



# A post-modern cultural competency framework for public administration and public service delivery

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## Abstract

**Purpose** – The dramatic population growth of Hispanics and immigrants, combined with the issue of diversity, in the United States population raises several important questions about the future role of public administration and the delivery of culturally appropriate and culturally responsive public programs and public services in the post modern era of diversity. What is cultural competency in public programs and public service delivery? Can public agencies become culturally competent organizations? What is a cultural competency model for public administration and public service delivery? Aims to answer these questions that point to the need for a “new” kind of public servant and public service agency provider – one who possesses explicit cultural competency skills to work with racial/ethnic and cultural/linguistic groups in the delivery of public programs and public services.

**Design/methodology/approach** – Utilizing a literature review approach, the paper examines the concept of culture in public administration and argues that “culture” and “competency” must be tied together thereby leading to a contemporary standard and operational framework for advancing cultural competency in public administration and public service delivery. The article argues that cultural competency can enhance public administration/public service delivery normative values by increasing an agency’s ability to work efficiently, effectively, and equitably in the context of cultural differences.

**Findings** – The paper concludes that there are five reasons for incorporating cultural competency into the study and practice of public administration/public service delivery and moving a public agency toward cultural competence.

**Practical implications** – Embracing cultural competency in public service delivery recognizes the salience of understanding the cultural context in which any direct public service encounter occurs. Advancing cultural competency presents an opportunity to address the incomplete and often times inaccurate public services and public programs provided to minority populations. A focus on cultural competency increases the relevancy of a public agency’s administration, services and programs to the groups that can best utilize them. Having knowledge, awareness, and skills in cultural competency, service delivery professionals are better prepared to do their jobs.

**Originality/value** – This paper should be of value to both academics and practitioners as they grapple with diversity and immigration issues, public administration, public programs and public service delivery.

**Keywords** United States of America, Public sector organizations, Service delivery, Equal opportunities, Organizational culture

**Paper type** Research paper

## Introduction

A scholar of public administration writing in an issue of the American Society for Public Administration’s *PA Times* points out that the immigrant population in the



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USA is about 12 percent of the total population (Franco, 2003). Together, minority populations in the USA (Hispanics, African Americans, Asian Americans, and others) represent some 30 percent of the total population and this figure is expected to approach 40 percent over the next two decades (US Census Bureau, 2000). Recently, the US Census Bureau released population estimates which show that four states (California, Hawaii, New Mexico, and Texas) and the District of Columbia are “majority- minority” – minorities make up more than half of the population and in 5 states (Arizona, Georgia, Maryland, Mississippi, and New York) minorities comprise at least 40 percent of the total population (US Census Bureau News, 2005a). Further, the total Hispanic population in the USA passed 41 million on July 1, 2004 and the Hispanic population has increased significantly in the non- traditional Hispanic states of Georgia, Iowa, Nevada, North Carolina, and South Carolina (US Census Bureau News, 2005b; US Census Bureau, 2000).

It is now a demographic reality that cultural diversity is a core part of the landscape of the United States. A much different mix of consumers, customers, clients and communities now exist in many more areas of the country. As a result, during a service delivery encounter between client or recipient and public agency provider there is an increased likelihood of an exchange occurring between individuals with different cultural backgrounds, beliefs, practices, and language—in many instances imposing a strain on public service delivery infrastructures (Franco, 2003). The dramatic population growth of immigrants and Hispanics, along with the diversity issue, in the United States population raises several important questions about the future role of public administration and the delivery of culturally appropriate and culturally responsive public programs and services in the post modern era of diversity. These questions focus on the central issue of cultural competency in public administration and public service delivery. Among these questions are: What is cultural competency in public programs and public service delivery? Can public agencies become culturally competent organizations? What is a cultural competency model for public administration and public service delivery? Do these questions point to the need for a “new” kind of public servant and public service agency provider— One who possesses explicit cultural competency skills to work with racial/ethnic and cultural/linguistic groups in the administration and delivery of public programs and public services. Why are these questions important in the post-modern era of public administration in the USA? This article addresses these questions and provides a framework for understanding the need for cultural competency in public administration and public service delivery. The article argues that cultural competency can enhance public administration and public service delivery normative values by increasing an agency’s ability to work efficiently, effectively, and equitably in the context of cultural differences.

### **Understanding the concepts of culture and cultural competency in public administration and public service delivery**

The focus on culture and cultural competency in public administration and public service delivery in the USA is evolving very slowly and, therefore, the concepts have yet to be clearly accepted and understood by the community of public administration and public service delivery scholars and administrators. In short, the concepts of culture and cultural competency in public administration/public service delivery are

largely uncharted and marginalized groups— especially minorities— have not been consistent, highly regarded topics in the study of the administrative state (Stafford, 1999). Further, the consideration of culture and cultural competency in public administration and public service delivery in the United States is lacking for two reasons. First, the traditional study and practice in the field sees cultural differences and cultural variations in public service delivery and public agencies as invisible, illegitimate, and negative (Adler, 1991). In other words, the study and practice of public administration and public service delivery traditionally has supported culture blind services and programs. Second, a focus on cultural differences/cultural variations does not fit the traditional neutrality/equality principles (treat all clients the same with neutral feelings) advocated in textbook scenarios in relation to specific client needs in public service delivery (see Dvorin and Simmons, 1972). Or, in the case of supporting culture, public administration/public services and public programs personnel have spent considerable time and effort supplanting diverse cultural behaviors to those of the mainstream (Cross *et al.*, 1989).

