to be culturally
competent in practice is to possess a set of skills embedded in a worldview which places practitioners in a place of not knowing and genuine curiosity (McPhatter & Woodroffe, 2005; Bhui, Warfa, Edonya, McKenzie & Bhugra, 2007; Gomby, Larson, Lewitt & Bherman, 1993; De Jong & Berg, 2008). The National Association of Social Workers, Standards for Cultural Competence, details the expectation for practitioners to possess a “heightened consciousness of how clients experience their uniqueness and deal with their differences and similarities within a larger social context,” (NASW, 2001; p.3).

There is no fixed practice modality on culture. There is moreover a skill set to embrace diversity: understanding one’s self identity in relation to others self-identity. Elements that were once thought to determine success such as ethnic matching, level of education, or age difference have now found to hold varying importance across cultures (Damashek, Bard & Hecht, 2011). This reinforces the need for flexibility and effective ongoing assessment on the part of the practitioner. The skills are general, their adaptation is specific to each individual intervention to suit the unique family needs. Sergison (2002) describes this distinction as “improved understanding as opposed to an increase in cultural knowledge” (p. 291). This transition to a flexible approach to gaining cultural knowledge of clients recognizes the heterogeneity of cultural groups and eliminates assumptions based on stereotypes. McPhatter & Woodroffe (2005) call for practitioners’ enlightened consciousness which is derived from the self-reflection of the practitioner examining hegemonic assumptions and creating a grounded knowledge base in which a critical analysis is conducted to foster a drive for skill proficiency based on cultural knowledge (p. 29-30).
Provision of culturally competent service is based on skills such as good communication, a collaborative approach to service, respect for cultural perspectives, integration of cultural information into the service plan, and flexibility of the provider to change interventions based on ongoing assessment and knowledge of the expectations of the program being provided. Relationship building has consistently been ranked as one of the most important skills in culturally competent service delivery (Cooley, 2011; Edens, 1997; Slaughter-Defoe, 1993; Wasik, 1993; Gomby et al., 1993). A relationship is built by utilizing skills such as listening, communication, empathy, genuine use of self, respect and understanding of cultural practices and clients’ own priorities of their needs and values. The relationship between the client and the practitioner serves as the agent for change in home visiting programs, which is why this ability is paramount in home visitors (Edens, 1997).

In a study in 2012, conducted by Damashek et al., 1,305 caregivers of children in the child welfare system were selected via a site randomized clinical trial examining the effectiveness of an evidence based home visiting program designed to reduce child abuse and neglect and improve parenting skills. The participants completed the Client Cultural Competence Inventory and a client satisfaction survey. The researchers found that the practitioner’s respect for cultural differences and ability for facilitating family and community involvement impacted client satisfaction, personal skill improvement, and goal attainment. An example of culturally competent service provision would be a practitioner’s respect for the individual’s understanding of primary support, which can
vary widely by culture, from the nuclear family, to extended family, local community, religious figures, and fictive kin (Slaughter-Defoe, 1993; Woolfolk & Unger, 2009).

Communication is the vehicle to demonstrate the practitioner’s understanding of client culture; it enables assessment, goal development, evaluation, and cross-cultural conflict resolution (McPhatter & Woodroffe, 2005). Communication entails asking culturally relevant questions to understand how culture impacts each client. In addition to identifying how culture impacts clients presently, a client’s history and history of their culture affects service. Cultural beliefs are constructed from a historical relationship to the dominant culture; therefore racial, ethnic, religious, gender, and sexual ideological tensions become relevant to understanding an individual’s self-concept, perception of culture and cultural differences, as well as shaping their expectations for service (Halpern, 1993; Harvey et al, 2007; Woolfolk & Unger, 2009). Historically, oppressed people often are not accustomed to institutionalized systems of care demonstrating cultural competence or attempting to gain an empathic understanding of their cultural identity, past life experiences, or utilizing a collaborative approach to service. A culturally competent service provider will, through communication, be able to identify and address assumptions derived from historic cultural power imbalances that serve as a barrier to service from both the provider and the client.

For a culturally competent provider, effective communication leads to a collaborative decision making process. Program outcome is directly linked to involvement of a client in the service process, from assessment, to planning, intervention, and evaluation; client input will increase the likelihood of achievement of goals,
completion of service and client satisfaction (Edens, 1997; Slaughter-Defoe, 1994; Damashek et al., 2011; Whealin & Ruzek, 2008; Cooley, 2011; Halpern, 1993; Wasik, 1993; Wasik & Roberts, 1994; Kumpfer et al., 2002; Middlemiss, McGuigan, 2005).

Cultural competence is especially relevant in recognizing and utilizing client strengths, protective factors, and resiliency. For example, discovering community resources that will support the client through the service process are found through collaboration with the client. Integration of cultural values, norms, and belief systems will increase overall success and client self-efficacy (CIMH, 2011).

Just as culture applies to individuals and groups, so too does cultural competence have manifestations at an agency. Agencies that value cultural competence as an important feature of service tend to employ strategies for establishing and maintaining organizational standards for the provision of culturally competent service. Cultural competence is relevant to not only staff, but also the organizational structure and environment of an agency. Organizational structure constitutes the configuration of both leadership, policies, and procedures that dictate how the agency operates and what its standards for evaluation and growth (Whealin & Ruzek, 2008; Kumpfer et al., 2002; Bhui et al., 2007). Examination of program materials such as the mission statement and goals of the agency as well as the policies and procedures, including all regulations pertaining to staff, should be amended to reflect a culturally competent approach to service delivery. This includes, hiring, agency orientation, supervision, ongoing training, and evaluation.

The hiring process affects an agency’s ability to achieve cultural competence. Research has shown that certain character traits in individuals determine their ability to
be culturally competent. Wasik and Roberts (1994) surveyed 1,904 home visiting programs in the public and private sector to find commonalities in program characteristics such as: hiring criteria, personal and professional characteristics of the home visitors, training procedures, and supervision practices. A prominent finding indicated that home visitor character traits or “helper characteristics”, which include empathy, warmth, and caring, were identified as the most important qualities in a home visitor (Wasik & Roberts, 1994). These personality traits are arguably inherent and cannot be taught. As a result a social service agency has a responsibility to hire people that will be able to support the mission of the agency and participate in the ongoing process of development (Bhui et al., 2007).

In addition, a culturally competent hiring process would choose to employ a diverse staff that reflects the demographics of the county (NASW, 2006; DHHS, 2012). Cultural competence includes eliminating all indications of cultural hierarchy and ethnocentrism. Further aspects to consider for hiring are professional experience, gender, and educational attainment, experiential learning and maturity (Wasik, 1993). The same criteria for hiring employees should also be applied to leadership and board membership. A diverse cultural make up of an organization should be reflected at all levels of management as well as direct service providers (CiMH, 2011; Marsiglia & Kulis, 2009).

While achieving cultural competence is an ongoing process, so is the honing of culturally competent skill development (McPhatter & Woodroffe, 2005). Providers need a professional arena to process work related stressors, avoid burnout, and intervene with clients in a culturally sensitive and respectful way (Gomby et al., 1997). Cooley (2011)
conducted an examination of the literature to review successful aspects of home visiting programs that have shown to be effective in prior studies to present best practices, discuss limitations, and propose future recommendations. He found that most staff are not receiving what they feel is adequate training and would like more supervision in which to consult on cases which is also supported by the findings by Wasik and Roberts (1994) and Cooley (2011). Supervision presents an opportunity for collaborative problem solving as well as learning and practicing new skills. During supervision, a supervisor can play the role of teacher, role model, advisor, therapist and administrator (Wasik, 1993). The supervisor should be able to coach staff through challenging situations or scenarios in order to increase problem solving skills and improve ability and comfort to be flexible in service provision. Supervision then becomes routine training for staff members.

Staff training plays a crucial role in the development of cultural competence. Training is not limited to initial employee orientation; the literature on cultural competence illustrates a need for ongoing training for staff provided both within and outside of the agency (CiMH, 2011; DHH, 200; Halpern, 1993; Moffat & Tung, 2004, Bhui et al., 2007). Staff should be knowledgeable on local demographic information and familiarize themselves with cultural facts of these populations (CiMH, 2011). Whealin & Ruzek (2008) suggest hiring local community and spiritual leaders to hold presentations and consultations with staff in order to help prepare for and problem solve interventions. Research further suggests hiring community brokers as consultants to conduct trainings on culturally relevant topics pertaining to clients (Mizrahi & Mayden, 2001, CiMH,
The development of community partnerships allows agencies and providers to pursue ongoing improvement of cultural competency through collaboration. The benefits of such collaborations include eliminating cultural hierarchy and integrating culturally relevant practice interventions; which will not only improve client practitioner relationship, but will also increase community utilization of services (CiMH, 2011).

To ensure advancement of staff member’s skill development, staff should undergo evaluation by supervisors as well as complete self-evaluations to foster self-reflection and critique of skill. The adoption of ongoing evaluation is consistent with understanding cultural competence as a process as opposed to a stagnant body of knowledge. If staff members conduct honest self-evaluations that can be discussed regularly with a supervisor, it would create a system of accountability to maintain an ongoing development of skills (McPhatter & Woodroffe, 2005). Evaluation is recommended for agency structure as well, to be completed by staff and clients. All aspects of agency culture and staff skill must be addressed in the creation of culturally competent service and be subject to evaluation.

**Barriers to Culturally Competent Home Visitation Services**

Cultural competence is relevant to all helping professions. However, culturally competent skills are particularly pertinent to the provision of home visiting due to the intimate environment of the service location. The culture of an individual family dictates the rules of the home and the interactions of family members, both within the family unit as well as the home visitor or others outside of the family. Wasik (1993) speaks to the
importance of understanding a family’s “cultural ecology”; the dynamic relationship between the family and cultural and physical forces of the surrounding environment. The home visitor is a guest within the home and must abide by the culturally bound rules of the family, or risk termination of service due to cultural conflict and dissatisfaction. Barriers to cultural competence are present at every level of service.

