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Cultural and Linguistic Competency in Health Care Self-Administered Mail Survey for Office-Based Physicians

1. **How many years have you been providing direct care for ambulatory care patients?** _____

2. **What is your specialty?**

- General practice/family medicine
- Internal medicine
- Pediatrics
- Obstetrics and gynecology
- Geriatrics
- Other (Please specify): _____

3. **Are you multilingual?**

- Yes
- No

3a. If yes to 3, in how many languages other than English do you have the skills to provide healthcare services?

- 1
- 2
- 3
- 4 or more

4. **What is your sex?**

- Male
- Female

5. **What is your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

7. In what setting do you typically provide care to the most patients?

- Private office—based solo or group practice
- Freestanding clinic/urgicenter (not part of a hospital outpatient department)
- Community health center (e.g. Federally Qualified Health Center (FQHC), federally-funded clinics or “look-alike” clinics)
- Mental health center
- Non-federal government clinic (e.g. state, country, city, maternal and child health, etc.)
- Family planning clinic (including Planned Parenthood)
- Health maintenance organization or other prepaid practice (e.g. Kaiser Permanente)
- Faculty practice plan (an organized group of physicians that treat patients referred to an academic medical center)
- Hospital emergency or hospital outpatient department
- None of the above

8. What is the street name for the location where you typically see the most patients?

Street _____

For the remaining questions on this questionnaire, please provide answers reflecting your experiences at this location.

9. Did you receive cultural competency training in any of your clinical training programs (i.e. medical school and residency)?

- Yes
- No

10. After your clinical training, have you since participated in cultural competency training (e.g., continuing education)?

- Yes
- No

10a. If yes to 10, within the past 12 months, have you participated in any cultural competency training?

- Yes
- No

10b. If yes to 10, which of these population groups have been addressed in the cultural competency training(s) in which you have participated? (Check all that apply)

- Racial/ethnic minorities
- Religious groups
- Lesbian, gay, bisexual, transsexual (LGBT) populations
- Persons with limited English proficiency (LEP)
- Inmates/ex-offenders
- Other (please specify): _____

10c. If yes to 10, which of the following topical areas have been typically included in cultural competency training(s) in which you have participated?

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

10d. If yes to 10, was your participation in cultural competence training to satisfy a continuing education unit (CEU) requirement or as requirement for credentialing?

- Yes
- No

11. Is cultural competency training required as a condition of employment by your practice?

- Yes
- No

12. How often does your practice offer or make available in-service cultural competency training (either from an internal or external source)?

- Annually
- Biannually
- Quarterly
- Other (Please specify): _____
- Not applicable: my practice does not offer in-service cultural competency training.

For the purposes of this survey, literacy is defined as the ability to use printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential

13. In what format are printed materials that are translated in language(s) other than English provided to your patients with limited literacy? (Check all that apply)

- Documents created with plain language software or reviewed for literacy level
- Universal symbols
- Infographics
- Other (please specify): _____
- Not applicable: no printed materials are available to my patients with limited literacy.

14. **Which methods are used to inform your patients of free language assistance services available in your practice?** (Check all that apply)

- Translated informational documents
- Recorded messages in different languages on telephone lines
- Translated signage and notices at key points of contact throughout the office
- Other (please specify) _____
- Not applicable: free language assistance is not available to my patients.

15. **Which methods are used to inform your patients of free language assistance services available from external sources?** (Check all that apply)

- Translated informational documents
- Recorded messages in different languages on telephone lines
- Translated signage and notices at key points of contact throughout the office
- Other (please specify) _____
- Not applicable: free language assistance is not available to my patients.

16. **Do you utilize interpreters to work with patients who are limited English proficient?** (*Limited English Proficient patients: patients who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.*)

- Yes
- No

16a. If yes to 16, how often do you use professional interpreters?

- Seldom
- Sometimes
- Often

17. **What types of materials, in language(s) other than English, are available to your patients?** (Check all that apply)

- Wellness/Illness related education
- Patient rights/ Informed consent documents
- Advanced directives
- Payment
- Care plan
- Other (Please specify): _____
- Not applicable: no translated materials are available to my patients

For the purposes of this survey, culture is defined as the integrated patterns of thoughts, communications, actions, customs, beliefs, values, and institutions associated with, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.