As a result of these shortcomings in cultural competency in public administration and public service delivery in the USA, the definition of cultural competency is derived from the literature of other professions and fields of study. This literature has seen a growing awareness and support of education, service provision, and service delivery that promotes the role of cultural competency in health care (see, e.g. Weech-Maldonado *et al.*, 2002; Betancourt *et al.*, 2003; US DHHS, 2001a; US DHHS, 2004; Betancourt *et al.*, 2005), psychology (mental health), social work, and other professions (see, e.g. Boyle and Springer, 2001; National Association of Social Workers, 2001; Padilla, 2001; Lo and Fung, 2003; Sue, 2001; Sue, 2003; Siegel *et al.*, 2003; and National Technical Assistance Centers for State Health Planning, 2004).

In order to better understand the concept of cultural competency, the meanings of the terms “culture” and “competence” must be examined separately. Culture is defined as “the structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices of a particular group of people that provides them with a general design for living and patterns for interpreting behavior” (US DHHS, 2001b). Stated another way, culture is the totality of ways that shape how individuals see and respond to the world and community around them. Culture also shapes personal, family, and group values, attitudes, and perceptions about what works and what does not in relation to dealing with others and in coping with problems. Culture may be affected by such factors as: educational level; gender; income level; religious background; geographic residence; place of birth; age, and individual experiences.

In the context of public administration and public service delivery, culture then influences an individual, family, or group’s views toward health, poverty, welfare, crime and other social and human services areas as well as outcomes of public agency services interventions. Therefore, understanding culture helps public service delivery providers avoid stereotypes and biases while at the same time promoting in a positive way characteristics of particular groups (US DHHS, 2001b). When culture is ignored or not considered by a public agency or public service provider, individuals, families, and groups are not getting the services or support they need, or worse yet, individuals, families, and groups are receiving services and assistance that is perhaps more harmful than helpful. Competence is “having the knowledge, skills, and abilities to be effective in a particular area” (US DHHS, 2001b, p. 2) or having attained a level of

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mastery (US DHHS, 2001b, p. 3). In cross-cultural situations, competence is the capacity to function within the context of culturally integrated patterns of human behavior defined by a group. Thus, being competent in cross-cultural situations means learning new patterns of behavior and effectively applying them in appropriate settings.

When the terms culture and competence are combined into a unified concept several definitions emerge. Cross *et al.* (1989) define cultural competency as a “set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals that enables them to work effectively in cross cultural situations”. Cross *et al.* also see cultural competency as a developmental process occurring along a negative-positive continuum consisting of six possibilities starting from one end (negative) and building toward the other end (positive):

- (1) cultural destructiveness;
- (2) cultural incapacity;
- (3) cultural blindness;
- (4) cultural pre-competence;
- (5) cultural competency; and
- (6) cultural proficiency.

Cultural destructiveness acknowledges one culture that is dominant over any other culture. Organizations and individuals view cultural differences as a problem and participate in activities that purposively attempt to destroy other cultures. Cultural incapacity, while acknowledging the existence of other cultures, supports the notion of a superior and distinct culture. Cultural blindness fosters an assumption that what works with members of one culture will work with members of another culture. Cultural pre-competence is the first positive point of Cross *et al.*'s continuum and encourages learning and understanding of others culture. Cultural competency involves a commitment of accepting and respecting differences in culture and incorporating new knowledge and experiences into a wider range of practice activities for serving different cultures. Cultural proficiency, the highest positive standard on Cross *et al.*'s continuum, reflects being proactive in diversity and promoting cultural relationships among diverse groups (see Cross *et al.*, 1989; USDHHS, 2003).

Cox and Beale (1997) view cultural competency as the ability to “effectively respond to the challenges and opportunities posed by the presence of socio-cultural diversity in a defined social system.” Hurdle (2002) posits that cultural competency is the “development of adequate professional skills to provide services to ethnic, racial, and cultural groups”. The US Department of Health and Human Services (2002) sees cultural competence as “comprising behaviors, attitudes, and policies that can come together on a continuum: that will ensure that a system agency, program or individual can function effectively and appropriately in diverse cultural interactions and settings”. Brach and Fraser (2000) see cultural competency as an “ongoing commitment or institutionalization of appropriate practices and policies for diverse populations. While Bush (2000) defines cultural competency as a (respect for, and understanding of, diverse ethnic and cultural groups, their histories, traditions, beliefs, and value systems” in the provision and delivery of services.

Operationally, within an organization, cultural competency is achieved by integrating and transforming knowledge about individuals and groups into specific

practices, standards, policies, and attitudes applied in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (Davis, 1997). In short, the practice of cultural competency stresses operating effectively in different cultural contexts and providing services that reflect the different cultural influences of constituents or clients. Being culturally competent in cross-cultural functioning and settings means learning new patterns of behavior and applying them in appropriate situations (see National Association of Social Workers, 2001).