A barrier to cultural competence at an agency level could be an organizational approach that does not explicitly address cultural competence through policy and procedures. For example, organizations that do not utilize culturally competent skills, cannot adequately prepare staff for culturally competent service provision. For example, home visiting programs that do not have well defined goals or a mission are less effective due to imprecise application of information and lack of outcome measures. A culturally competent approach to practice would be clear and concise, incorporating evaluation of measurable outcomes into the structure of the program (McPhatter & Woodroffe, 2005).

Further barriers to home visiting are closely linked to the client-home visitor relationship and also include broader characteristics of the nature of home visiting services (McPhatter & Woodroffe, 2005; Slaughter-Defoe, 1993; Wasik 1993; Wasik & Roberts, 1994). A voluntary basis for home visiting services self-selects a population more prepared and willing to having a service provider in their home where as mandated home visitation services may pose other barriers to the client-home visitor relationship. (Woolfolk & Unger, 2009; Wasik, 1993). Culturally competent providers utilize their communication skills to build rapport within the relationship, discover the client’s goals, and collaboratively create several goals for service. Incorporating multiple client goals
increases the potential for success and the ability to address complex issues, by approaching them from multiple avenues.

Service intensity and duration must be flexible to prevent overpowering of clients’ ability and motivation for progression towards goals (Gomby et al, 1993). The ability to control this flow of service stems from the practitioner’s ability to assess client needs and the impact of current service on client’s functioning and circumstance. The practitioner has to maintain realistic expectations of the client and ensure the client has a realistic expectation of the practitioner and themselves. Adapting the service delivery to meet the shifting needs is a large barrier facing home visitors.

The foundation of home visiting is built on respect and communication. The culture and needs of the family are elucidated and interventions are then created to fit into that structure. Preconceived notions, cultural assumptions and unrealistic expectations that may be present in both the provider and consumer create what Kalyanpur & Rao call “unempowering relationships” based on a differential of power (as cited in Edens, 1997). A study by LeCroy & Whitaker (2005) found that lack of experience and poor skills in healthy confrontation and conflict resolution presented the largest challenges to home visitors. Home visitors who hesitate to initiate conflict, due to lack of comfort or inadequate conflict resolutions skills are providing a barrier to service.

Home visitors need to be able to resolve conflict not only in the home with the clients, but also the potential role conflict within themselves. Home visitors must mediate the potential conflict between the professional expectation of their employers and the intimate nature of working in someone’s home. Being in the home requires
unique skills that allow the visitor to be flexible and incorporate a more informal approach, when needed. Mothers often respond well to a home visitor who is able to meet a spectrum of their needs.

Woolfolk and Unger (2009) conducted qualitative interviews with 28 first time African American mothers enrolled in the Parents as Teachers home visiting program aimed at preventing child abuse and increasing parental knowledge of child development and parenting skills. The mothers’ perceptions of the home visitor and parenthood were explored. The study found that 57% of the mothers wanted the home visitor to have a family focus as opposed to a strictly a child only focus. Of the mothers surveyed, 38% of the women identified with the home visitor as they would a family member (p. 193).

Similarly, Middlemiss & McGuigan (2005) describe a Hispanic family construct of “compadrazgo” or “family permeability”, in which those outside of the nuclear family are identified as support people whose input is valued on matters of the family (p. 214).

Relationship is fostered when the home visitor is genuine and present as opposed to the artificial nature of a preprogrammed agenda.

Structural barriers present the largest challenge to the advancement of home visiting and signify the largest gap in the literature. These barriers include a lack of a standard definition of cultural competence which has limited the scope of evaluative research; creating a gap in empirical studies on cultural competence and an absence of client feedback in evaluation of services (Clark, 2010; Kumper et al., 2002; Cooley, 2011; Geron, 2002; Damashek et al., 2012; Cornelius, Booker, Arthur, Iris & Morgan, 2004;
Gomby et al., 1993; Jackson, Hodge, 2010; Jackson, 2009; Arthur et al., 2005; Bhui et al., 2007).

**Evaluating Cultural Competency**

Switzer et al. (1998), identifies cultural competency as “clients of diverse ethnic and cultural backgrounds perceiving that the care they receive is delivered in ways that respect their cultural beliefs and attitudes” (p. 485). This definition identifies the need for client feedback when determining the cultural competency of services delivered. When evaluating cultural competency many agencies and practitioners have different means of assessing and evaluating their practices. Numerous assessment tools exist for assessment of practitioners’ cultural competency, but few tools have been developed to evaluate clients’ perceptions of the practitioners’/agencies’ cultural competence (Switzer et al., 1998; Cornelius et al., 2004; Clark, 2010). Cultural competency can be evaluated from the perspective of the agency, the practitioner, and the client. While literature suggests that cultural competence evaluation should come from more than one perspective, the first step in obtaining a least biased assessment, is gaining client feedback on services delivered (CWLA, 2002; Switzer et al., 1998; Cornelius et al., 2004; Clark, 2010).

In the research on client perceptions of the practitioner’s cultural competence, most empirical evidence was found in evaluating mental health practitioners including psychologists and counselors (Fuertes & Brobst, 2002; Switzer et al., 1998; Cornelius et al., 2004; Lum, 1999; Bhui et al., 2007). In addition, limited research was found on the clients’ perceptions of their health care provider with a focus on physicians (Clark, 2010;
Ahmed & Bates, 2012). No research was generated on the client’s perception of the home visitor’s cultural competency.

**Common Factors of Evaluation in Cultural Competency Assessment Tools**

In an effort to determine further domains for evaluating home visitors’ cultural competency, literature was reviewed on various cultural competency assessment tools evaluating both individual practice and organizational service delivery. Within this literature review, measurement tools were obtained on self-assessments and client feedback. The tools discussed are generated from social service organizations with cultural competency standards of service or from empirical studies involving cultural competency measurement tools. While the assessments varied from self-evaluations to the clients’ perspective, areas of evaluation are diverse, yet had many commonalities.

Tools regarding agency cultural competence were generated from the Child Welfare League of America (CWLA) and the National Center for Cultural Competence (NCCC) (NCCC, 2010; CWLA, 2002). The CWLA’s *Agency Cultural Competency Self-Assessment* and the NCCC’s *Cultural and Linguistic Competence Family Organization Assessment Instrument* were reviewed. Within factors of evaluating cultural competency both tools emphasized the need to assess the organization’s ability to value diversity, cross-cultural knowledge, the resources and linkages provided to clients, training provided to personnel, materials provided to clients (linguistic), community outreach, policies and procedures, advocacy, cross-cultural leadership, and service delivery (NCCC, 2010; CWLA, 2002).
The research found on self-assessment tools was obtained from Mason’s *Cultural Competence Assessment Questionnaire: A Manual for Users* from Portland University (Mason, 1995), Goode et al’s (2009) *Promoting Cultural Diversity and Cultural Competency Self-Assessment*, and the *NASW Standards for Cultural Competence in Social Work Self-Assessment* written by Dr. Doman Lum for the National Association of Social Workers’ (Lum, 1999). Within the self-assessment tools for individual practitioners the most common factors for evaluating cultural competence were the individuals’ ability to value diversity and provide resource linkages for clients. Both the NASW and *Cultural Competence Assessment Questionnaire: A Manual for Users* had additional factors of commonalities including a diverse workforce, cross-cultural knowledge, training and development, and cross-cultural leadership.

The instruments reviewed measuring the clients’ perception of the providers’ cultural competence were generated from *The Client Cultural Competence Inventory: An Instrument for Assessing Cultural Competence in Behavioral Managed Care Organizations* (CCCI) (Switzer et al., 1998) and Cornelius, Booker, Arthur, Reeves, & Morgan ‘s (2004) *Community-Based Cultural Competency Inventory (CBCCI)*. The tools generated on the client’s perception of the service providers’ cultural competence focused on common areas of evaluation in regards to client feedback, service delivery, community outreach, valuing diversity, and the linguistic competence of program materials. The following table (Table 2) provides additional comparison of the common factors of evaluating cultural competence.
Table 2

*Common Factors of Evaluating Individual and Organizational Cultural Competence*

<table>
<thead>
<tr>
<th>Factors of Evaluation</th>
<th>CCCI</th>
<th>CBCCI</th>
<th>CWLA</th>
<th>Goode</th>
<th>Mason</th>
<th>NASW</th>
<th>NCCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valuing Diversity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cross-Cultural Knowledge</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cross-Cultural Skills</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diverse Workforce</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Resources/Linkage</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Training/Development</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Leadership</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Outreach</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Client Feedback</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advocacy</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Materials/Environment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Harper et al.’s (2006) conducted an analysis of 17 different assessment tools evaluating organizational cultural competency, of various health or mental health services, in order to improve children’s mental health services through evaluation.

Harper et al found that the theoretical frameworks for evaluating cultural competency in eight of the 17 tools were developed from Cross et al.’s (1989) stage developmental model for organizational systems of care. Within this analysis common domains or factors for evaluating organizational cultural competency included organizational values, policies/procedures/governance, planning/monitoring/evaluation, communication, human resource development, community and consumer participation, facilitation of a board of service array, and organizational resources (*Harper et al., 2006*). Only 10 of the 17 assessment tools demonstrated the need for planning, monitoring, or evaluating the
cultural competency of their services (Harper et al., 2006). And while individual staff member’s skills/abilities directly affect the overall service delivery, only 2 of the 17 assessment tools included the need to conduct self-assessment of the practitioners or personnel (Harper et al., 2006). Remarkably, only one assessment tool suggested evaluating from the clients’ perspective. This analysis demonstrates the commonality of providing a culturally competent service plan, but rarely does that plan incorporate conducting an evaluation from the client perspective. Furthermore, this provides evidence that practitioners and agency need to be educated on the need for evaluating cultural competency from various perspectives, including the client’s. In addition this analysis suggests the need for valid measurement tools evaluating cultural competency from the clients’ perspective.

