



Cultural Competence Assessment Tools

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**The New York State Center of
Excellence for Cultural Competence
at New York State Psychiatric Institute**



The NYSPI Center of Excellence for Cultural Competence is dedicated to the study and development of culturally and linguistically appropriate mental health services for people with serious mental illness throughout New York State. The Center is combining intervention, services, and community-based participatory research to improve service availability, accessibility, and quality of care statewide.

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Cultural Competence Assessment Tools

As the population in the United States becomes increasingly culturally diverse, there is a growing need for social, health and mental health organizations to become more culturally competent. The following cultural competence assessment tools can assist organizations and providers in evaluating their level of cultural competence.

Electronic bibliographic database (e.g., MEDLINE, PubMed, PsychINFO, Ovid) searches were performed to locate scales. This search strategy was supplemented with manual searches of the reference sections of articles, books chapters, and government reports to identify overlooked instruments. Assessment tools were included if their reliability and validity had been evaluated and reported in a peer review publication.

List of Cultural Competence Assessment Tools

I. Agency Level

- Checklist for the Examination of Cultural Competence in Social Service Agencies
- California Brief Multicultural Competence Scale
- Cultural Competence Assessment Scale
- Cultural Competence Self-Assessment
- Cultural Competence Self-Assessment Questionnaire
- Diversity Mission Evaluation Questionnaire
- Multicultural Competence in Student Affairs

II. Provider Level

- Cultural Self-Efficacy Scale
- Measuring Cultural Awareness in Nursing Students
- Multicultural Counseling Self-Efficacy Scale - Racial Diversity Form

III. Consumer/Client Level

- Client Cultural Competence Inventory
- Consumer-Based Cultural Competency Inventory

IV. Medical School Curricula

- Tool for Assessing Cultural Competence Training for Curriculum Evaluation



Agency Level



Checklist for the Examination of Cultural Competence in Social Service Agencies

Reference(s)

Dana R. H., Behn, J. D., & Gonwa, T. (1992). A Checklist for the Examination of Cultural Competence in Social Service Agencies. *Research on Social Work Practice, 2*(2), 220-233.

Purpose To measure cultural competence at the agency/organizational level.

Description The checklist of cultural competence provides a tool for self-assessment of cultural competence at the agency level. This checklist can be used in preparation for training staff and administrators as well as for recruiting of staff. The checklist has 34 items subdivided in five clusters: 1) culturally competent practices as evidenced in staff selection, agency policy, and attitudes (8 items), 2) available services (15 items), 3) relationship to the ethnic community (7 items), 4) training (2 items), and 5) evaluation (2 items).

Level of Assessment Agency level.

Administration Policy Makers, Administrators, Staff.

Scoring Scoring is a sum of all items.

Language of Instrument English.

Reliability Inter-rater reliability reported.

Validity Concurrent validity reported.

Availability For information or to request a copy of the checklist contact:

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California Brief Multicultural Competence Scale

Reference(s)

Gamst, G., Dana, R., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (2004). Cultural Competency Revised: The California Brief Multicultural Competence Scale. *Measurement and Evaluation in Counseling and Development, 37*, 163-183.

Purpose To measure cultural competence at the agency/clinical level.

Description Designed as a single instrument from several multicultural competency measurements and was developed for training programs. The scale contains 21 items subdivided in 4 subscales: cultural knowledge (5 items), cultural sensitivity (3 items), cultural awareness (6 items), and non-ethnic skill (7 items). Items used a four point Likert scale ranging from 1= strongly disagree to 4= strongly agree and measures efficiency in treatment settings as well as knowledge, self-awareness, experience, and assessment ability.

Level of Assessment Organizational level.

Administration Clinicians within mental health care facilities.

Scoring Authors indicate that there is a user guide which contains scoring direction.

Language of Instrument English.

Reliability Internal consistency reported. The alpha for the four subscales were non-ethnic ability =.90, awareness of cultural barriers=.78, multicultural knowledge=.80, and sensitivity to consumers=.75.

Validity Construct validity reported.

Availability For information or to request a copy of the scale contact:
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Cultural Competence Assessment Scale

Reference(s)

- Siegel, C., Haugland, G. & Davis-Chambers, E. (2003). Performance measures and their benchmarks for assessing organizational cultural competency in behavioral health care service delivery. *Administration and Policy in Mental Health and Mental Health Services Research, 31*(2), 141-170.
- Siegel, C., Davis-Chambers, E., Haugland, G., Bank, R., Aponte, C., & McCombs, H. (2000). Performance measures of cultural competency in mental health organizations. *Administration and Policy in Mental Health and Mental Health Services Research, 28*(2), 91-106.

Purpose To measure cultural competence at the agency level in order to improve access and retention in treatment of persons from diverse cultural groups.