Gallegos (1982) uses the term “ethnic competence” rather than cultural competence. Ethnic competence is defined as “a set of procedures and activities to be used in acquiring culturally relevant insights into the problems of minority clients and the means of applying such insights to the development of intervention strategies that are culturally appropriate. Tervalon and Garcia (1998) add the term “cultural humility” to the discussion of cultural competency. They argue that cultural competency is difficult to put into place without first having cultural humility; the process of equalizing the power imbalances that exist in the dynamics of service provider-client relations.

Most importantly, the concept of cultural competency has two major dimensions that must be considered in public administration and public service delivery: surface structure and deep structure (US DHHS, 2001b, p. 9). Surface structure involves matching intervention materials and messages to observable characteristics of a target population. The observable characteristics are generally those that are very apparent and superficial (e.g. race, ethnicity, age, gender, and etc.). Developing and matching appropriate materials and messages may involve the use of people, places, and language familiar to and preferred by the target population. Surface structure also involves which channels and settings are the most appropriate for the delivery of messages and programs. That is, which media (e.g., radio, TV, posters) and locations (e.g., churches, clinics, schools, centers) to use. Surface structure focuses on increasing the receptivity or acceptance of materials and messages and is a prerequisite for feasibility. In other words, surface structure takes into account whether a public agency’s materials, messages and the channels and settings used in service delivery are group and cultural specific.

Deep structure takes into account the socio-demographic, racial and ethnic population differences in general as well as how ethnic, cultural, social, environmental, and historical factors may influence specific behaviors. Deep structure conveys relevance and determines the efficacy or impact of a program, strategy, or intervention (US DHHS, 2001b, p. 9). For public administration and public service delivery deep structure has to do with the cultural relevance, cultural importance and cultural applicability of a public agency’s programs and services. Once surface structure and deep structure are considered and acknowledged in the service delivery process, a public agency’s use of cultural competency is able to build on the strengths and perspectives of minority cultures, beliefs, habits, behaviors’ and value systems to establish effective service delivery intervention strategies and approaches.

### **A cultural competency framework for public administration and public service delivery**

Recent literature points out at least four important reasons for embracing and supporting cultural competency in public administration and public service delivery. First, embracing cultural competency recognizes the salience of understanding the

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cultural context in which any direct public service encounter occurs (Applewhite, 1998). Second, it is argued that advancing cultural competency presents an opportunity to address the incomplete and often times inaccurate public services and public programs provided to minority populations (Geron, 2002). Third, a focus on cultural competency increases the relevancy of a public agency's administration, services and programs to the groups that can best utilize them (Boyle and Springer, 2001). Fourth, having knowledge, awareness, and skills in cultural competency, service delivery professionals are better prepared to do their jobs (Suzuki *et al.*, 2001).

Yet, these reasons do not clearly explain nor adequately address how to best incorporate cultural competency in public administration and public service delivery. One approach for incorporating cultural competency in public administration/public service delivery is to address cultural competency from the perspectives of teaching and practice. This observation presupposes that there is a connection between the teaching of public administration and the practice of public administration (see Rice, 2004, 2005). Teaching cultural competency in university based public administration education programs and core curricula would open the door for public agencies to incorporate cultural competency programs, strategies, and practices in public service delivery strategies and approaches. Susan White's (2004) interesting article entitled "Multicultural MPA Curriculum: Are We Preparing Culturally Competent Public Administrators" addresses the teaching of cultural competency in academic public administration programs and courses. White's survey findings of 20 top MPA programs in the United States reveal that "Fewer than half of the top ranked MPA programs exposed students to *core* courses that relate to any aspect of diversity" (White, 2004, p.120, emphasis added). White goes on to say that "when courses were offered, they tended to be elective, rather than required courses", and "in effect, students who receive formal cultural competency or diversity training are self-selecting to do so" (White, 2004, p.120).

Rice (2004, pp. 153-154) makes a similar point by noting that "the teaching of social equity and diversity must be included in curricular and coursework in public administration education... to be more relevant to contemporary students and a concentrated effort must be made to provide students with a racially and ethnically "diverse faculty." Yet, a racially and ethnically diverse public administration faculty may be very difficult to achieve. Farmbry's (2005) survey findings from thirteen directors of university academic public administration programs in California acknowledge the saliency of this problem. This lack of diverse faculty may well have a bearing on the scarcity of focus on the topics of social equity, diversity, and cultural competency in public administration education. The problem is exacerbated further by the fact that the major textbooks in the field of public administration provide little or no coverage on cultural competency or equity measures (Svara and Brunet, 2004).

