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National Ambulatory Medical Care Survey Supplement on Culturally and Linguistically Appropriate Services

This survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The survey should only be completed by the physician to whom it is addressed. The purpose of this survey is to understand the provision of culturally and linguistically appropriate services among office-based physicians. Culturally and linguistically appropriate services consider cultural health beliefs, practices, and preferred languages associated with various racial, ethnic, linguistic or religious groups. Your participation in this survey is voluntary and greatly appreciated. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

1. Including residency, how many years have you been providing direct care for patients in an office-based setting?

2. What is your specialty?

- 1 General practice/family medicine
- 2 Internal medicine
- 3 Pediatrics
- 4 Obstetrics and gynecology
- 5 Geriatrics
- 6 Other (please specify): _____

3. Do you provide direct care for patients in an office-based setting?

- 1 Yes
- 2 No
- 3 I am no longer in practice

} *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*

4. In what setting do you typically provide care to the most patients? (Check all that apply)

- 1 Solo or group practice
- 2 Freestanding clinic or urgent care center
- 3 Community health center (e.g., Federally Qualified Health Center (FQHC), federally-funded clinics or "look-alike" clinics)
- 4 Mental health center
- 5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)
- 6 Family planning clinic (including Planned Parenthood)
- 7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
- 8 Faculty practice plan (an organized group of physicians that treat patients referred to an academic medical center)
- 9 Hospital emergency or hospital outpatient department
- 10 None of the above

} *If you select **only** 9 or 10, skip to 42*

For the remaining questions, please provide answers reflecting your experiences at the location where you see the most patients that are not in hospital emergency or hospital outpatient departments. If you feel you see the same number of patients at more than one location please select one.

5. What are the county, state and zip code for the location where you typically see the most patients?

Country: USA County: _____

State: _____ Zip Code: _____

6. Did you receive any training in cultural competency in your clinical training programs including medical school and residency? Training in cultural competency includes educational opportunities that address topics of culture in settings such as employee orientation, continuing medical education, conferences, or webinars.

- 1 Yes
- 2 No

7. After medical school and residency, have you participated in training for cultural competency such as continuing medical education (CME)?

- 1 Yes
- 2 No (Skip to 9)

a. Which of these population groups have been addressed in the training(s) for cultural competency in which you have participated? (Check all that apply)

- 1 Racial/ethnic minorities
- 2 Religious groups
- 3 Lesbian, gay, bisexual, transgender (LGBT) populations
- 4 Persons with limited English proficiency (LEP)
- 5 Inmates/formerly incarcerated
- 6 Other (please specify): _____

b. Which of the following areas have been typically included in training(s) for cultural competency in which you have participated? (Check all that apply)

- 1 Cultural beliefs, values, and behaviors
- 2 Organizational policies, plans, and protocols regarding culturally and linguistically appropriate services
- 3 Health disparities
- 4 Complementary and alternative healing practices
- 5 Other (please specify): _____

c. Was your participation in training for cultural competency to satisfy a continuing medical education unit (CME) requirement or as requirement for credentialing?

1 Yes 2 No

8. Within the past 12 months, have you participated in any training for cultural competency?

1 Yes 2 No (Skip to 9)

a. Which of these population groups have been addressed in the training(s) for cultural competency in which you have participated in the past 12 months? (Check all that apply)

1 Racial/ethnic minorities

2 Religious groups

3 Lesbian, gay, bisexual, transgender (LGBT) populations

4 Persons with limited English proficiency (LEP)

5 Inmates/formerly incarcerated

6 Other (please specify): _____

b. Which of the following areas have been typically included in training(s) for cultural competency in which you have participated in the past 12 months? (Check all that apply)

1 Cultural beliefs, values, and behaviors

2 Organizational policies, plans, and protocols regarding culturally and linguistically appropriate services

3 Health disparities

4 Complementary and alternative healing practices

5 Other (please specify): _____

c. Was your participation in training for cultural competency in the past 12 months to satisfy a continuing medical education unit (CME) requirement or as requirement for credentialing?

1 Yes 2 No

9. Is training in cultural competency required for newly hired physicians who join your practice?

1 Yes 2 No

10. How often does your practice offer or make available training in cultural competency?

1 Annually

2 Biannually

3 Quarterly

4 Other (please specify): _____

5 Not applicable. My practice does not offer or make available training in cultural competency.

11. Does your practice have at least one written policy related to the provision of culturally and linguistically appropriate services?

1 Yes 2 No (Skip to 12) 3 I don't know (Skip to 12)

a. If you work in a non-solo practice, how aware are you of your practice's written policy related to culturally and linguistically appropriate services?