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

- € Race/Ethnicity
- € Nationality/Nativity
- € Patient's primary language
- € Sexual orientation/gender identity
- € History of criminal justice system involvement
- € Other (please specify):_____
- € Not applicable: we do not collect information related to culture and language.

| | Not at all | Seldom | Sometimes | Often |
|---|------------|--------|-----------|-------|
| When <u>assessing your patients' needs</u> , how often do you consider: | | | | |
| 4. Race/ethnicity | | | | |
| 5. Other cultural factors | | | | |
| When <u>diagnosing your patients</u> , how often do you consider: | | | | |
| 6. Race/ethnicity | | | | |
| 7. Other cultural factors | | | | |
| When <u>treating your patients</u> , how often do you consider: | | | | |
| 8. Race/ethnicity | | | | |
| 9. Other cultural factors | | | | |
| When <u>conducting health education with your patients</u> , how often do you consider: | | | | |
| 10. Race/ethnicity | | | | |
| 11. Other cultural factors | | | | |

For the purposes of this survey, culturally and

linguistically appropriate services are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs.

| | Not at all | Barely | Fairly Well | Very Well |
|--|------------|--------|-------------|-----------|
| For the culturally and linguistically diverse groups in your patient load, how knowledgeable are you of their: | | | | |
| 1. Health beliefs, customs, and values | | | | |
| 2. help-seeking practices (<i>Help-seeking practices: process of actively seeking help from others whether it be informally through friends/family or professionally</i>) | | | | |
| 3. the way they view illness and health | | | | |

19. How often are your services to patients

formally evaluated for their cultural and linguistic appropriateness?

- € Less than once a year
- € About once a year
- € About 2 to 4 times a year
- € More than 4 times a year

20. **What outcome(s) do you expect by providing culturally and linguistically appropriate services to your patients? (CHECK ALL THAT APPLY)**

- € Satisfaction with services
- € Comprehension of treatment and lifestyle recommendations
- € Health status/outcomes
- € Adherence to treatment and lifestyle recommendations
- € Improved patient trust
- € Improved quality of patient care (e.g. diagnostics, communication, treatment)
- € Decreased likelihood of liability/malpractice claims
- € Other(s) (Please specify): _____

- € I do not expect any outcomes in providing culturally and linguistically appropriate services to my patients.
- € I do not provide culturally and linguistically appropriate services.

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

- € Yes
- € No
- € I don't know

32a. If yes to 32, how aware are you of your practice's culturally and linguistically appropriate services -related policy?

- € Not at all
- € Barely
- € Fairly well
- € Very well

| | Helped | No Effect | Hindered | Not Applicable |
|--|--------|-----------|----------|----------------|
| How has each of the following factors affected you in providing culturally and linguistically appropriate services to your patients: | | | | |
| 22. policy (formal or informal) related to the provision of culturally and linguistically appropriate services | | | | |
| 23. organizational resources to provide culturally and linguistically appropriate services | | | | |
| 24. cultural competency training | | | | |
| 25. personal knowledge about the prevailing beliefs, customs, norms, and values of the diverse groups in your patient load | | | | |

26. Are there additional factors that have helped you provide culturally and linguistically appropriate services to your patients?

- € Yes. Please list them. _____
- € No.

27. Are there additional factors that have hindered you in providing culturally and linguistically appropriate services to your patients?

- € Yes. Please list them. _____
- € No.

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

- € Never heard of it
- € Heard of it but do not know much about it
- € Know something about it
- € Very familiar with it

39a. How have you gained knowledge about the National CLAS Standards? (CHECK ALL THAT APPLY)

- € Through initial employment orientation in my current organization
- € Through other trainings such as in-service, continuing education, or professional development activities in my current organization
- € Through attending a training/meeting/webinar outside of my current organization
- € Through reading a report, publication, newsletter, or other materials publicly available – (Please list the title of the material you read) _____
- € Other (Please specify): _____

29. Has your practice adopted the National CLAS Standards?

- € Yes
- € No
- € I don't know