#### *The United States Government's role in promoting cultural competency*

The US Government has become a critical actor in promoting cultural competency in public programs and public service delivery through both administrative and congressional actions. President Clinton issued Executive Order 13166 (2000) which required that recipients of federal funding take reasonable steps to ensure meaningful access to their programs, services, and activities by individuals with Limited English Proficiency (LEP) (see Executive Order 13166). The Office of Minority Health, in the US

Department of Health and Human Services in December 2000, issued Culturally and Linguistically Appropriate Standards (CLAS) for health care organizations that receive federal funds. These standards (US DHHS, 2001c) require that health care organizations must:

- offer and provide language- assistance services, including bilingual staff members and interpreter services, at no cost to each patient with limited English proficiency at all points of contact in a timely manner during all hours of operations;
- provide to patients and consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services;
- ensure the competence of language assistance provided to limited-English-proficient patients and consumers by interpreters and bilingual staff; family and friends should not be used to provide interpretation services except on request by the patient or consumer; and
- make available easily understood patient- related materials and post signs in the languages of the commonly encountered groups and groups represented in the service area.

CLAS was necessary because language barriers result in the denial of needed public services and benefits and the provision and delivery of incorrect, less effective or ineffective public programs and services. Further, language barriers can lead a public service delivery agency to suffer increased costs and inefficiency, inferior quality of service delivery, and the potential for liability (see Martinez *et al.*, 2004). The federal Office of Civil Rights defines a LEP individual as someone who is unable to speak, read, write, or understand the English language at a level to interact effectively with health and social service agencies and providers (see Martinez *et al.*, 2004).

Beginning in 1990, Congress enacted several key laws that require or promote cultural competency in federal programs (Bailey, 2005). The laws include: The Disadvantaged Minority Improvement Act of 1990; Developmental Disabilities Assistance and Bill of Rights Act of 1994; and The Emergency Medical Treatment Act of 1996. Combined these laws clearly delineate the special populations covered, define cultural competence, and require language assistance to those with LEP. The 1994 law defines cultural competence as “services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation”.

#### *Assessing cultural competency in a public agency*

Geron (2002) argues that cultural competency addresses the capacity of a public agency to support and provide culturally appropriate and responsive programs and services. One approach for determining culturally appropriate and responsive services is to conduct a public agency organizational self-assessment involving both leadership and staff. This self-assessment covers the areas of:

- organizational mission statements that support multiculturalism and diversity;
- organizational culture; outreach, hiring procedures and hiring outcomes that reflect engagement of individuals from undervalued and underrepresented groups;

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- continuing staff training in cultural diversity;
  - effective communications and appropriate languages;
  - policy and procedural manuals that support cultural competency; and
  - efforts to make the organization more prescriptive and more welcoming to all cultural and linguistic groups.

The results of the self-assessment should lead to standards – statements of principles or values with implications for how a program or service should be delivered – for the public agency and become a means for monitoring and improving agency outcomes and service quality. The Appendix is an example of a cultural competency public agency self-assessment instrument that focuses on a public agency’s physical environment, materials, resources, communication styles, values and attitudes. Some other self-assessment instruments include a focus on community knowledge, agency resources, community connections, and community outreach. There are still other self assessment instruments that focus on governance, administration, policy development, personnel practices, dealing with culturally biased incidents, cultural diversity, and methods of service delivery (Cultural Diversity Institute, 2000).

The self-assessment instrument purpose is to ascertain a public agency’s culture towards its clients or customers and whether the agency’s leadership and staff provide culturally and linguistically appropriate services and programs. A self-assessment instrument may be viewed as a kind of cultural audit (Rice, 2004); a tool that “examines a public organization’s values, symbols, rules, and routines which maintain its purpose and existence to uncover counterproductive activities and barriers that may adversely impact its public service mission and service delivery process” (Rice, 2005, p. 77). The goal of the public agency self-assessment is to answer many questions about the agency’s cultural views toward its clients and recipients including:

