

**Psychometric evaluation of the Cultural Competence Assessment Instrument among Health Care Providers**  
**Review comment grid Manuscript # 2005/003**

<b>General stylistic review comments</b>	<b>Edit made and authors' comments</b>
Supply running head with no abbreviations	Now reads, "Cultural Competence Psychometrics manuscript #2005/003"
List affiliations, etc., for all acknowledged individuals	Now reads, "The authors thank Karyn Huenemann, MPhil, Simon Fraser University, for her editing of the manuscript and Cathy F. Gretch, Debra A. Amaro, Lelita D. Doctora, and Nancy A. Higgins, Masters candidates at Wayne State University, College of Nursing, for their assistance with data collection."
Update "in press" in reference list; "Schim paper submitted for publication"	Changed reference to an already published manuscript on the same topic.
<b>Reviewer 1</b>	
general: "There is lack of sufficient information on any currently available general cultural competence instrument(s)..." (see review for further details)	Added greater information on currently available cultural competence instruments. (pp. 6-7)
general: "...limit(ed) discussion of the Cultural Congruence Model in this manuscript...Some explanation of how [the two figures] were used in developing the CCA is needed, possibly in the form of a note... page 5, line 10: the researcher(s) allude to the use of a broad definition of cultural diversity in developing the CCA; providing this broad definition would be helpful"(see review for further details)	A discussion of only the Cultural Competence Model (Figure 1) is now included in the manuscript. This is the basis for the CCA. This section now also includes the broad definition of culture. (Conceptual Model section, pp. 8-10)
page 6 paragraph 1: "including the Cronbach alphas for the subscales of the CCA would be helpful"	Cronbach alphas for the subscales of the CCA have been added: "Internal consistency for the Cultural Competence

	<p>Behaviors (CCB) subscale was 0.93, and for the Cultural Awareness and Sensitivity (CAS) internal consistency, 0.75.” (p. 10)</p>
<p>page 8, line 13: the internal consistency reliability previously reported ...is given as &gt;.80. It was reported as .92 in the last line of page 5.</p>	<p>Changed to reflect the actual internal consistency reliabilities for the total scale and subscales that were found previously.          “Internal consistency reliability for the CCA has been reported in previous work at 0.92, with Cronbach’s alphas for the CCB and CAS subscales being 0.93 and 0.75 respectively.” (p. 13)</p>
<p>page 8, paragraph 3: “it was not clear why participants were asked to personally rate their cultural competence. This became more clear on page 11, paragraph 3. Explaining the reason earlier would be helpful.... This reviewer wonders if this rating was significantly affected by social desirability bias.</p>	<p>Thank you for the excellent insight regarding the potential of our one-item self-rating of cultural competence’s being potentially affected by social desirability. We have removed discussion of the use of the single item cultural competence rating for criterion validity.</p>
<p>“The researchers have made a few statements that are either not clear or are not supported:</p>	
<p>page 12, lines 8-9: “This reviewer was not convinced that ‘stability over a four-month time period in the CCA scores indicated that the concept of cultural competence may be a state rather than a trait’”</p>	<p>This unclear sentence has been changed. (p. 17, first paragraph of Discussion)</p>
<p>page 13, lines 1-2: “it is not clear how it was determined that ‘Cultural competence was a clear and strong factor in both hospice and health care providers’”</p>	<p>This sentence has been modified to clarify that this was supported by consistently strong factor loadings for items of the CCB subscale. (p. 18, first paragraph)</p>
<p>page 14, lines 9-10: “‘For example, whether provider knowledge/awareness improve...’ is not a complete sentence”</p>	<p>The sentence has been corrected.          “However, with the CCA, researchers are able to assess if a cultural competence intervention does what it is designed to do, for example, whether provider knowledge and awareness improve after training and whether competence behaviors increase.” (p. 19)</p>