**Client Perceptions of the Cultural Competency of Their Service Provider**

The literature obtained on the cultural competency of home visitation was sparse when involving the cultural competence of home visitors as it relates to both self-evaluation and client feedback on the home visitors’ competency. The empirical studies presented will be based on what is available on the clients’ perception of the service providers’ cultural competence. These findings were based upon client satisfaction, the physical environment of the services, and the client-worker relationship.

Fuertes and Brobst (2002) conducted a quantitative study with 85 adult participants that were receiving mental health services from a psychologist; 49 participants were white and 36 participants were of an ethnic minority. The purpose of the study was to determine how practitioners’ multicultural competencies are manifested
in therapy sessions, from the clients’ perceptive. The Cross-Cultural Counseling Inventory Revised (CCCI-R, 1991) measurement tool was utilized for the study. The measurement tool is comprised of Likert-scale questions which evaluate three factors including “cultural awareness and beliefs, cultural knowledge, and flexibility of counseling skills” (p 216). In this quantitative study, it was found that client satisfaction of services was highly correlated with the clients’ perception of the practitioners’ multicultural competence (Fuertes & Brobst, 2002). In addition, Fuertes and Brobst (2002) found a significant correlation (.79), when comparing client satisfaction with the clients’ perceptions of the practitioners’ multicultural competency skills. Similarly, the clients’ perception of the practitioners’ cultural competence was highly correlated (.72) with the clients’ perception of the practitioners’ overall trustworthiness, expertness, and attractiveness. The results of the data collected demonstrate the effects of the practitioners’ multicultural competence on their overall relationship with the client during therapy sessions. This empirical evidence helps demonstrate the need for cultural competence as a means of improving and/or maintaining client satisfaction of services through multicultural competence in therapy sessions.

In an attempt to gather client feedback on the cultural competency of their mental health providers, the Cultural Competence Self-Assessment Inventory Client Feedback (CCASI-CF) scale and in-depth interviews were administered to 11 adult consumers in an exploratory study by Clark (2010). The purpose of the mixed methodology design was to gain quantitative feedback on the clients’ comfort with the physical environment of the agency using the CCASI-CF scale and to gather qualitative information on the clients’
satisfaction with their relationship with the agency staff members through in-depth interviews. It was found that 82% of the clients felt comfortable in the agency environment and 100% reported being comfortable with their service provider. In addition, 90% of the clients felt the service met their cultural needs. The overall client satisfaction of services in this study was 76% (Clark, 2010). The type of evidence provided in this study, can be utilized to improve the cultural competency of a variety of service components including but not limited to the agency’s service delivery, policies and procedures, program materials, and agency climate. Although a positive outcome, the size of this study renders the findings statistically insignificant. There is a large gap in the literature of rigorous empirical studies in this area.

The data gained from evaluating cultural competency is meant to improve program services and make any necessary changes in policies and procedures in order for agencies to continue the pursuit of culturally competent practice. The studies involving the CCCI and CBCCI discussed provide some evidence on whether the providers’ philosophies of culturally competent practice are apparent in the clients’ perception of services, similar to this research study. This research study will assist in filling the gap on research within the realm of cultural competent home visitation.

**Barriers in Evaluating Cultural Competency**

Cultural competence is not a universal standard in practice and therefore does not have a universal definition by which in may be measured. The lack of measureable outcomes represents a psychometric challenge to evaluation of programs. The current evaluative literature explores a spectrum of program types and measures success in
numerous ways. Of research available there is a marked lack of empirical studies. Bhui et al., (2007) conducted an extensive search of the literature and found that none of the 1,554 studies conducted a randomized control trial study design in the mental health setting. Due to the multidimensional definitions of cultural competency and peoples’ varying beliefs, finding empirical studies and measurement tools on evaluating cultural competent service delivery can present a challenge. While a lack of research exists on evaluating cultural competent service delivery, from the clients’ perspective, there has also been a lack of empirically based measurement tools (Clark, 2010; Cornelius, 2004; Switzer, Scholle, Johnson & Kelleher, 1998; Edens, 1997; Geron, 2002). Furthermore the studies that are available lack experimental rigor. Jackson (2009) conducted a review of 15 culturally sensitive interventions (CSI) for rigor of experimental design. Of the 15 none had a strict experimental design using a randomized study group with equivalent control group. Jackson & Hodge (2010) conducted an assessment of the rigor of 11 CSI’s and two of the 11 used randomized study groups with an equivalent control.

Furthermore, study design is also problematic when collecting staff and client feedback. In addition to lack of empirical studies, another barrier to evaluation is respondent bias. During the evaluation process, there is also a particular risk for bias. Solely collecting feedback from practitioners; due to social desirability, or a desire to state a socially acceptable answer is one such bias (Geron, 2002). Gathering client feedback can be subject to a similar bias when collected by an agency employee or if the client questions their confidentiality. However, a consequence of not gathering and incorporating client feedback is that clients may feel alienated, which may decrease
program retention. Clients will not access services if they do not feel culturally understood by their service provider (Her, 2010; Harvey, McCullough-Chavis, Littlefield, Phillips & Cooper, 2010; Rajendran & Chemtob, 2010). Finally, a decrease of minority participants’ involvement can reinforce the hegemonic ethnocentric norms and are often created from a Eurocentric point of view, which may not accurately portray many client realities (Sue & Sue, 1999).

As the need for cultural competence evaluation continues to intensify, researchers have begun the development of valid measurement tools (Clark, 2010; Cornelius et al., 2004). In an effort to create a tool assessing the cultural competency of behavioral health workers, from the client perspective, Switzer et al. (1998) created the Client Cultural Competency Inventory (CCCI). The tool consists of 12 questions based on four different factors: respect for ethnic differences, easy access to care, community involvement, and family involvement. Three of the four factors’ internal validity was statistically significant. According to the Cronbach’s alpha scale of validity, the CCCI was scored as .76; indicating good validity (Switzer, 1998) The CCCI’s has empirically proven advantages such as its reduced risk of social desirability bias and broad scope of assessment (Switzer et al., 1998).

Likewise, the Consumer-Based Cultural Competency Inventory (CBCCI) was developed to gain feedback on clients’ perceptions of their mental health provider (Cornelius et al., 2004). The tool is comprised of 8 sub-scales including factors of consumer involvement, awareness of patients’ culture, respectful behaviors, understanding of indigenous practices, language/interpreter issues, patient-provider-
organization interactions, acceptance of cultural difference, and community outreach. According to the Cronbach’s alpha validity study, conducted by Cornelius et al. (2004), that surveyed 238 African American, Vietnamese American, and Latino mental health clients in Maryland, the instrument has a .92 score indicating good validity. Because this tool evaluates the cultural competency of the practitioner in regards to attitudes, practices, behaviors, and also addresses questions on overall cultural competence of the service delivery, this tool was chosen by the researchers for this study.

**Summary**

As this literature review has shown, little empirical research is available on culturally competent home visitation services or evaluating cultural competency from the client’s perceptive. While a large amount of research exists on the importance of cultural competency within social service delivery, little research has been conducting on evaluating cultural competency or using standardized measurement tools. The literature obtained did conclude that while promoting the development of cultural competency within agency personnel and the office environment through the use of evaluation is a common philosophy, client feedback is seldom noted or obtained. However without client feedback these efforts of evaluating cultural competency are not confirmed due to the potential biases inherent in solely obtaining self-evaluations of practitioners and agency staff.

In the review of the literature on cultural competency within home visitation services, it is evident that there is a need for implementing culturally competent practices when working with various client groups in the home (Damashek et al., 2012; McCurdy
& Daro, 2001 Kalyanpur & Rao, 1991; Her, 2010). Philosophies of cultural competent practice have developed dramatically over the past two decades and have advanced to include a need for an ongoing evaluation of competencies/skills and using supervision and training to improve staff practices/skills and the overall service delivery of the agency. As evaluation is a necessary component of implementing culturally competent practices, gathering client perceptions is essential to the evaluation process, yet rarely obtained (Switzer et al., 1998; Cornelius, 2004; Clark, 2010). This evident gap in the research demonstrates identified areas of future research needs, in the areas of client perception of service providers’ cultural competence, creating valid tools for measuring clients’ perceptions of cultural competence, and evaluating the cultural competence of home visitors and home visitation service delivery.
Chapter 3

METHODS

Study Objectives

The purpose of this study was to explore the extent to which a home visitation program’s philosophies of cultural competence were reflected in the clients’ perceptions of the cultural competency of the services received. Throughout this study the participants’ rights were respected in regards to confidentiality and in accordance with the human rights protocol of the Internal Review Board of the University. This methods section provides a description of the quantitative data that was gathered from a parent population sampled from a non-profit Yolo County home visitation program. The survey tool will be discussed in regards to its validity, methods of adapting the tool from its original version, and the subscale measurement topics. This methods section also provides a description of the planned data analysis which involves descriptive and inferential statistics of the clients’ perceptions of the cultural competency of their family service worker and services received. While many programs report they are implementing culturally competent standards, few evaluate the actual opinions of their client population.

Study Design

This is an exploratory research study, in which quantitative methods were used to explore the clients’ perceptions of the cultural competency of the service provider or home visitor and the services delivered by a Yolo County program. The study was
conducted using a cross-sectional design. All of the adult participants receiving home visitation services; approximately 55, were recruited for this study.

**Population**

All literate adult participants who were functional without significant mental illness and enrolled in the program, were recruited to participate in the study. The program’s target population is parents at risk for child maltreatment; who are “challenged” or “overburdened in some way” (HFA, 2012). The participants received a survey in their primary language via the U.S. mail.