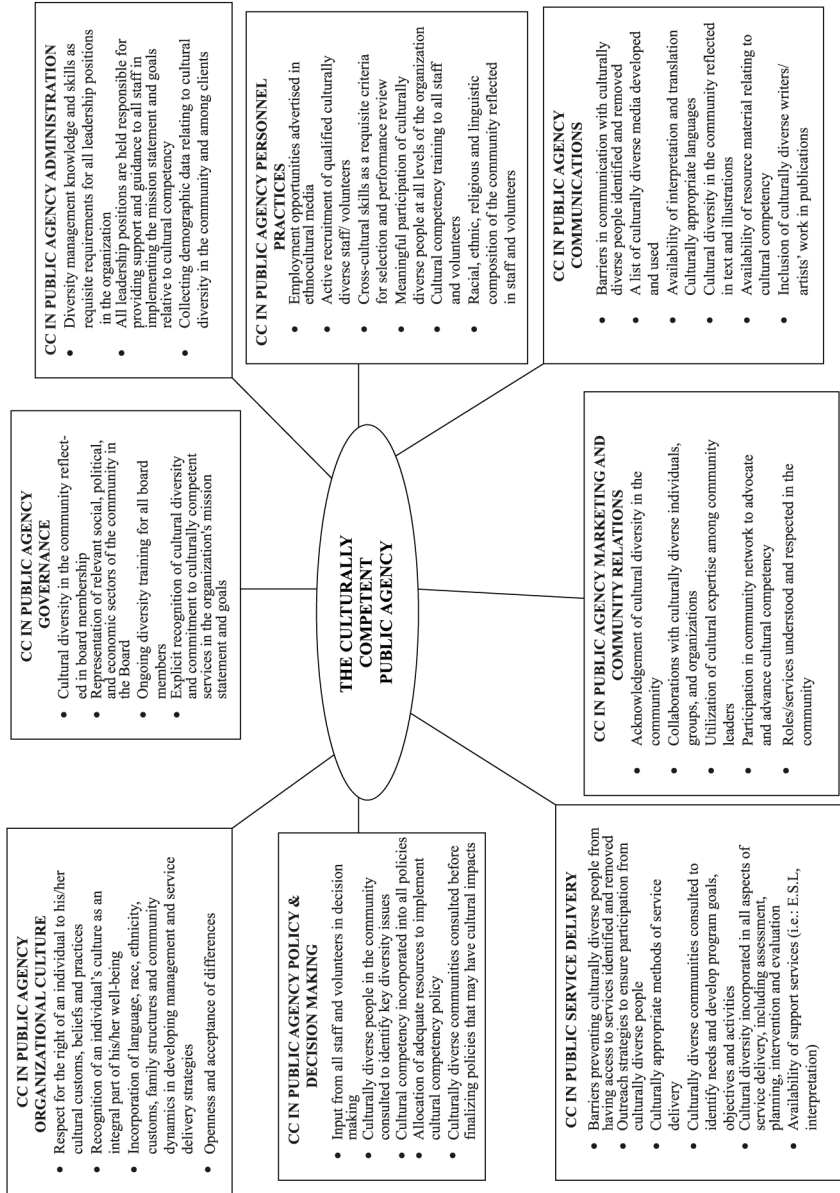
- Do the agency’s leadership and personnel understand and respect the cultures of the clients it serves?
- Do agency programs and services address the unique needs and concerns of the cultures of the clients it serves?
- Is cultural competence reflected in the agency’s mission, governance, operations, policies, practices, and procedures?
- Are the agency leadership and staff representative of the clients it serves?
- Does the agency provide language assistance and/or translation to clients who do not speak English?
- Does the agency collaborate with community groups to provide culturally diverse services and programs?
- What processes does the agency utilize to remove barriers that inhibit culturally diverse services and practices?
- Does the agency have a dedicated budget to promote cultural competency?
- Does the agency utilize external outreach that promotes and markets itself as a culturally competent organization?

The questions are captured in the key areas of overall organizational cultural competence as shown in Figure 1. Another approach for determining culturally appropriate and responsive services involves developing performance measures. These questions can also be transformed into specific performance measures as shown in the following list. Measures of agency cultural competence usually focus on an organization's structural and/or process activities (Siegel *et al.*, 2003):

- (1) *Organizational commitment to CC:*
  - CC as a part of the mission statement;
  - a formal, written CC plan;
  - CC plan for all organizational components;
  - named office/person responsible for CC;
  - identifiable budget for CC; and
  - diverse leadership and governance/board membership.
- (2) *CC Advisory committee:*
  - existence;
  - functions;
  - frequency of meetings;
  - reporting to leadership; and
  - composition (providers, community, clients).
- (3) *CC training and education:*
  - CC staff training and education requirement;
  - awareness of social resources; and
  - sharing population data with organizational components.
- (4) *CC linguistic capacity:*
  - language interpretation service;
  - linguistic competence of interpreters;
  - language assistance at first contact;
  - language translation service;
  - service descriptions in language; and
  - educational materials in language.
- (5) *CC service delivery:*
  - adaptation of services and interventions to cultures; and
  - promotion and assessment of CC services.

### **Conclusion**

Incorporating cultural competency into the study of public administration/public service delivery and moving a public agency toward cultural competence is an ongoing effort that requires the recognition of several activities. First, the study of public administration should acknowledge that cultural differences are important in the delivery of public services and programs. Second, continuous internal leadership and



Source: Derived from Cultural Diversity Institute (2000)

Figure 1. The culturally competent public agency

support are required by all members of the agency. Third, culturally competent public administration and public service delivery requires the following attributes:

- cultural appropriateness;
- cultural accessibility; and
- cultural acceptability.

Culturally appropriate public service delivery recognizes the needs of the target population or populations and the types of services provided. Culturally accessible public service delivery opens the door to services for different cultural groups. This includes addressing the structural barriers that can impede cultural competency. Once these barriers are addressed, culturally acceptable services are more likely to occur in all areas of the agency.

Fourth, a public agency's use of cultural competency builds on the strengths and perspectives of minority cultures beliefs, habits, behaviors, and value systems to establish service delivery intervention strategies and approaches. This has been referred to as the "emic" approach – working from the inside (utilizing the beliefs, behaviors, perspectives, and values of minority cultures) to help frame and provide culturally appropriate and responsive services (US DHHS, 2001b, p. 5). In this way, public service providers are acknowledging the significance of culture in immigrant and minority groups' problems as well as in their solutions. Fifth, acquiring cultural competency is a developmental process whereby organizations and individuals attain cultural awareness (CA), cultural knowledge (CE), and cultural skills (CS) through both training and cultural encounters (CE) with individuals from different cultural groups. This process acknowledges that cultural competence is not static and requires frequent learning, relearning and unlearning about different cultural groups.