1 Not applicable

2 Not at all

3 Barely

4 Fairly well

5 Very well

12. In what format are printed materials provided to your patients with limited English literacy? (Check all that apply)

1 Documents created with plain language software or reviewed for literacy level

2 Universal symbols (A sign recognized by most people. Example: a square around a plus sign for first aid)

3 Infographics (A visual image such as a chart or diagram used to represent information or data)

4 Other (please specify): _____

5 Not applicable. No printed materials are available to my patients with limited literacy.

13. Which of these free language-assistance services are available to patients in your practice? (Check all that apply)

1 Translated informational documents

2 Recorded messages in different languages on telephone lines

3 Translated signage and notices at key points of contact throughout the office

4 Other (please specify): _____

5 Not applicable. Free language-assistance is not available to my patients.

14. Do you use interpreters when working with patients who have limited English proficiency?

1 Yes 2 No (Skip to 15)

a. When you use interpreters how often do you use each type?	Often	Sometimes	Rarely	Never
Staff/contractor trained as a medical interpreter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bilingual staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient's relative or friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<p>15. What types of materials, in language(s) other than English, are available to your patients? (Check all that apply)</p> <p><input type="checkbox"/>1 Wellness/Illness related education</p> <p><input type="checkbox"/>2 Patient rights/ Informed consent documents</p> <p><input type="checkbox"/>3 Advanced directives</p> <p><input type="checkbox"/>4 Payment</p> <p><input type="checkbox"/>5 Care plan</p> <p><input type="checkbox"/>6 Other (please specify): _____</p> <p><input type="checkbox"/>7 Not applicable. No translated materials are available to my patients.</p>	<p>16. Are you fluent in a language besides English?</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No</p> <p>17. How many languages, other than English, do you <u>feel comfortable</u> enough to provide healthcare services?</p> <p><input type="checkbox"/>1 0 <input type="checkbox"/>2 1 <input type="checkbox"/>3 2 <input type="checkbox"/>4 3 <input type="checkbox"/>5 4 or more</p> <p>18. How knowledgeable are you of your patients' health beliefs, customs, and values?</p> <p><input type="checkbox"/>1 Not at all <input type="checkbox"/>2 Barely</p> <p><input type="checkbox"/>3 Fairly Well <input type="checkbox"/>4 Very Well</p>
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	Often	Sometimes	Rarely	Never
19. When <u>assessing your patients' medical needs</u>, how often do you consider:				
a. Race/ethnicity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Other cultural factors such as health beliefs, customs, values?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. When <u>diagnosing your patients</u>, how often do you consider:				
a. Race/ethnicity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Other cultural factors such as health beliefs, customs, values?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21. When <u>treating your patients</u>, how often do you consider:				
a. Race/ethnicity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Other cultural factors such as health beliefs, customs, values?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22. When <u>conducting health education with your patients</u>, how often do you consider:				
a. Race/ethnicity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Other cultural factors such as health beliefs, customs, values?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<p>23. How often does your practice assess your services to patients for their cultural and linguistic appropriateness?</p> <p><input type="checkbox"/>1 More than 4 times a year <input type="checkbox"/>4 Less than once a year</p> <p><input type="checkbox"/>2 About 2 to 4 times a year <input type="checkbox"/>5 My services are not assessed for their cultural and linguistic appropriateness</p> <p><input type="checkbox"/>3 About once a year</p>

	Strongly Disagree	Disagree	Agree	Strongly Agree
24. Improved patient satisfaction with the services provided	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25. Improved comprehension of treatment and lifestyle recommendations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26. Better adherence to treatment and lifestyle recommendations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27. Improved patient trust	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28. Improved quality of patient care (e.g., diagnostics, communication, treatment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29. Decreased likelihood of liability/malpractice claims	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

How has each of the following factors affected you in providing culturally and linguistically appropriate services to your patients?	Helped	Helped a Little	Did not Help	Not Applicable
30. Formal written policy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31. Organizational resources	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32. Training in cultural competency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33. Personal knowledge about the prevailing beliefs, customs, norms, and values of the diverse groups in your patient load	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34. Other (please specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

35. How familiar are you with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)?

1 Never heard of it (*Skip to 37*)

2 Heard of it but do not know much about it

3 Know something about it

4 Very familiar with it

a. How have you gained knowledge about the National CLAS Standards? (Check all that apply)

1 Through initial employment orientation in my current organization

2 Through other trainings such as in-service, continuing education, or professional development activities in my current organization

3 Through attending a training/meeting/webinar outside of my current organization

4 Through reading a report, publication, newsletter, or other materials publicly available (please list the title of the material you read): _____

5 Other (please specify): _____

36. Has your practice adopted the National CLAS Standards?

1 Yes 2 No 3 I don't know

We have a few demographic questions.

37. Does your practice record your patients' race or ethnicity?

1 Yes 2 No (*Skip to 38*) 3 I don't know (*Skip to 38*)

a. What percent of your patient population is represented by each of the following categories? Write "0" for any categories with no patients. Values should add to 100.

_____ Hispanic or Latino, of any race

_____ American Indian or Alaska Native, not Hispanic or Latino

_____ Asian, not Hispanic or Latino

_____ Black or African American, not Hispanic or Latino

_____ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

_____ White, not Hispanic or Latino

_____ Two or more races, not Hispanic or Latino

_____ I don't know

38. What information does your practice record on your patients' culture and language characteristics? (Check all that apply)

1 Nationality/Nativity

2 Patient's primary language

3 Sexual orientation/gender identity

4 Religion

5 Income

6 Other (please specify): _____

7 Not applicable. We do not collect information related to culture and language.

39. What is your sex?

1 Female 2 Male

40. Are you Hispanic, Latino/a, or Spanish Origin? (Check all that apply)

1 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes, Mexican, Mexican American, Chicano/a

3 Yes, Puerto Rican

4 Yes, Cuban

5 Yes, Another Hispanic, Latino/a or Spanish origin

41. What is your race? (Check all that apply)

<input type="checkbox"/> 1 White	<input type="checkbox"/> 8 Korean
<input type="checkbox"/> 2 Black or African American	<input type="checkbox"/> 9 Vietnamese
<input type="checkbox"/> 3 American Indian or Alaska Native	<input type="checkbox"/> 10 Other Asian
<input type="checkbox"/> 4 Asian Indian	<input type="checkbox"/> 11 Native Hawaiian
<input type="checkbox"/> 5 Chinese	<input type="checkbox"/> 12 Guamanian or Chamorro
<input type="checkbox"/> 6 Filipino	<input type="checkbox"/> 13 Samoan
<input type="checkbox"/> 7 Japanese	<input type="checkbox"/> 14 Other Pacific Islander

42. We may contact you in the future on this topic. What is a reliable E-mail address for you?

_____@_____

I verify that this questionnaire was completed by the physician to whom it was addressed.

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to: P.O. Box 13668, Durham, NC 27709.

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