**Sampling Procedures**

The study population was comprised of all adult participants on the current client roster of the home visitation program. All participants were mailed surveys in January 2013. A $5 grocery store gift card was offered to those who returned the consent form and completed survey as an incentive for participation.

**Data Collection Procedures**

The data was collected from responses on a client survey regarding perceptions of the cultural competency of home visitors and service delivery. All surveys were completed using the pen and paper method. Research packets were mailed to participants containing the consent form, the survey, and two envelopes addressed to the researchers, one for the completed consent and one for the completed survey; to ensure confidentiality that survey results would not be matched with the consent form. The completed client surveys and consents were mailed to one of the researchers and locked in a filing cabinet until analyzed and then destroyed. The data was kept until the resulting research project
was accepted by the Office of Graduate Studies at California State University, Sacramento.

**Instruments**

The Consumer-Based Cultural Competence Inventory (CBCCI) is a 62-item, Likert scale questionnaire created by Cornelius, Booker, Arthur, Reeves, and Morgan (2004), to gain client feedback on the cultural competency of their service provider. The tool is comprised of eight subscales; awareness of client culture, respectful behaviors, language interpreter issues, understanding of indigenous practices, consumer involvement, acceptance of cultural difference, community outreach, and patient-provider-organization interactions.

The survey was adapted to a 33-item Likert scale questionnaire, using forced-response questions collecting mostly ordinal level responses and six demographic questions, to increase client participation and reduce the time obligation. The original tool had a 0.92 validity correlation score on Cronbach’s alpha scale. Twelve of the questions selected in the adapted version were chosen based on the individual question’s content validity (statistically significant correlation scores > 0.6). Fifteen questions were chosen based on their relevancy to evaluation factors of cultural competence although the correlation scores were less than 0.6. Questions selected for the adapted version were representative of all eight subscales found in the original tool. Modification to the tool included changing phrases to increase relevancy to home visitation services. For example, phrases such as “staff here” and “mental health staff” were replaced with “staff”, or “family service worker”
Measurement

The subscales of the CBCCI measure several dimensions of culturally competent service delivery. A variety of questions from each subscale were selected for the adapted version. Questions 7-12 measure awareness of client culture. Questions 13-15 measure respectful behaviors of the service provider. Questions 16-19 measure potential language and/or interpreter issues. Questions 20 and 21 measure the home visitors’ understanding of indigenous practices. Questions 22-24 measure consumer involvement. Questions 25-29 measure acceptance of cultural difference. Questions 30 and 31 measure community outreach by the agency. Questions 32 and 33 measure interactions between the patient, provider, and organization. The questions from the CBCCI collect ordinal level responses. Six demographic questions were added collecting nominal level responses. The CBCCI was found to have content and construct validity in regards to cultural competency (Cornelius et al. 2004).

Data Analysis

Quantitative methods of analysis were used to examine the data collected. The unit of analysis was each participant response. The quantitative data was coded and entered into SPSS version 20, to run descriptive and inferential statistics. The client data was categorized into themes from the measurement tools (subscales) to evaluate the relative strength of the program in each of the categories.
Protection of Human Subjects

The protocol for the Protection of Human Subjects was submitted and approved by the California State University, Sacramento Division of Social Work Internal Review Board as exempt per 45CFR 46.101(b)(2) of the US Department of Health and Human Services Human Subjects Regulations Decision Chart. The exemption status was granted because the completion of this survey presented no foreseen risks to the participants of the study. The participants had the right to refuse participation, stop participation at any time, and refuse to answer any questions on the survey; there was no penalty for withdrawal from the study. The surveys were confidential and kept solely by the researchers. The program staff only had access to the study’s findings in aggregate form, with no individual identifying information. Once received, the data was handled solely by the researchers or their faculty advisor. The surveys were kept in a locked file cabinet at the private residence of one of the researchers until destruction of data. The destruction method was shredding of the material once the project was accepted by the Office of Graduate Studies. The results of the study were presented in aggregate form to the program excluding any identifying participant information. At no time did agency staff have access to raw data from the study.

Summary

As previously discussed, there is a lack of home visitation research due to the paucity of valid tools measuring cultural competence. The CBCCI was selected for this study as it gathers client feedback and has strong construct and content validity.
(Cornelius, 2004). Furthermore, the use of the CBCCI subscales, were recurrent themes found in the literature demonstrating cultural competence in similar programs.
Chapter 4

STUDY FINDINGS AND DISCUSSIONS

This chapter presents findings from the statistical analysis of study participant responses. The demographic findings will be summarized, followed by an exploration of the eight subscales of the measurement tool: awareness of client culture, respectful behaviors of the service provider, potential language and/or interpreter issues, home visitors’ understanding of indigenous practices, consumer involvement, acceptance of cultural difference, community outreach, and client-provider-organization interactions. This data will be analyzed in order to determine trends and correlations of study variables.

Overall Findings

All participants (N=24) of a local home visitation program were asked to participate in this research study, to determine if the service provider’s philosophies of cultural competence are reflected in the perceptions of the respondents. Demographic information collected includes gender, age, race, ethnicity, city of residence, and the participants’ highest level of education achieved. Surveys were provided in the participant’s primary language, Spanish (n=8) and English (n=16).

All participants of this home visitation program are currently female. Of the 24 women surveyed, ages range from 20-46 years old with a mean age of 30.6 years old. Of the 24 participants surveyed 20.8% identified their race as “White”, 16.7% (as “Latino”, 45.8% as “Hispanic”, 4.2% as “American Indian”, and 12.5% as “Other” (See Figure 1). All of the “Other” responses provided were bi-racial selections. When the
participants were asked to identify their ethnicity 37.5% of the participants did not respond. The remaining ethnic categories included 37.5% Mexican, 4.2% Nicaraguense, 8.3% White, 4.2% Hispanic, and 8.3% identified as “Other” (See Figure 2). The “Other” category for ethnic identity consisted of responses which identified more than one ethnic category including “Brazilian/Portuguese” and “American Indian/White”.
Figure 1 Participants’ Race

Figure 2 Participants’ Ethnicity
The respondents live in four cities throughout Yolo County including Woodland, Davis, West Sacramento, Capay Valley (See Figure 3).

![City of Residence Pie Chart]

**Figure 3** Participants’ City of Residence

Participants were asked to select their highest level of education achieved; 12.5% of the respondents selected “Some High School”, 41.7% selected “Diploma”, 4.2% indicated a GED, 8.3% had an “Associates Degree”, 20.8% possessed a Bachelor’s Degree, 4.2% selected “Other”, and 8.3% did not respond to the question (See Figure 4).
Specific Findings

Subscale 1 is comprised of 6 questions addressing the provider’s awareness of the client’s culture. No respondents disagreed with statements reflecting the home visitor’s awareness of client culture (See Table 3). Of the 24 participants, 21 agreed or strongly agreed with the statement “staff understand some of the different ideas that others from my racial or ethnic group, my family, or I may have about my services”. Of this sample 8.3% responded “Neither Agree nor Disagree and 4.2% selected “Don’t Know/Non-Applicable.” Researchers found that 91.6% of the respondents feel that agency staff listen to their family members while 100% of participants felt that their home visitor listens to them specifically. When asked their opinion of the availability and appropriateness of service materials such as handouts, pamphlets and brochures, 100% of participants felt
there were available materials pertaining to the agency as well as materials which reflected in pictures, the racial and ethnic diversity of the service population. While one third of the participants strongly agree that the materials were ethnically representative of client culture, 58.3% agreed, and only 4.2% “Neither Agree nor Disagree” and 4.2% responded “Don’t Know/Not Applicable”. Finally, the respondents were asked if they felt the staff at YCCA was diverse, and 83.4% gave an affirmative response while 16.7% of respondents chose “Don’t Know/ Not Applicable.”

Table 3

Awareness of Client Culture

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>58.3</td>
</tr>
<tr>
<td>Ethnically Representative Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>58.3</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Diversity of Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>4</td>
<td>16.7</td>
</tr>
<tr>
<td>Staff Listen to Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>19</td>
<td>79.2</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Staff Listen to Participant’s Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>17</td>
<td>70.8</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Staff Understand Cultural Ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>45.8</td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
</tbody>
</table>
The second subscale is comprised of 3 questions regarding the respectful behaviors of the service provider towards the clients. All respondents agreed that the home visitors demonstrate respectful behaviors towards program participants (See Table 4). Specifically, most participants felt that staff addressed their complaints (87.5%) and 91.7% felt that their religion and spirituality were respected by their home visitor.