Finally, cultural competency in public administration and public service delivery will require examining and incorporating different, nontraditional and non-mainstream sources and approaches. This view suggests that the teaching and practice of public administration has a major impact on society and, as a result, the teaching and practice of public administration must focus on cultural competency in a post modern, multicultural era by providing cultural competency skills to future public service delivery personnel.

### References

- Adler, N.J. (1991), *International Dimensions of Organizational Behavior*, PSW-Kent, Boston, MA.
- Applewhite, S.L. (1998), "Culturally competent practice with elderly Latinos", *Journal of Gerontological Social Work*, Vol. 30 Nos 1/2, pp. 1-15.
- Bailey, M.L. (2005), "Cultural competency and the practice of public administration", in Rice, M.F. (Ed.), *Diversity and Public Administration: Theory, Issues, and Perspectives*, M.E. Sharpe, Armonk, NY.
- Betancourt, J.R., Green, A.R., Carrillo, J.E. and Ananeh-Firempong, O. (2003), "Defining cultural competence: a practical framework for addressing racial/ ethnic disparities in health and health care", *Public Health Reports*, Vol. 118, July/August, pp. 193-302.
- Betancourt, J.R., Green, R.A., Carrillo, J.E. and Park, E.R. (2005), "Cultural competence and health care disparities: key perspectives and trends", *Health Affairs*, Vol. 24 No. 2, pp. 499-505.

- 
- Boyle, D.P. and Springer, A. (2001), "Toward cultural competency measures for social work with specific populations", *Journal of Ethnic and Cultural Diversity in Social Work*, Vol. 9 Nos 3/4, pp. 53-77.
- Brach, C. and Fraser, I. (2000), "Can cultural competency reduce racial and ethnic disparities? A review and conceptual model", *Medicare Care Research and Review*, Vol. 57 No. 1, pp. 181-217.
- Bush, C.T. (2000), "Cultural competence: implications of the surgeon general's report on mental health", *Journal of Child and Adolescent Psychiatric Nursing*, Vol. 13 No. 4, pp. 177-8.
- Cox, T. and Beale, R.L. (1997), *Developing Competency to Manage Diversity: Readings, Cases and Activities*, Berrett-Koehler Publishers, San Francisco, CA.
- Cross, T., Bazron, B., Dennis, K., Isaacs, M. and Towards, A. (1989), *Culturally Competent System of Care*, Vol. 1, Georgetown University Child Development Center, Washington, DC.
- Cultural Diversity Institute (2000), *Cultural Competency: A Self-Assessment Guide for Human Service Organizations*, available at: [www.calgary.ca/docgallery/bu/community\\_strategies/fcss/cultural\\_competency\\_self\\_assessment\\_guide.pdf](http://www.calgary.ca/docgallery/bu/community_strategies/fcss/cultural_competency_self_assessment_guide.pdf) (accessed August 18, 2005).
- Davis, K. (1997), *Exploring the Intersection between Cultural Competency and Managed Behavioral Health Care Policy: Implications for State and County Mental Health Agencies*, National Technical Assistance Center for State Mental Health Planning, Alexandria, VA.
- Dvorin, E.P. and Simmons, R.H. (1972), *From Amoral to Humane Bureaucracy*, Canfield Press, San Francisco, CA.
- Executive Order 13166 (2000), "Improving access to services for persons with limited English proficiency", *Federal Register 2000*, Vol. 65 No. 159.
- Farmbry, K. (2005), "Diversity in public administration education", in Rice, M.F. (Ed.), *Diversity and Public Administration: Theory, Issues, and Perspectives*, M.E. Sharpe, Armonk, NY, pp. 66-86.
- Gallegos, J.S. (1982), "The ethnic competence model for social work education", in White, B.W. (Ed.), *Color in White Society*, National Association of Social Workers, Silver Spring, MD, pp. 1-9.
- Franco, A. (2003), "The twin challenges that immigration brings to public administrators", *PA Times*, February, p. 3.
- Geron, S.M. (2002), "Cultural competency: how is it measured? Does it make a difference?", *Generations*, Vol. 26 No. 3, pp. 39-45.
- Goode, T. (2002), *Promoting Cultural and Linguistic Competency*, available at: [www.gucchd.georgetown.edu/nccc/documents/Checklist.EIEC.doc.pdf](http://www.gucchd.georgetown.edu/nccc/documents/Checklist.EIEC.doc.pdf) (accessed August 20, 2005).
- Hurdle, D.E. (2002), "Native Hawaiian traditional healing: culturally-based interventions for social work practice", *Social Work*, Vol. 47 No. 2, pp. 183-92.
- Lo, H.-T. and Fung, K.P. (2003), "Culturally competent psychotherapy", *Canadian Journal of Psychiatry*, Vol. 48 No. 3, pp. 161-70.
- Martinez, K.M., Green, C.E. and Sanundo, F.M. (2004), "The CLAS challenge: promoting culturally and linguistically appropriate services in health care", *International Journal of Public Administration*, Vol. 27 No. 1&2, pp. 39-61.
- National Association of Social Workers (2001), *NASW Standards for Cultural Competence in Social Work Practice*, available at: [www.naswdc.org/practice/standards/NASWCulturalStandards.pdf](http://www.naswdc.org/practice/standards/NASWCulturalStandards.pdf) (accessed December 6, 2005).
- National Technical Assistance Center for State Mental Health Planning (2004), *Cultural Competency: Measurement as a Strategy for Moving Knowledge into Practice in State Mental Health Systems, Final Report (September)*, available at: [www.nasmhpd.org/general\\_files/publications/cxult%20comp.pdf](http://www.nasmhpd.org/general_files/publications/cxult%20comp.pdf) (accessed December 7, 2005).

