Measure Your Cultural Competency on the Continuum

Cultural Destructiveness:	Cultural Incapacity:	Cultural Blindness:	Cultural Pre-Competence:	Cultural Competence:	Cultural Proficiency:
The health care facility has attitudes, policies and practices that are destructive to cultures and consequently the individuals within that culture. Example: the Tuskegee syphilis experiments.	Health care facility does not intentionally seek to be culturally destructive, but lacks the capacity to help minority clients or communities. The facility believes in the racial superiority of the dominant group, and assumes a paternal position toward "lesser" races. Example: provider refuses to see a patient because they do not speak English, or is unable to draw blood from an African-American patient because they "can't see the veins."	The health care facility provides services with the express philosophy of being unbiased. They function with the belief that color or culture make no difference and that all people are the same. Helping approaches traditionally used by the dominant culture are believed to the universally applicable. "I treat all my patients the same." Example: a provider, seeing the color of a newborn African- American baby, decides that the baby is cyanotic (a "blue baby").	The pre-competent health care facility realizes its weakness in serving minorities and attempts to improve some aspects of their services to a specific population. They take steps such as hiring minority staff on cultural competence. However, at this stage, much time and energy may be spent denying that racism exists, and trivializing the concerns expresses by minority staff.	The health care facility accepts and respects differences, continues its self-assessment regarding culture, pays careful attention to the difference, continually seeks to expand its knowledge and resources, and adapts its service models to better meet the needs of minority populations.	The health care facility holds culture in high esteem. It conducts research to add to the knowledge base of culturally competent practice, develops new therapeutic approaches based on culture, and publishes and disseminates the results of demonstration projects.

Source:
Pursuing Organizational and Individual Cultural Competency: An Epistemology of the Journey Towards Cultural Competency. (1997). Health Resources and Services Administration, Maternal and Child Health Bureau.