Description The scale is applicable to an agency delivering behavioral health care in an outpatient treatment environment. It is intended to suggest ways an agency can become more culturally competent and can be used as an organizational self-assessment scale. It assesses cultural competence (CC) on 11 criteria: 1) agency's commitment to CC, 2) assessment of service needs, 3) cultural input into agency activities, 4) integration of CC committee or other group with responsibility for CC within agency, 5) training activities, 6) recruitment, hiring and retention of staff, 7) language capacity (LC): interpreters, 8) LC: bilingual staff, 9) LC: key forms, 10) LC: service descriptions and educational materials, and 11) assessment and adaptation of services.

Level of Assessment Agency level.

Administration Scale can be administered by staff knowledgeable in activities related to quality of care or a senior level person in Quality Assurance Department.

Scoring Score item by the rank of highest level achieved; a score of 1 indicates no activity on that criterion, a score of 5 indicates the benchmark standard. Items are added for a final score.

Language of Instrument English.

Reliability None reported.

Validity Face validity reported.

Availability For information or to request a copy of the scale contact:

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Cultural Competence Self- Assessment

Reference(s)

Andrulis, D. P. (1999). Cultural Competence Assessment of Practices, Clinics and Health Care Facilities. In, E. J. Kramer, S. L. Ivey, & Y. Ying (Eds.), *Immigrant Women's Health, Problems and Solutions* (pp.330-335). San Francisco: Jossey Bass.

Purpose To measure cultural competence at the health care organizational/agency level.

Description The purpose of this scale is to help healthcare organizations validate their understanding of the ethnic/cultural composition of its patient and employee population. This scale helps identify the unique attributes of a given cultural group to ensure access, appropriate treatment, and effective communication between provider and patient. This instrument includes a structured interview and a questionnaire. Both tools are designed to be administered to multiple types of individuals within an agency (e.g. management, clinicians, advocates, patients). The interview contains 17 open-ended questions and the questionnaire contains 115 questions, including several questions with Likert type scales, closed-ended (yes/no) and open-ended questions.

Level of Assessment Agency level.

Administration For an organization to conduct and audit its level of cultural competence by assessing a diverse team of stakeholders: administrators from human resource, information systems, finance or patient registration.

Scoring This assessment requires mixed methods data analysis. Although the author mentioned a scoring guide for data analysis and interpretation, none was included in the manual. For more scoring information contact the author.

Language of Instrument English.

Reliability None reported.

Validity None reported.

Availability For information or to request a copy of the assessment tool contact:

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Cultural Competence Self-Assessment Questionnaire (CCSAQ)

Reference(s)

Mason, J. L. (1995). *Cultural Competence Self-Assessment Questionnaire: A Manual for Users*. Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Purpose To measure cultural competence at the agency level within organizations that serve children with disabilities and their families.

Description The Cultural Competence Self-Assessment Questionnaire is designed to assist service agencies working with children with disabilities and their families in self-evaluation of their cross-cultural competence. This measure is based on the Child & Adolescent Service System Program Cultural Competence Model, which describes cultural competency in four dimensions: attitude, practice, policy, and structure. The CCSAQ has been used to identify agency's cultural competence training needs. It utilizes six subscales: 1) knowledge of community, 2) personal involvement, 3) resources and linkages, 4) staffing, 5) organizational policies and procedures, and 6) community outreach.

Level of Assessment Agency level.

Administration Direct service providers and administrative staff working with children with disabilities and their families.

Scoring The method to score the CCSAQ is generally descriptive statistics because it includes a variety of Likert scales. Therefore, it is necessary to compute item averages and subscale means to obtain a general score based on the six subscales. The means can then be ranked to determine which item deserves consideration. This method allows for a ranking of subscales to prioritize areas in which interventions will be applied. Since there are two versions with many parallel items, comparisons and inferences can be made based on the similarities and differences of perspectives between direct service providers and administrative staff. In addition, authors recommend having a group discussion about priorities for change in order to place the findings in a site-specific perspective.

Language of Instrument English.

Reliability Internal consistency. For the CCSAQ, the majority of subscales have yielded coefficients alpha of .80 or higher.

Validity Content validity reported.

Availability For information or to request a copy of the assessment contact:

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**Diversity
Mission
Evaluation
Questionnaire**

Reference(s)

Ducker, D. G., & Tori, C. D. (2001). The Reliability & Validity of a Multicultural Assessment Instrument Developed for a Graduate Program in Psychology. *Professional Psychology: Research and Practice, 32*(4), 425-432.

Purpose To measure cultural attitudes pertaining to multicultural matters at graduate school level.

Description The scale was developed to help academic institutions assess their multiculturalism by measuring attitudes, beliefs and experiences pertaining to diversity. Although designed for academic institutions, the tool can be adapted, with appropriate modifications, for use in health care centers, mental health agencies or other community organizations. The DMEQ includes 26 questions on multicultural attitudes, beliefs and experiences. Questions use a 4 point Likert scale format that ranges from 4= strongly agree to 1= strongly disagree.