Table 4

Respectful Behaviors

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Respect Participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>20</td>
<td>83.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
<td>16.7%</td>
</tr>
<tr>
<td><strong>Staff Address Participant Complaints</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>50.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>9</td>
<td>37.5%</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>3</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>Staff Respect Religion/Spirituality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>15</td>
<td>62.5%</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2%</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

The third subscale is comprised of 3 questions addressing potential issues relating to language and/or interpretation services such as availability of an interpreter, presence of agency staff that speak the client’s language and availability of materials in various languages (See Table 5). While approximately one fifth (18.75%) of respondents replied “don’t know/not applicable” to this subscale in aggregate, 81.25% affirm positive statements regarding the four language aspects in the subcategory.
Table 5

Potential Language/Interpreter Issues

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency N=24</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials Provided in Different Languages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>50.0</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Fluency of Office Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>16</td>
<td>66.7</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
<td>16.7</td>
</tr>
<tr>
<td>neither Agree Nor Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Fluency of Family Service Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>17</td>
<td>70.8</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Interpreters Available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>8</td>
<td>33.3</td>
</tr>
</tbody>
</table>

The fourth subscale is comprised of 3 questions addressing the home visitor’s understanding of indigenous spiritual and cultural practices. The overall participant perception is that the home visitors understand indigenous practices of the participants. Of the 3 questions in the subscale, 19.4% of the responses were “Don’t Know/Not Applicable” or “Neither Agree nor Disagree” while 80.5% of the responses affirmed positive statements regarding the home visitors understanding and respect of indigenous practices (See Table 6).
Table 6

*Home Visitor’s Understanding of Indigenous Practices*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency N=24</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible/Alternative Cultural Approaches of Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>16</td>
<td>66.7</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Staff Respect Religion/Spirituality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>15</td>
<td>62.5</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>FSW Assists in Obtaining Spiritual/Religious Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>8</td>
<td>20.8</td>
</tr>
</tbody>
</table>

The fifth subscale is comprised of 3 questions pertaining to the home visitor’s ability to involve the client in service planning. This subscale surveyed if the participants felt supported in achieving personal goals, preference for ethnic matching, and the home visitor’s ability to maintain confidentiality. The majority of participants felt that confidentiality was being upheld at the agency, 62.5% “strongly agree”, 25% “agree” while 4.2% “Neither Agree/ nor Disagree” and 8.3% “Don’t Know” or feel it is “Not/Applicable” (See Table 7). No participants disagreed with the statement “The services I get help me work toward things like getting a job, taking care of my family, going to school, and being active with my friends, family and community.”
Table 7

*Consumer Involvement*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency N=24</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Support Participant’s Desire for Ethnic Matching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>No Response</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>15</td>
<td>62.5</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>FSW Supports Services to Improve Individual Growth (education/occupation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>15</td>
<td>62.5</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
</tbody>
</table>

The sixth subscale is comprised of 5 questions regarding the home visitor’s understanding and acceptance of cultural differences between themselves and the participants. All of the participants agreed that the home visitor acknowledges their cultural beliefs (100%) (See Table 8). Most participants 79.2% “agreed” or “strongly agreed” that their home visitor understands that there is a cultural variance between and amongst racial groups, and recognize the difference between their culture and that of the participant.

This subscale includes 2 negative statements regarding the home visitor’s understanding of culture. The responses to these questions were the most diverse on the survey. In response to the statement “Staff treat me as if my culture is not important for
them to understand in planning my services” 4.2% of participants chose “Strongly Agree” (4.2%), 8.3% chose “agree”, 4.2% selected “Neither Agree nor Disagree”, 13 54.2% chose “Strongly Disagree”, 20.8% selected “Don’t Know/Not Applicable”, and 8.3% did not respond to the survey question. In response to the statement “I do not see staff taking time to understand a person’s culture”, 58.3% chose “strongly disagree”, 4.2% chose “Neither Agree nor Disagree”, 4.2% did not respond, 4.2% chose “Don’t Know/Not Applicable”, 1 person chose “agree” and 3 people chose “strongly agree”. Some of the variance of the responses could be due to lack of participant awareness of negatively framed statements, as opposed to the remainder of the survey which is comprised of positively framed statements.
### Table 8

**Acceptance of Cultural Difference**

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=24</td>
<td></td>
</tr>
<tr>
<td><strong>FSW Understands Cultural Difference Between Staff and Participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>50.0</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>FSW Acknowledges Participants’ Cultural Beliefs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>17</td>
<td>70.8</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td><strong>Staff Understand Variance in Racial Groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>50.0</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Staff Do Not Take Time to Understand Participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>14</td>
<td>58.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>4</td>
<td>16.7</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Staff Do Not Address Cultural Needs in Service Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>8.3</td>
</tr>
</tbody>
</table>
The seventh subscale is comprised of 2 questions which address community outreach of the agency. Outreach included multi-media advertisement such as T.V, radio, magazines, newspapers etc. for the agency as well as providing information to participants regarding other community resources. In regard to advertisement, 8.3% of participants “strongly agree” that the agency advertises in relevant locations, 12.5% “Neither Agree Nor Disagree”, 4.2% “strongly disagree” with the statement, 70.8% “don’t know/not applicable” and 4.2% did not respond to the question at all (See Table 9). Reasons for this variance were not statistically explored, and will be conceptually discussed further in the next chapter. Although responses to media outreach were diverse opinions of the agencies community resource linkage were more similar, 87.5% of respondents agree or strongly agree and 12.5% neither agree nor disagree.

Table 9

Community Outreach

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Advertises In Relevant Participant Community Locations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>17</td>
<td>70.8</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Information Provided to Meet Basic Needs (food, clothing, shelter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>16</td>
<td>66.7</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>3</td>
<td>12.5</td>
</tr>
</tbody>
</table>
The final subscale is comprised of 2 questions regarding the staff interactions with clients. Participants were asked if the person encountered at their first contact with the agency (intake coordinator) was easy to talk to, 53.8% strongly agreed, 29.2% agreed 4.2% chose “Don’t Know/Not Applicable” and 8.3% of participants disagreed with the statement (See Table 10). Part of cultural competence is understanding the historical context of the racial group and the individual experience, participants were asked if home visitors demonstrated understanding of their past experiences and problems 62.5% strongly agreed, 29.2% agreed, 8.3% strongly disagreed, 4.2% Don’t Know/Not Applicable.

Table 10

*Client-Provider-Organization Interactions*

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to Talk to Staff Upon First Contact</td>
<td>N=24</td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Staff Understand Participants’ Past Experience and Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>15</td>
<td>62.5</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Neither Agree Nor Disagree</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Don’t Know/Not Applicable</td>
<td>1</td>
<td>4.2</td>
</tr>
</tbody>
</table>

*Interpretation of the Findings*

Bivariate analysis was used to compare composite variables for each of the subscales in the measurement tool to find correlations between subscales as well as find any significant differences of survey responses between racial groups. Correlation was
computed using a Pearson’s coefficient. Independent variable T-tests were run to
determine any significant differences between racial categories.

Correlations were used to determine relationship between the subscales. Each of
the subscales was compared to all of the others. Analysis found statistically significant
relationships among the subscales Home Visitor Understanding of Indigenous Practices,
Awareness of Client Culture, Respectful Behavior of the Service Provider, Consumer
Involvement, Linguistic Competencies and Interactions between the Client, Provider, and
Agency. All of the correlations found were positive correlations indicating that
agreement with one subscale was correlated to agreement with the related subscale.
Home visitor understanding and respect of indigenous practices was the most highly
correlated subscale of the survey ($r=.722$, .628 and .597$p<.05$) (See Table 4.9). Home
visitor understanding and respect of indigenous practices was correlated with consumer
involvement, respectful behavior of the service provider, and awareness of client culture
as well as having the strongest correlation coefficient ($r=.722$, $p<.05$) with Consumer
Involvement. Home visitor understanding and respect of indigenous practices had a
correlation coefficient of .628 indicating a moderate correlation with Awareness of Client
Culture, and a slightly weaker moderate correlation with Respectful Behavior of Service
Provider ($r=.597$, $p<.05$); indicating that understanding and respect of indigenous
practices is one of the most influential, factor in culturally competent service provision.
Table 11

*Home Visitor Understanding and Respect of Indigenous Practices Subscale Correlations*

<table>
<thead>
<tr>
<th></th>
<th>Awareness of Client Culture</th>
<th>Consumer Involvement</th>
<th>Respectful Behavior of Service Provider</th>
<th>HV Understanding of Indigenous Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Correlation</strong></td>
<td>1</td>
<td>.342</td>
<td>.362</td>
<td>.628**</td>
</tr>
<tr>
<td>Awareness of Client Culture</td>
<td>Sig. (2-tailed)</td>
<td>.110</td>
<td>.083</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>24</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>.342</td>
<td>1</td>
<td>.364</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.110</td>
<td>.088</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>23</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>.362</td>
<td>.364</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.083</td>
<td>.088</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>24</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Respectful Behavior of Service Provider</td>
<td>Pearson Correlation</td>
<td><strong>.628</strong></td>
<td><strong>.722</strong></td>
<td><strong>.597</strong></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.001</td>
<td>.000</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>24</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).**
Other statistically significant correlations include the moderate positive correlation between Awareness of Client Culture and Linguistic Competencies as well as the moderate correlation between Interactions of the Client Provider and Agency and Community Outreach (See Table 4.10). These findings indicate that positive responses in the Awareness of Client Culture and Community Outreach are associated with positive responses in Linguistic competencies and Client Provider Agency Interactions respectively.

Table 12

*Other Subscale Correlations*

<table>
<thead>
<tr>
<th></th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Awareness of Client Culture</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.413*</td>
</tr>
<tr>
<td>N</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Linguistic Competencies</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.413*</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.045</td>
</tr>
<tr>
<td>N</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Community Outreach</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.226</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.288</td>
</tr>
<tr>
<td>N</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Client, Provider, Agency Interactions</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.366</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.287</td>
</tr>
<tr>
<td>N</td>
<td>24</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed).*
Independent sample T-tests were run to determine any significant differences between racial group responses. Due to the small sample size, only the categories of People of Color (Non-White) and White could be analyzed using independent samples t-tests. This analysis was used to determine if survey responses from People of Color differed from the survey responses of the White participants with any statistical significance. T-tests were run using a composite race variable with each of the subscales. Statistical significance in the difference of answers between the People of Color and the White participants was only found on subscale 5, Client Involvement (See Table 13 and 14). To run the statistical analysis, each Likert scale option was assigned a numeric value, the lower the value the stronger the agreement, with no response and Don’t Know/Not applicable given the highest value. Non-White respondents have a lower mean score in this subscale, indicating stronger agreement with statements addressing consumer involvement.