- Padilla, A.M. (2001), "Issues in culturally appropriate assessment", in Suzuki, L.A., Ponterotto, J.G. and Meller, P.J. (Eds), *The Handbook of Multicultural Assessment: Clinical, Psychological, and Educational Application*, 2nd ed., Jossey-Bass, San Francisco, CA, pp. 5-28.
- Rice, M.F. (2004), "Organizational culture, social equity, and diversity: teaching public administration in the post-modern era", *Journal of Public Affairs Education*, Vol. 10 No. 2, pp. 143-54.
- Rice, M.F. (2005), "Teaching public administration education in the post-modern era", in Rice, M.F. (Ed.), *Diversity and Public Administration: Theory, Issues, and Perspectives*, M.E. Sharpe, Armonk, NY, pp. 87-103.
- Siegel, C., Haugland, G. and Davis, E. (2003), "Performance measures and their benchmarks for assessing organizational cultural competency in behavioral health care service delivery", *Administration and Policy in Mental Health*, Vol. 141, p. 170.
- Stafford, W.W. (1999), "Bringing historically marginalized groups of color into the study of the administrative state", *Journal of Public Affairs Education*, Vol. 5 No. 4, pp. 327-34.
- Sue, D.W. (2001), "Multidimensional facets of cultural competence", *The Counseling Psychologist*, Vol. 29 No. 6, pp. 790-821.
- Sue, S. (2003), "In defense of cultural competency in psychotherapy and treatment", *American Psychologist*, November, pp. 964-70.
- Suzuki, L.A., McRae, M.B. and Short, E.I. (2001), "The facets of cultural competence: searching outside the box", *The Counseling Psychologist*, Vol. 29 No. 6, pp. 842-9.
- Svara, J. and Brunet, J. (2004), "Filling in the skeleton pillar: addressing social equity in introductory courses in public administration", *Journal of Public Affairs Education*, Vol. 10 No. 2, pp. 99-109.
- Tervalon, M. and Murray-Garcia, J. (1998), "Cultural humility versus cultural competence: a critical discussion in defining physicians' training in outcomes education editorial", *Journal of Health Care for the Poor and Underserved*, Vol. 9 No. 2, pp. 117-25.
- Weech-Maldonado, R., Dreachlin, J.L., Dansky, K.H., De Sousa, G. and Gatto, M. (2002), "Racial/ethnic diversity management and cultural competency: the case of Pennsylvania hospitals", *Journal of Health Care Management*, Vol. 47 No. 2, pp. 111-24.
- United States Census Bureau (2000), *Statistical Abstract of the United States*, Government Printing Office, Washington, DC.
- United States Census Bureau News (2005a), *Texas Becomes Nation's Newest Majority-Minority State*, United States Census Bureau News, August 11.
- United States Census Bureau News (2005b), *Hispanic Population Passes 40 Million*, United States Census Bureau News, June 9.
- United States Department of Health and Human Services, Office of Minority Health (2001a), *National Standards for Culturally and Linguistically Appropriate Services in Health Care-Final Report*, available at: [www.omhrc.gov/omh/programs/2programs/finalreport.pdf](http://www.omhrc.gov/omh/programs/2programs/finalreport.pdf) (accessed August 24, 2005).
- United States Department of Health and Human Services, Administration on Aging (2001b), *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families*, available at: [www.AOA.gov/prof/addive/culturally/addiv\\_cult.asp](http://www.AOA.gov/prof/addive/culturally/addiv_cult.asp) (accessed August 12, 2005).
- United States Department of Health and Human Services, Office of Minority Health (2001c), *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, available at: [www.omhrc.gov/omh/programs/2programs/finalreport.pdf](http://www.omhrc.gov/omh/programs/2programs/finalreport.pdf) (accessed August 26, 2005).

- 
- United States Department of Health and Human Services, Health Resources and Services and Administration (2002), *Definitions of Cultural Competence*, available at: [www.bhpr.hrsa.gov/diversity/cultcomp.htm](http://www.bhpr.hrsa.gov/diversity/cultcomp.htm) (accessed December 5, 2005).
- United States Department of Health and Human Services, Office of Minority Health (2005), *Setting the Agenda for Research on Cultural Competence in Health Care*, available at: [www.omhrc.gov/cultural/agendarptAll.pdf](http://www.omhrc.gov/cultural/agendarptAll.pdf) (accessed August 24, 2005).
- White, S. and Multicultural, M.P.A. (2004), "Multicultural MPA curriculum: are we preparing culturally competent public administrators?", *Journal of Public Affairs Education*, Vol. 10 No. 2, pp. 111-23.