Level of Assessment Educational Organization Level.

Administration Education professionals at academic institutions.

Scoring Contact the author for scoring information

Language of Instrument English.

Reliability Internal consistency reported.

Validity Construct validity reported.

Availability For information or to request a copy of the assessment tool contact:

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Multicultural Competence in Student Affairs (MCSA-P2)

Reference(s)

Pope, R., & Mueller, J. (2005). Faculty and Curriculum: Examining Multicultural Competence and Inclusion. *Journal of College Student Development, 46*(6), 679-688.

Pope, R., & Mueller, J. (2000). Development and Validation of Multicultural Competence in Student Affairs –Preliminary 2 Scales. *Journal of College Student Development, 41* (6), 599-608.

Purpose To measure cultural competence at the agency/clinical level.

Description The scale was developed as an assessment tool to measure multicultural competence in a higher education context. It seeks to assess the competencies necessary for effective and multi-culturally sensitive work in student affairs. This 34-item instrument is designed to measure multicultural competence in student affairs practice. Participants use a 7 point Likert type rating scale (1= not at all accurate to 7= very accurate) to describe themselves.

Level of Assessment Educational organization level.

Administration Student affairs professionals in institutions of higher learning.

Scoring The mean is calculated to get an overall score of the scale.

Language of Instrument English.

Reliability The internal consistency with an co-efficient alpha that ranges from .91 to .94.

Validity Content validity.

Availability For information or to request a copy of the scale contact:
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Provider Level



Cultural Self-Efficacy Scale (CSES)

Reference(s)

Bernal, H. & Froman, R. (1987). Influences on the Cultural Self-Efficacy of Community Health Nurses. *Journal of Trans-cultural Nursing*, 4(2), 24-31.

Purpose To measure the perceived sense of self-efficacy of community health nurses caring for culturally diverse clients.

Description The Cultural Self-Efficacy Scale was developed to measure nurses' level of self-efficacy in caring for three diverse cultural groups (Latinos, African-Americans and Southeast Asians). The 30 statements developed from the trans-cultural nursing literature, represented key concepts, knowledge and skills in trans-cultural nursing care. Scale items were grouped into three sections: 1) knowledge of cultural concepts, 2) knowledge of cultural patterns and 3) skills in performing key trans-cultural nursing functions. Scale contains 16 behavioral statements where respondents are asked to rate their feelings of self efficacy within a 5 point Likert rating scale. This self-report in self efficacy scale ranges from 1= very little confidence to 5= quite a lot of confidence. Higher scores correspond to respondents' perceiving higher levels of cultural self-efficacy.

Level of Assessment Agency level.

Administration Nursing faculty.

Scoring Contact the author for scoring information.

Language of Instrument English.

Reliability Internal consistency reported. The coefficient alpha for the total scale is .97.

Validity Construct validity reported.

Availability For information or to request a copy of the scale contact:

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Measuring Cultural Awareness in Nursing Students

Reference(s)

Krainovich-Miller, B., Yost, J., Norman, R., Auerhahn, C., Dobal, M., Rosedale, M., Lowry, M., Moffa, C. (2008). Measuring Cultural Awareness of Nursing Students: A First Step Toward Cultural Competency. *Journal of Transcultural Nursing* 19, 250-258.

Purpose To measure cultural competence at the agency/clinical level.

Description The cultural awareness scale was developed to measure outcomes of a program to promote multicultural awareness among nursing faculty and students. A 36 item scale utilizing a 7 point Likert response format ranging from 1= strongly disagree to 7= strongly agree. Subscales include: general educational experiences, aware of attitudes, classroom and clinical instruction, research issues, clinical practice.

Level of Assessment Educational Institution level.

Administration Nursing faculty.

Scoring Contact the author for scoring information.

Language of Instrument English.

Reliability Internal consistency. The co-efficient alpha for this scale is .91.

Validity Content validity.

Availability For information or to request a copy of assessment contact:

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**Multicultural
Counseling
Self-Efficacy
Scale - Racial
Diversity
Form
(MCSE-RD)**

Reference(s)

Sheu, H., & Lent, R. (2007). Development and Initial Validation of the Multi-Counseling Self-Efficacy Scale-Racial Diversity Form. *Psychotherapy Theory, Research, Practice, Training, 44*(1), 30-45.

Purpose To measure cultural competence of counseling programs at agency level.