Table 13

*Group Statistics by Race*

<table>
<thead>
<tr>
<th>Race in 2 Cat. White and People of Color</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Involvement</td>
<td>5</td>
<td>7.6000</td>
<td>2.96648</td>
<td>1.32665</td>
</tr>
<tr>
<td>Involvement</td>
<td>18</td>
<td>5.0000</td>
<td>2.32632</td>
<td>.54832</td>
</tr>
</tbody>
</table>

Table 13: Group Statistics by Race
Table 14

*Consumer Involvement Response Variance by Race*

<table>
<thead>
<tr>
<th>Independent Samples Test</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>Consumer Involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td>.073</td>
<td>.790</td>
</tr>
<tr>
<td>Equal variances not</td>
<td>1.811</td>
<td>5.446</td>
</tr>
</tbody>
</table>

**Summary**

Results of this survey find that the culturally competent practices of this home visitation program are reflected in participant perspectives of the cultural competence of their home visitor. All statistical analysis was computed using SPSS; analysis included descriptive statistics, bivariate correlations, and independent t-tests. Descriptive statistics used to examine frequency of responses found that all of the participants felt listened to and respected by their home visitor. Similarly the majority of participants felt their complaints were addressed by the home visitor, that their cultural practices and spirituality or religion were understood and respected by the home visitors. The agency
provided appropriate materials and linguistic services to accommodate needs of the participants.

Additional analysis found that positive responses on home visitor’s respect for indigenous practices indicated a positive response on several other subscales as well, demonstrating the significance of this skill for culturally competent home visitation service provision. Furthermore, there were no statistical differences between the responses from White participants and the People of Color except on the consumer involvement subscale. In this subscale finding, 100% of the People of Color reported that their home visitor involved them in service planning, where as only 60% of White participants felt included in their service planning.

Specific findings such as the prevalence of the “Don’t Know/ Not Applicable” response, the lack of response to the ethnicity demographic question, the varied responses to the subscale on Consumer Involvement, and the statistically significant subscale correlations will be discussed in more depth in the next chapter to explore implications for research and practice.
Chapter 5

DISCUSSION

Within this chapter, a summary discussion will be presented on the study findings determined to be most significant. The relevance of the study’s findings to social work practice will also be discussed in hopes of furthering competencies and service delivery both for recipients and practitioners. Suggestions for future research will be presented that could expand or better explain the limitations of the research findings and analyzed data. This chapter will conclude the overall findings and implications of this research study.

Summary of the Study

Of the research analyzed in Chapter 4, there were several significant findings. First, there were significant correlations between survey subscales representing crucial skills for culturally competent practice. There was also a widely varied participant response for Subscale 5, “Consumer Involvement” and a statistically significant difference in opinion between white participants and participants of color that was not found in any of the other subscales. Further findings to be discussed include, the participants’ opinion of the accessibility of the agency’s advertisement efforts in relationship to reaching target populations; the large proportion of participants that did not respond to the demographic question addressing participants ethnicity; and the analytical challenge of using double barreled responses in gathering participant feedback.
Significant Correlations Found Between Survey Subscales

There were several significant correlations between subscales of the measurement tool. Each of the subscales corresponds to a component of cultural competency found in the literature: awareness of client culture, respectful behaviors of the service provider, potential language and/or interpreter issues, home visitors’ understanding of indigenous practices, consumer involvement, acceptance of cultural difference, community outreach, and client-provider-organization interactions. The subscales represent a cluster of individual skills of the home visitor or agency practice found in the literature to demonstrate cultural competence (Lum, 1999; NASW 2001; Cross et al., 1989; NASW 2010).

Statistical analysis found that the subscale, Home Visitors’ Understanding of Indigenous Practices, is positively correlated with three other subscales; Awareness of Client Culture, Client Involvement in Service Planning, and Respectful Behaviors of the Home Visitor. This correlation indicates that if participants agree with statements that home visitors understand their indigenous practices, then there was a strong probability that the participants would also agree with home visitors’ skill in the other three categories.

Understanding of indigenous practices was comprised of questions regarding home visitor’s assistance in obtaining spiritual and religious services as well as flexibility of the home visitor in regard to utilizing and supporting alternative cultural approaches in service planning and delivery. This demonstrates the importance of respectfully incorporating indigenous practices into service delivery (spiritual, religious, or culturally
relevant) as a core tenant of cultural competence. This is supported by the literature in many government departments and professional associations’ guidelines and standards for cultural practice (NASW, 2001; Lum, 1999; Cross et al., 1989; Sue 1999).

Analysis also found that the subscale for Linguistic competencies was related to the subscale for Awareness of Client Culture with a positive moderate correlation (r=.413). Linguistic competencies include provision of service materials and other literature in languages spoken by the population served. Of the participants who responded to this subscale, 75% of participants agreed that materials were provided in the languages of the service population and 95.8% felt that their home visitor was fluent in their language. The agency’s commitment to linguistic competence is reflected in client perception as evidenced by the high rate of satisfaction with linguistic services provided. This effort to provide linguistic competency is linked to the larger agency awareness of client culture, as indicated by client feedback. Of the participants, 100% felt their home visitor listened to them, 91.7% felt the service materials represented their racial or ethnic group, and 87.5% felt that the staff understood their cultural ideas. The presence of this correlation indicates linguistic competency as a necessary component of awareness of client culture.

There was also a positive correlation (r=.429) between the subscale responses for Client-Provider-Agency Interactions and Community Outreach. Community Outreach encompasses providing advertising in relevant community locations and providing linkage to community resources to meet basic needs of the families. While 70.8% of the participants are unsure if the agency is advertising in relevant community locations,
87.5% of participants agreed that the agency provided necessary community linkages to resources for basic needs such as clothes, food and shelter. The correlation between these two subscales suggests that advertisement is linked to understanding the client patterns of service usage. Community outreach is also used to recruit members of the target population. As the participants are referred to services, cultural competency is demonstrated from initial contact with the agency staff. In regards to Client-Provider-Agency Interactions, 87.5% felt satisfaction with their first interaction with the agency (intake coordinator) and 83.3% felt that the staff understood their past experiences in relation to individual culture. These findings demonstrate that the agency has a mindful awareness of the needs of their service population; and is sensitive to the impact of historic cultural factors on obtaining services.

As the subscales represented in the survey demonstrate eight different components of culturally competent practice, strong correlations would be expected among these subscales if the agency is, in fact, providing culturally competent service delivery. The findings discussed above further support the need to incorporate all of the subscale components of cultural competence as a means of reaching and addressing the target population. Furthermore, these gathered client perspectives reflect the dedication of the agency to provide culturally competent services.

**Varying Racial Perceptions of Consumer Involvement in Service Planning**

Subscale 5, Consumer Involvement, surveyed participants’ perceptions of the receptivity of the agency for client requests for ethnic matching of service provider and client, the agency staff’s ability to maintain confidentiality, and opportunity for client’s
personal growth through collaboration of services. This subscale provided the greatest amount of variance in participant response; subscale 5 was the only subscale in which all 5 Likert scale responses were selected.

Furthermore, in this subscale the difference in responses of “White” and “People of Color” participants was statistically significant. Of the “White” participants, 60% felt that the ethnic matching question did not apply to them or they did not know the answer; whereas, 100% of “People of Color” believed that the agency was respectful of their preference for ethnic matching. Potential reasons for this phenomenon include not requesting an ethnically matched provider or lack of available providers who are of the same ethnic group as participants. Research has found that minority populations enrolled in home visiting programs value ethnic matching (Daro & Harding 1999; Woodfolk & Unger 2009; Damashek, Bard & Hecht 2011) and ethnic matching can improve service outcome (Woodfolk & Unger 2009; Damashek, Bard & Hecht 2011). Edens (1997) discusses the difference of relationship dynamic between different minorities. He describes that participant expectations both positive and negative of the relationship between parent and home visitor are culturally defined (p 376); therefore, ethnic matching can increase cultural understanding of the practitioner/client service expectations and impact their relationship dynamic either positively or negatively. A more accurate explanation for this response could be obtained in the future through qualitative responses.

“White” and “People of Color” responses to the question regarding personal growth were similar. The question specifically asked if the participant felt that the home
visitor supported them with non-child rearing goals such as education, occupation, and interpersonal relationships and both groups felt supported in these additional areas of service. However, the clients’ perception of home visitor’s ability to maintain confidentiality differed; 100% of “People of Color” respondents agreed and only 60% of “White” respondents agreed that their home visitor did not discuss their services with others without permission. The remaining 40% of “White” participants chose either “Neither Agree nor Disagree” or “Don’t Know/Not Applicable”. Some research states that historical social trends have created a suspicion of ethnic minorities of authority figures, which could imply that minority groups would be more sensitive to issues relating to confidentiality (Wasik 1993; Surgeon General Report 2006). These survey findings do not support this trend, as more satisfactory responses were generated from the “People of Color” than the “White” respondents. The doubled barreled responses from the White participants could have various meanings, the client may assumed adherence to confidentiality, therefore does not think the question appropriate, the participant could be unsure if the statement is true, or the participant may feel the question is not applicable due to a belief there is no structural opportunity to breech confidentiality. To further understand the distribution of responses to this question, more qualitative data could be gathered in order to explore the issue of participant expectations of practitioner confidentiality in general and based on race.

**Perceptions of the Agency’s Advertisement Strategies**

When inquiring about the agency’s efforts to advertise their services in various media modalities utilized by their target population (T.V, radio stations, newspapers), it
was found that 70.8% of all participants did not know or felt the question was not applicable. These findings could have several meanings for the participants, including that the participant may not be interested in the agency’s advertisement strategies as they are already enrolled in the program or the participants may not be aware that the agency is advertising due to limited scope. As previously discussed, the implications of this finding cannot be clearly determined without additional follow-up information. The agency may benefit from gathering feedback from their clients on the forms of media they commonly use, community areas or agencies participants typically visit, and utilizing data from referral sources as strategies for better reaching their target population; parents at risk of child maltreatment. While this agency advertises on a local TV network, they may find expanding their advertisement efforts to incorporate popular forms of social media or by placing their brochures in community locations commonly accessed by their target client population.