<b>Reviewer 2</b>	
Paragraph 2: “The manuscript would be improved by stronger documentation of the significance of the problem...it would be helpful to argue the significance of the topic through a description of the incidence and prevalence of health disparities in this country and summarize the findings from prior research that support a lack of culturally competent care as a factor contributing to health disparities.”	Stronger documentation of the significance of the problem has been added. (pp. 4-5)
Paragraph 3: “given that a description of the model is reported in a manuscript under review and not available to readers, it would be helpful to more fully describes the model in this manuscript” (see review for further details)	Added a more detailed Conceptual Model section, including conceptual definitions of the key constructs. (pp. 8-10)
Paragraph 4: “the authors seem to suggest later in the manuscript that scores on all three subscales—not just the Cultural Behaviors subscale—reflect cultural competence” (see review for further details)	Additional clarification was added in the conceptual model section: “The fusion of these definitions leads to an understanding of <i>cultural competence</i> as the demonstration of knowledge, attitudes, and behaviors based on diverse, relevant, cultural experiences.” (p. 8)  Thus, scores on the index of Cultural Diversity and subscales (CAS & CCB) reflect overall cultural competence.
Paragraph 5: “It would be helpful to clarify that Cultural Diversity is an index.”	Clarified that “cultural diversity experience is a single-item index” in the instrument section. (p. 13)
“While the authors report rest-retest reliability estimates for the CCA as a whole, the CAS and the CCB, the test-retest reliability estimate for the Cultural Diversity measure is not reported.”	Added the CAS & CCB test-retest reliability estimates. (p.14)
“It is not clear if scores on the Cultural Diversity measure were included when the alpha for the overall CCA was reported or if the alpha was calculated only using scores on the CAS and CCB subscales.”	Clarified that alpha for the CCA was calculated using the CAS & CCB subscales. (p. 15)

<p>“Similarly, it is not clear if the scores on the Cultural Diversity measure were include in the factor analysis” (see review for further details)</p>	<p>Clarified that the Cultural Diversity index was not included in the factor analysis. (p. 15)</p>
<p>Paragraph 6: “The report of the factor analysis would be stronger by including a discussion of the adequacy with which the factor solution reproduced the observed correlations.”</p>	<p>A discussion of the adequacy of the factor solution reproducing the factor correlations has been added. (p. 16) Additionally, the factor correlation matrix for the six-factor solution has been added. See Table 3.</p>
<p>“a table reporting the factor analysis is needed”</p>	<p>A table reporting the two-factor solution of the factor analysis has been added. See Table 2.</p>
<p>“Since structural equation modeling is commonly used to determine factor invariance across different groups, it would be helpful to include a reference that supports the use of visual inspection as an approach to informal evaluation of factor comparability and identifies the components of the factor analysis that are usually inspected.”</p>	<p>It is quite correct that SEM is normally used to examine factor invariance across different groups. As the purpose of this manuscript was to examine the test-retest reliability of the CCA among hospice providers, and to examine the reliability and validity of the CCA among health care providers in non-hospice settings, we have removed the informal evaluation of factor comparability between the hospice providers and the health care providers.</p>
<p>Paragraph 7: “the authors may want to use a table to report demographic characteristics of the samples”</p>	<p>Table 1 reporting the demographic characteristics has been inserted.</p>
<p>Paragraph 7: “it would be helpful to include additional headings or subheading that better organize the content” (see review for further details)</p>	<p>Additional subheadings have been added in the results section.</p>
<p>Paragraph 7: “it is hard to stay clear on the number of items that are being evaluated” (see review for further details)</p>	<p>Clarified that the initial number of items that were evaluated by factor analysis in both the hospice sample and the health care provider sample was 38.</p>
<p>Paragraph 8: “I have some comments about several statements made in the manuscript” (see review for further details for all of these)</p>	<p>Clarified in the discussion section:</p>

<p>“The reader is told that item to total correlations are significant. I am unaware that significance testing is done in the context of reliability assessment”</p>	<p>Removed significant from the sentence. “The corrected item–total correlations had correlation coefficients ranging from 0.32 to 0.60, with no items indicating that they should not be a part of the scale (below 0.30).” (p. 15)</p>
<p>“the alpha doesn’t say anything about what is being measured”</p>	<p>Alpha is only regarding the items, not regarding the concept being measured. “The CCA has demonstrated satisfactory internal consistency reliability, indicating that CCA items are reliable.” (p. 17)</p>
<p>“no analyses were conducted to evaluate for significant differences in the two factor structures”</p>	<p>Removed discussion of the two-factor structures.</p>
<p>“the discussion of whether or not the CCA measures a concept that is a trait or a state is confusing”</p>	<p>Changed discussion to be more easily interpreted. (p. 17)</p>