### Further reading

- Kim, P.S. (1999), "Globalization of human resource management: a cross-cultural perspective for the public sector", *Public Personnel Management*, Vol. 28 No. 2, pp. 227-42.
- Lum, D. (2003), *Culturally Competent Practice: A Framework for Understanding Diverse Groups and Justice Issues*, Brooks-Cole Publishers, Pacific Grove, CA.
- Taylor, S.L. and Lurie, N. (2004), "The role of culturally competent communication in reducing ethnic and racial healthcare disparities", *The American Journal of Managed Care*, Vol. 10, September/October, pp. SP1-SP4.
- Taylor-Brown, S., Garcia, A. and Kingston, E. (2001), "Cultural competence versus cultural chauvinism: implications for social work", *Health and Social Work*, Vol. 26 No. 3, pp. 185-7.
- Yee, D. and Tursi, C. (2002), "Recognizing diversity and moving towards cultural competence: one organization's efforts", *Generations*, Vol. 26 No. 3, pp. 54-8.
- Zayas, L., Evans, M., Meija, L. and Rodriguez, O. (1997), "Cultural competency training for staff servicing Hispanic families with a child in psychiatric crisis", *Families in Society*, Vol. 78 No. 4, pp. 405-12.

### Appendix. Cultural competence public agency self assessment instrument

The self-assessment instrument can assist public agencies in identifying areas in which they might improve the quality of their programs and services to culturally diverse populations.

Self-assessment checklist for personnel providing public agency programs and services – please enter A, B or C for each item listed below.

A = Things my public agency does frequently; B = Things my public agency does occasionally; C = Things my public agency rarely or never does.

#### *Physical environment, materials & resources*

- \_\_\_1. The agency displays pictures, posters, artwork and other decor that reflect the cultures and ethnic backgrounds of clients served by the agency.
- \_\_\_2. The agency displays magazines, brochures and other printed materials in reception areas that are of interest to and reflect the different clients served by the agency.
- \_\_\_3. When using videos, films or other media resources for health education, treatment or other interventions, my agency ensures that they reflect the cultures and ethnic background of individuals and families served by the agency.
- \_\_\_4. The agency ensures that printed information disseminated takes into account the average literacy levels of individuals and families receiving services.

*Communication styles*

When interacting with individuals and families who have English proficiency:

- \_\_\_5. The agency uses bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation treatment, interventions, meetings, or other events for individuals and families who need or prefer this level of assistance.
- \_\_\_6. For individuals and families who speak languages or other than English, program and service staff in the agency attempt to learn and use key words in their language so that they are better able to communicate with them during assessment, treatment or other interventions.
- \_\_\_7. Program and service staff attempts to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment or other interventions.
- \_\_\_8. When possible, the agency ensures that all notices and communications to individuals and families are written in their language of origin.
- \_\_\_9. The agency understands that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method of receiving information.

*Values & attitudes*

- \_\_\_10. The agency avoids imposing values that may conflict or be inconsistent with those of cultures or ethnic groups served by the agency.
- \_\_\_11. The agency screens books, movies and other media resources for cultural, ethnic or racial stereotypes before sharing them with individuals and families served by the program or agency.
- \_\_\_12. The agency intervenes in an appropriate manner when it is observed by other staff or clients within a program engaging in behaviors that show cultural insensitivity, racial biases, or prejudice.
- \_\_\_13. The agency recognizes and accepts that individuals from diverse backgrounds may desire varying degrees of acculturation into the dominant culture.
- \_\_\_14. The agency understands and accepts that family is defined by different cultures (e.g., extended family members, fictive kin, godparents).
- \_\_\_15. The agency accepts and respects that male-female roles may vary among different cultures and ethnic groups (e.g., who makes major decisions for the family).
- \_\_\_16. The agency understands that age and life-cycle factors must be in interactions with individuals and families (e.g., high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family).
- \_\_\_17. Even though staff's professional or moral viewpoints may differ, the agency accepts individuals and families as the ultimate decision makers for services and supports impacting their lives.

- \_\_\_18. The agency recognizes that the meaning or value of services and treatment and programs may vary greatly among cultures.
- \_\_\_19. The agency accepts that religion and other beliefs may influence how individuals and families respond to services, programs and treatments.
- \_\_\_20. The agency seeks information from individuals, families or other key informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse served by my program or agency.
- \_\_\_21. Before visiting or providing services in the home setting, the agency provides information on acceptable behaviors, courtesies; customs and that are unique to the culturally and ethnically diverse groups by my program or agency.
- \_\_\_22. The agency keeps abreast of the major concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by the program or agency
- \_\_\_23. The agency promotes and advocates for the review of its programs and/or its agency's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural and linguistic competence.

*How to use this self-assessment instrument*

This instrument is intended to heighten the awareness and sensitivity of executives and personnel to the importance of cultural and linguistic competence in public service delivery settings. It provides statements that reflect the kinds of beliefs, attitudes, values and practices that foster cultural and linguistic competence at the individual or practitioner level. While there are no correct responses, frequent "C" responses may indicate that you do not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence in public service delivery programsGoode (2002).

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