Lack of Response to the Demographic Question of Ethnicity

The open-ended demographic question querying participant ethnicity had a 37.5% non-response rate; whereas all participants identified their race on the survey which could be due to the forced response question used for race and the free response form question used to gather ethnicity, or due to a lack of understanding of the etiological difference between race and ethnicity. Race and ethnicity were not operationalized on the survey which may have presented a challenge for response. Popularly used words such as race, ethnicity, culture which lack a clearly defined, widely accepted definition, creates confusion and difficulty in research specifically pertaining to these topics. This
confusion mirrors the problems with defining cultural competency, which contributes to the lack of research on and creation of a standard measurement tool for cultural competency. In addition, a low literacy rate and wide cultural variance, in which a clear distinction between race and ethnicity may not be present, can affect the understanding of these two terms.

**Double Barreled Responses**

The high prevalence rates of the “Don’t Know/Not Applicable” response created analytical difficulty due to the two separate responses being grouped together. As a result, researchers cannot assume which of the responses was the intended answer to the questions. Conceptually “Don’t Know” or “Not Applicable” have very different implications. Future research on this matter, should refrain from using double barreled responses.

The summary of these research findings, pose many implications for social work practice and areas for future research. This study found that an agency’s philosophies of cultural competence are reflected in the clients’ perception of services received. Other significant findings included that some participants may not understand the difference of race and ethnicity or its overall significance. In addition, utilizing doubled barreled response categories, when surveying respondents, poses limitations to analyzing survey data. Furthermore, “White” and “People of Color” respondents of this study presented significantly different responses in assessing the home visitors and agency’s ability to incorporate clients in the serve planning. Lastly, it was found that new strategies are needed to improve the agency’s ability to reach their target population and enhance
enrollment rates. These overall findings provide beneficial information for future social work practice.

**Implications for Social Work**

The research findings of this study present several important implications for both micro and macro level social work practice. Although components of cultural competency are “standard practice”, there is no routine evaluation of adherence to policies on cultural competence. The implications for practice suggest stricter adherence to legislative policies as a means of improving quality of service delivery. Without a process of collecting both self-evaluation of the agency and practitioner and feedback from clients, policy adherence cannot be accurately determined. Without incorporating evaluation of cultural competence, social service agencies will not advance their skill base, resulting in less effective service delivery with varying populations.

The implications of the study findings further suggest that implementing culturally competent standards of practice is reflected in clients’ perception of services. The home visiting agency used for this study employs the Healthy Families America (HFA) home visitation model which is comprised of 12 Critical Elements for service, based on 30 years of research and evidence-based practices (Whipple & Whyte, 2010; PCA America, 2006; Daro & Harding, 1999). The research obtained was used to create 12 standard areas of practice that are critical in home visitation services. Critical Element #5, which pertains specifically to cultural competence, mandates that “Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences
among families; staff and material used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served” (PCA America, 2006; p10).

HFA standards of practice require an ongoing collaborative process of evaluation in which client and staff feedback are used to improve overall cultural competency of the agency (PCA America, 2006). This feedback should be utilized throughout all stages of service delivery including development, implementation, and evaluation. Every three years, HFA mandates this process of obtaining client and staff feedback on the cultural competency of the agency for recertification. This commitment to culturally competent service is reflected in the frequency of “Strongly Agree” and “Agree Responses” on the survey. The philosophies adopted by HFA are congruent with the review of literature conducted for this study and NASW standards of practice.

**Recommendations**

Upon completion of the analysis, researchers suggest gathering more demographic information on participants’ socioeconomic status and language preferences. Researchers recommend gathering qualitative data to augment quantitative responses. Researchers suggest using open ended questions to obtain participant definitions of culture as well as allowing opportunities for elaboration of answers in the form of an additional response or comments section.

While this study focused specifically on the client’s perception of services, further research should be generated by comparing the home visitor’s self-evaluation of cultural competence, the client’s perception of the provider’s cultural competence, and the home
visitor’s evaluation of the agency’s cultural competence or organizational culture, using a method of triangulation.

As research progresses, approaches to measuring cultural competence evolve and change. Some recommendations for assessing cultural competency are to survey clients more specifically about the dynamic of the client worker relationship; if clients feel respected, whether cultural aspects are included in interventions, and if clients are involved in treatment decisions (Damashek, Bard & Hecht, 2011; Gomby, Larson, Lewit & Behrman, 1993).

Further research is needed to create a measurement tool specific to home visitation services, as the most appropriate tool found by the researchers had to be adapted from an assessment tool measuring the cultural competency of mental health providers. Review of the literature found no tools specific to evaluating home visitation services. Currently assessment tools from other disciplines have to be adapted to use in home visiting services; the adaption of measurement tools poses a possible threat to the validity and reliability of the tool. Therefore more research is needed to create a tool that addresses the specific ways in which cultural competence is relevant to home visitation services.

**Limitations**

Various limitations were found within this research study, including means of analyzing the overall findings. Researcher error was made in the translation of the survey into Spanish as the demographic question obtaining client level of educational attainment remained in English. Although this question remained in English, all participants still
responded to the question. In addition, two questions from survey (#28 and #29) (See Appendix C) necessitated omission from the inferential statistical analysis because the researchers were unable to invert the Likert scales. The statistical significance of this is unknown; however the trends of survey responses would not likely be altered with the inclusion of these responses.

The overall sample size (N=24) was small, which limits the study’s ability to be generalized to a larger population. Independent t-tests could only be conducted on the racial categories “People of Color” and “White” due to a lack of required number of participants in each group (n ≥5). The limitations described above suggest areas for improving this study design and should be considered when conducting future research.

**Conclusions**

In this quantitative, exploratory study, participants (N=24) from the Yolo County Step-by-Step/Paso a Paso Home Visitation Program, assessed the cultural competency of their home visitor and services received. SPSS was used to analyze descriptive and inferential statistics which found that the clients typically agreed that the home visitors and agency provided culturally competent services. Specifically, 92.4 % of respondents agreed that the home visitor and agency were aware of their culture, 93.1% agreed that the home visitor demonstrated respectful behaviors toward clients, 79.2% agreed that their services did not create linguistic or interpreter issues, 75% agreed the home visitor understood their varying indigenous practices, 81.9% of the respondents felt included in their service planning and implementation, 81.7% agreed the home visitor and agency demonstrated an overall acceptance of cultural difference, 54.15% agreed that the agency
utilized community outreach as a means of linking participants to appropriate resources, and 85.4% felt that the patient-provider-organization interactions were positive. These findings demonstrate the importance of implementing and evaluating culturally competent standards in social service delivery.

Social work practice standards and theoretical philosophies embrace evaluation as a means of assessing numerous aspects of service delivery, including cultural competency. Although more research is needed on culturally competent home visitation services, this research shows that implementing cultural competence standards is positively reflected in the client’s perception of services. Implementing culturally competent practice is instrumental in providing effective services to various populations and can be utilized to promote the dignity and worth of all people by decreasing disparities in accessing social services.
APPENDICES
APPENDIX A

Client Consent to Participate

You are being asked to participate in a research study conducted by Jordan Eller and Amara Reddick, Master of Social Work students at California State University, Sacramento.

This study will investigate factors of cultural competency related to your home visitation services. You will be asked to complete a questionnaire on your opinions of Yolo County Children’s Alliance (YCCA), Step by Step/Paso a Paso Program and your family support worker. Completion of this questionnaire may take up to 30 minutes. If you agree to participate in this study, please sign this consent form, complete the questionnaire, and return it in the preaddressed envelope. Two envelopes will be provided, one for the completed consent and one for the completed survey, to ensure confidentiality that your survey results will not be matched with your consent form.

By participating in this study, you have the opportunity to provide constructive feedback to YCCA and potentially improve the quality of your home visitation services. If you desire, you have the right to refuse participation, stop participating at any time, and leave questions blank that you do not want to answer. If you choose not to participate, for any reason, you may withdraw from the study without penalty. Your time is valuable; in appreciation of your participation we will be offering a $5 Target gift card to those who return the survey. To receive your gift card, please mail back your completed survey and consent form in the envelopes provided and your incentive will be mailed to you within two weeks.

To ensure the confidentiality of the study and your privacy, the questionnaires will be mailed to the researchers directly, the information contained in the individual surveys and consent forms will not be available to YCCA. The findings will be presented in summary to the agency, with no identifying information. Neither the agency nor your family support worker will be able to link survey responses back to you. Participation in this study will have no negative impact on your services from YCCA.

Your participation in this research study is completely voluntary; by signing this consent you are indicating that you have read this page, you are over the age of 18 years old, you have received services from YCCA’s Step by Step/Paso a Paso Program, and you agree to participate in the study.
We greatly appreciate your participation. If you have any questions, the researchers may be contacted using the information below. The researchers’ advisor, Dr. Teiahsha Bankhead, may also be reached at bankhead@csus.edu.

Thank you for your time and consideration,

Jordan Eller  
xxxxxxxxx@gmail.com

Amara Reddick  
( xxx) xxx-xxxx

Client Signature: ____________________________
APPENDIX B

Consentimiento del Cliente Para Participar

Usted ha sido elegido a participar en un estudio de investigación conducido por Jordan Eller y Amara Reddick, estudiantes del programa de Maestría de Trabajo Social en la Universidad Estatal de California, Sacramento.

Este estudio investigará los factores de competencia cultural relacionados con los servicios de visitas al hogar. Se le pedirá completar un cuestionario sobre sus opiniones de Yolo County Children’s Alliance (YCCA), el programa de Paso a Paso y de su trabajador de apoyo a la familia. Completar este cuestionario puede tomar hasta 30 minutos. Si usted acepta participar en este estudio, por favor firme este formulario de consentimiento, complete el cuestionario y envíelo en el sobre predirigidio. Para garantizar la confidencialidad de los resultados de la encuesta y no coincida con su consentimiento, se proporcionará dos sobres, uno para el consentimiento y otro para la encuesta.