Description The Multicultural Counseling Self-Efficacy Scale - Racial Diversity Form (MCSR-RD) was developed to assess ability to counsel racially diverse clients. This tool seeks to clarify issues important to multicultural counseling and therapy researchers/trainers, as well as the potential impact of multi-cultural knowledge and awareness on trainees' perceived and actual multi-cultural skill use. The MCSE-RD contains 60 items assessing content specific self-efficacy (46 items) and coping efficacy (14 items). The content-specific domain was subdivided into (a) a general sub-domain (basic skills, therapeutic relationship, session management skills, termination and referral) and (b) a culturally specific sub-domain (multicultural assessment, test interpretation/case conceptualization/goal setting, and multicultural interventions). Using a 0-9 scale, respondents were instructed to indicate how much confidence they have in their ability to do each of these activities at the present time, rather than how they might perform in the future.

Level of Assessment Mental health clinicians.

Administration Mental health care clinicians.

Scoring Total scale score ranging from 0 to 9 was calculated by averaging participants' responses.

Language of Instrument English.

Reliability Internal consistency reported.

Validity Convergent validity reported.

Availability For information or to request a copy of the assessment tool contact:

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Consumer Level



Client Cultural Competence Inventory

Reference(s)

Switzer, G., Scholle, S., Johnson, B., & Kelleher, K. (1998). The Client Cultural Competence Inventory: An Instrument for Assessing Cultural Competence in behavioral managed Care Organizations. *Journal of Child and family Studies*, 7(4), 483-491.

Purpose To measure cultural competence of mental health clinicians from the parent/caregiver's perspective.

Description The measurement tool was developed to assess a client-based measure of culture competence which focuses on the client's perceptions of the care provided by therapists, agencies and health plans. Twelve cultural competence items averaged to form a scale ranging from 1= never true to 5= always true. These twelve items fall under three domains: community and family Involvement; respect for cultural differences; and easy access to care. Higher scores correspond to respondents' perceiving higher levels of cultural competence.

Level of Assessment Mental health care setting.

Administration Parents/caregivers of children receiving mental health.

Scoring Contact the author for scoring information.

Language of Instrument English.

Reliability Internal consistency reported. The Cronbach's alpha was for the entire scale was .76.

Validity Content validity reported.

Availability For information or to request a copy of the inventory contact:

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Consumer- Based Cultural Competency Inventory

Reference

Cornelius, L., Booker, T., Arthur, T., Reeves, I., & Morgan, O. (2004). The Validity and Reliability Testing of a Consumer-Based Cultural Competence Inventory, *Research on Social Work Practice, 14*(3), 201-209.

Purpose To measure consumers' perceptions of cultural competency of mental health providers.

Description The measurement tool was developed to assess the cultural competency of mental health care providers as determined by adult consumers of mental health services. This is a 52-item scale comprised of 8 subscales: awareness of patients' culture (13 items), respectful behavior (8 items), language interpreter issues (4 items), understanding of indigenous practices (4 items), consumer involvement (5 items), acceptance of cultural differences (6 items), community outreach (4 items), and patient-provider-organization interactions (8 items). This measure was developed for use among subcultures (e.g. Latinos/as, Asian Americans) within the United States.

Level of Assessment Provider-patient interaction level.

Administration Mental health consumers.

Scoring Contact the author for scoring information.

Language of Instrument English, but has been translated into Flemish, French, Korean and Spanish.

Reliability Internal consistency reported.

Validity Content validity reported.

Availability For information or to request a copy of the inventory contact:

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Medical School **Curricula**



Tool for Assessing Cultural Competence Training for Curriculum Evaluation

Reference(s)

Lie, DA., Boker, J., Crandall, S., DeGannes, C. N., Elliott, D., Henderson, P., Kodjo, C., & Seng, L. (2008). Revising the Tool for Assessing Cultural Competence Training (TACCT) for Curriculum Evaluation: Findings derived from seven US schools and expert consensus. *Medical Education Online*, 13 (11), 1-14.

Purpose To assess cultural competence training in medical school curricula.

Description The tool for assessing cultural competence training was developed to measure the degree to which the various elements of cultural competence occur throughout the curricula of medical schools from the perspective of teaching faculty. The measurement has five domains comprised of 67 culturally competent, content-specific items representing knowledge, skills, and attitudes.

Level of Assessment Educational institutional level.

Administration Faculty administrators.

Scoring All 67 items were scored with a 1 or a 0 value. Items checked as "yes" scored 1 and items unchecked or "not addressed" scored 0. The frequency of "yes" responses to each item was tabulated separately for students and faculty. The mean percentage item scores were computed (sum of "yes" responses divided by number of respondents). Domain scores were computed from summing items that belonged to each of the five conceptual TACCT domains. Within each domain, knowledge, skill, and attitude scale scores were computed by summing the pertinent items belonging to each respective category.

Language of Instrument English.

Reliability Internal consistency and inter-rater agreement reported. Inter-rater agreement of the 42 items tool was .91. The Cronbach alpha from the measures subscales are knowledge= .91, skill= .92, attitude= .85.

Validity None reported.

Availability For information or to request a copy of the assessment tool contact:

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