Al participar en este estudio, usted tiene la oportunidad de proporcionar sugerencias constructivas a YCCA y potencialmente mejorar la calidad de sus servicios de visitas al hogar. Si usted lo desea, tiene derecho a negarse a participar, dejar de participar en cualquier momento y dejar en blanco las preguntas que no quiera contestar. Si decide no participar, por cualquier razón, usted puede retirarse del estudio sin pena. Su tiempo es valioso; en reconocimiento de su participación estaremos ofreciendo una tarjeta de regalo de $5 a Target a los que regresen la encuesta. Para recibir su tarjeta de regalo, por favor envíe por correo la encuesta completada y la forma de consentimiento en los sobres y su incentivo será enviado dentro de dos semanas.

Para garantizar la confidencialidad del estudio y su privacidad, los cuestionarios serán enviados a los investigadores directamente, la información contenida en las encuestas y formularios de consentimiento no estará disponible para YCCA. Los resultados se presentarán en resumen a la Agencia, con ninguna información de identificación. Ni la Agencia ni el trabajador de apoyo a la familia será capaz de enlazar las respuestas de la encuesta a usted. Participación en este estudio no tendrá ningún impacto negativo as sus servicios de YCCA.

Su participación en este estudio de investigación es completamente voluntaria; al firmar este consentimiento está indicando que ha leído esta página, es mayor de edad, ha recibido servicios de YCCA el programa de Paso a Paso y usted acepta participar en el estudio.
Agradecemos su participación. Si usted tiene cualquier pregunta, puede contactar a los investigadores con la siguiente información. Asesor de los investigadores, la Dra. Teiahsha Bankhead, también puede ser contactada en bankhead@csus.edu.

Gracias por su tiempo y consideración,

Jordan Eller  
xxxxxxx@gmail.com

Amara Reddick  
(XXX) XXX-XXXX

Firma de Cliente: _________________________________________
APPENDIX C

Step by Step/Paso a Paso’s Cultural Competency Services Survey

In order to assess if Yolo County Children’s’ Alliance (YCCA), Step by Step/Paso a Paso home visitation program is meeting the needs of clients’ culture, we’re seeking your feedback on the cultural competency of your family support worker and services received.

Directions: Please circle the answer you feel best represents your opinion of your home visitation services.

1. Please specify your race:
   - White
   - Asian
   - Black or African American
   - Latino
   - Hispanic
   - Pacific Island
   - American Indian
   - Alaskan Native
   - Other: ______________________

2. Please specify your ethnic identity:
   __________________________________________________________________________

3. City/town of residence:
   __________________________________________________________________________

4. Age: ________

5. Please specify your gender:
   - Female
   - Male
   - Other: ______________

6. Please specify your level of Education:
   - Some High School
   - Diploma
   - GED
   - Associates Degree
   - Bachelor’s Degree
   - Master’s Degree
   - Other: ______________

7. The organization has materials that tell me about services I can get from the agency.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Strongly Disagree
   - Don’t know/not applicable

8. The organization has pictures or reading material that show people from my racial or ethnic group.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Strongly Disagree
   - Don’t know/not applicable
9. Some of the staff are from my racial or ethnic background.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

10. The staff listen to me when I talk.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

11. The staff listen to my family when we talk to them.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

12. The staff understand some of the different ideas that others from my racial or ethnic group, my family, or I have may have about my services.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

13. The staff treat me with respect.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

14. If I complain, the staff try to help me with my complaints.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

15. The staff respect my religious or spiritual beliefs.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

16. The materials are in other languages as well as English.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

17. Some of the staff at the office, speak the language that I usually speak at home.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable
18. Some of the staff that provide my home visitation services, speak the language I usually speak at home.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

19. If I need it there are translators or interpreters easily available to assist me and or my family.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

20. Staff are willing to be flexible and provide alternative approaches or services to meet my cultural and ethnic service needs.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

21. If I want, the Family Support Worker will help me get services from clergy or spiritual leaders.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

22. The staff understand that I might want to talk to a person of my own racial or ethnic group about getting the services I want.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

23. The staff who work here do not talk to other people about my problems or services without asking me first.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

24. The services I get help me work toward things like getting a job, taking care of my family, going to school, and being active with my friends, family and community.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable

25. Some of the staff seem to understand the difference between their cultural and mine.

   Strongly Agree  Agree  Neither Agree nor Disagree  Strongly Disagree

   Don’t know/not applicable
26. Staff acknowledge my cultural beliefs in my home visitation services.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

27. Staff understand that people of my racial or ethnic group are not all alike.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

28. I do not see staff taking time to understand a person’s culture.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

29. Staff treat me as if my culture is not important for them to understand in planning my services.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

30. The program advertises on T.V. stations, I and or my family watches, radio stations we listen to, or in magazines or in newspapers we read.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

31. It is easy to get information I need about housing, food, clothing, or other social services from this program.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

32. When I first called or came the agency it was easy to talk to staff.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

33. The staff seem to understand my past experiences and problems.
   Strongly Agree      Agree      Neither Agree nor Disagree      Strongly Disagree
   Don’t know/not applicable

Adapted from Cornelius et al./Consumer-Based Cultural Competency Inventory. (2004)
APPENDIX D

Encuesta de Servicios Competencia Cultural Paso a Paso

Con el fin de evaluar si el Yolo County Children’s Alliance (YCCA), el programa de Paso a Paso de visitas al hogar está satisfaciendo las necesidades de la cultura de los clientes, estamos buscando sus comentarios acerca de la competencia cultural de su trabajadora de apoyo familiar y servicios recibidos.

Instrucciones: Por favor marque la respuesta que mejor representa su opinión acerca de los servicios de visitas al hogar.

1. Por favor, especifique su raza:
   Blanco  Asiático  Negro o Afroamericano  Latino  Hispano  Isleño
   Indio Americano  Alaska Nativo  Otros: ____________________

2. Por favor, especifique su identidad étnica:
   ___________________________________________________________________

3. Ciudad de residencia:
   ___________________________________________________________________

4. Edad: ________

5. Por favor, especifique su sexo:
   Femenino  Masculino  Otro: __________________________

6. Por favor, especifique su nivel de educación:
   Diploma de la Preparatoria  GED  Bachillerato  Maestría  Otro:__________

7. La organización tiene materiales que me dicen sobre los servicios que puedo obtener de la Agencia.
   Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo  No se/no es aplicable

8. La organización tiene fotos o material de lectura que muestra a la gente de mi grupo racial o étnico.
   Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo  No se/no es aplicable

9. Algunos miembros del personal son de mi origen racial o étnico.
   Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo  No se/no es aplicable
10. El personal me escucha cuando hablo.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

11. El personal escucha a mi familia cuando hablamos con ellos.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

12. El personal entiende algunas de las diferentes ideas que otros de mi grupo racial o étnico, mi familia, o yo tengo sobre mis servicios.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

13. El personal me trata con respeto.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

14. Si me quejo, el personal trata de ayudarme con mis quejas.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

15. El personal respeta mis creencias religiosas o espirituales.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

16. Los materiales están en inglés y en otros idiomas.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

17. Algunos del personal en la oficina, hablan el idioma que usualmente hablo en casa.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

18. Algunos del personal que me ofrecen servicios de visitas al hogar, hablan el idioma que normalmente hablo en casa.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable

19. Si lo necesito, hay traductores o intérpretes fácilmente disponibles para ayudarme a mí o a mi familia.
Fuertemente de acuerdo  de acuerdo  ni acuerdo ni en desacuerdo
fuertemente en desacuerdo  No se/no es aplicable
20. El personal están dispuestos a ser flexibles y proporcionar alternativos o servicios para satisfacer mis necesidades de servicio cultural y étnica.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

21. Si quiero, el trabajador de apoyo de la familia me ayudará a obtener servicios de clero o líderes espirituales.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

22. El personal entiende que podría desear hablar con una persona de mi propio grupo racial o étnico para obtener los servicios que quiero.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

23. El personal que trabaja aquí no habla con otras personas acerca de mis problemas o servicios sin primero pedirme permiso.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

24. Los servicios que recibo me ayudan a trabajar hacia cosas como conseguir un trabajo, cuidado de mi familia, ir a la escuela y ser activo con mis amigos, familia y comunidad.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

25. Algunos del personal parecen entender la diferencia entre su cultura y la mía.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable


Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

27. El personal entiende que las personas de mi grupo racial o étnico no son todos iguales.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable

28. No veo que él personal tomar tiempo para entender la cultura de las personas.

Fuertemente de acuerdo de acuerdo ni acuerdo ni en desacuerdo
fuertemente en desacuerdo No se/no es aplicable
29. El personal me trata como si mi cultura no es importante de entender en la planificación de mis servicios.
   Fuertemente de acuerdo   de acuerdo   ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo   No se/no es aplicable

30. El programa anuncia en estaciones de T.V., que yo y mis familias vemos, estaciones de radio que escuchamos, o en revistas o periódicos que leemos.
   Fuertemente de acuerdo   de acuerdo   ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo   No se/no es aplicable

31. Es fácil obtener, de este programa, información que necesito sobre vivienda, alimentos, ropa y otros servicios sociales.
   Fuertemente de acuerdo   de acuerdo   ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo   No se/no es aplicable

32. Cuando primero llamé o llegué a la agencia era fácil hablar con el personal.
   Fuertemente de acuerdo   de acuerdo   ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo   No se/no es aplicable

33. El personal parece entender mi experiencias y problemas del pasado.
   Fuertemente de acuerdo   de acuerdo   ni acuerdo ni en desacuerdo
   fuertemente en desacuerdo   No se/no es aplicable

Adapted from Cornelius et al./Consumer-Based Cultural Competency Inventory. (2004)
References


California Institute of Mental Health. (2011). Full service partnership tool kit cultural relevance: Adult. 5-54.


Retrieved from


