***National CLAS Standards* Health Care Organization Staff Survey**

Thank you for taking the time to complete this survey. You have been selected because your organization identifies itself as implementing culturally and linguistically appropriate services (CLAS), implementing the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (*National CLAS Standards*), or both, and expressed interest in being included in an evaluation project. The purpose of this project is to understand health care organization staff members’ awareness and knowledge of the *National CLAS Standards*, and their perceptions of how the *National CLAS Standards* have been adopted and implemented in their organization.

You are receiving this survey because we are interested in your thoughts and perceptions related to awareness, knowledge, and adoption or implementation of the *National CLAS Standards*. Your responses will be confidential; your responses will not be identifiable and will only be reported as part of an overall summary of the data, without individual or organizational identification.

A unique benefit of your participation in this project is that your organization will receive a summary of responses submitted by all staff from your organization that complete this survey, which may be useful to your organization as it plans and monitors activities related to the adoption and implementation of the *National CLAS Standards*. Therefore, you are encouraged to answer as many questions as you can, and as honestly as you can. Some questions call for your best single answer. Questions that call for multiple responses are labeled “Select all that apply.”

Thank you again for your time and participation! If you have any questions, you may contact the Health Determinants & Disparities Practice at SRA International, Inc. at HDDPractice@sra.com.

**You and Your Organization**

1. What is your sex?
	1. Male
	2. Female
2. What is your ethnicity? (Select all that apply)
	1. Not of Hispanic, Latino/a, or Spanish origin
	2. Mexican, Mexican American, Chicano/a
	3. Puerto Rican
	4. Cuban
	5. Another Hispanic, Latino/a, or Spanish origin
	6. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your race? (Select all that apply)
	1. White
	2. Black or African American
	3. American Indian or Alaska Native
	4. Asian
		* Asian Indian
		* Chinese
		* Filipino
		* Japanese
		* Korean
		* Vietnamese
		* Other Asian
	5. Native Hawaiian or Other Pacific Islander
		* Native Hawaiian
		* Guamanian or Chamorro
		* Samoan
		* Other Pacific Islander
	6. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Which of the following best describes the type of health care organization in which you work?
	1. Ambulatory care service
	2. Clinic
	3. Health center
	4. Hospital (e.g., private hospital, nonprofit hospital, University-affiliated hospital)
	5. Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Where is this organization located?

\_\_\_\_\_\_\_\_\_\_\_\_(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip Code)

1. How many years have you been working in this organization?

\_\_\_\_\_\_\_ year(s) (Please round up or down to closest whole number. If less than 1 year, please put “0”)

1. Which of the following best describes your ***primary role*** within your organization?
	1. Executive
	2. Managerial (e.g., supervisor, director)
	3. Administrative (e.g., front desk/reception, appointment scheduling, billing)
	4. Provider of direct patient/client care (e.g., clinical or medical staff)
	5. Provider of direct patient/client services (e.g., community health worker, interpreter, patient educator, navigator/wayfinder)
	6. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you been working ***in your primary role*** (as described on the previous question) within your organization?

\_\_\_\_\_\_\_ year(s) (Please round up or down to closest whole number. If less than 1 year, please put “0”)

**Current Activities in Your Organization**

1. Which of the following have you observed happening in your organization? (Select all that apply)
	1. The governance and leadership in my organization promotes culturally and linguistically appropriate services in policies, practices, and allocated resources
	2. My organization actively recruits, supports, and/or promotes culturally and linguistically diverse people for leadership and governance positions
	3. My organization actively recruits, supports, and/or promotes culturally and linguistically diverse people for non-leadership positions
	4. My organization’s governance and leadership are representative of the cultural and linguistic diversity within the community we serve
	5. My organization’s workforce is representative of the diversity within the community we serve
	6. My organization offers training on culturally and linguistically appropriate practices
	7. My organization offers training on its policies related to culturally and linguistically appropriate services
	8. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	9. None (Skip to #11)
	10. I don’t know (Skip to #11)
2. Overall, how successful do you think your organization has been in implementing the activities observed in question #9?
	1. Not successful
	2. Minimally successful
	3. Moderately successful
	4. Extremely successful
3. Which of the following have you observed happening in your organization? (Select all that apply)
	1. My organization offers interpreters at no cost to people who speak languages other than English
	2. My organization offers communication assistance services at no cost to people with communication needs, such as the deaf and hard of hearing
	3. My organization informs people who need interpreter services that these services are available in the person’s preferred language
	4. My organization has a written policy and/or procedure for the use of interpreters
	5. My organization offers written materials in languages other than English
	6. My organization uses signs in languages other than English
	7. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. None (Skip to #13)
	9. I don’t know (Skip to #13)
4. Overall, how successful do you think your organization has been in implementing the activities observed in question #11?
	1. Not successful
	2. Minimally successful
	3. Moderately successful
	4. Extremely successful
5. Which of the following have you observed happening in your organization? (Select all that apply)?
	1. My organization’s mission and/or vision statement includes goals and policies that are culturally and linguistically appropriate
	2. My organization conducts regular organizational assessments of our culturally and linguistically appropriate services and activities
	3. My organization collects demographic data (e.g., race, ethnicity, preferred language) from all people who receive care and services from us
	4. My organization collects data on the needs of people in the community(ies) we serve
	5. My organization involves members of the community in the planning of care and services that we offer
	6. My organization offers culturally and linguistically appropriate ways for people to provide feedback on the care and services they receive
	7. My organization informs people internal to the organization about how we implement culturally and linguistically appropriate services
	8. My organization informs people external to the organization (e.g., professional organizations, general public) about how we implement culturally and linguistically appropriate services
	9. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	10. None (Skip to #15)
	11. I don’t know (Skip to #15)
6. Overall, how successful do you think your organization has been in implementing the activities observed in question #13?
	1. Not successful
	2. Minimally successful
	3. Moderately successful
	4. Extremely successful

**Your Awareness and Knowledge Acquisition of the *National CLAS Standards***

1. Have you ever heard of the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (the *National CLAS Standards*)?
	1. No (Skip to #23)
	2. Yes
2. In approximately what year did you **first** hear about the *National CLAS Standards*?

 \_\_\_\_\_\_\_\_\_\_\_ (Fill in year)

1. How did you **first** learn that the *National CLAS Standards* existed? (Select all that apply)
2. Through a past employer
3. Through my current employer
4. Through a professional development activity or training opportunity (e.g., conference, webinar, in-service training, continuing education activity)
5. Through a website or using social media – (Please specify the website/social media) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Using the scale below, how knowledgeable of the *National CLAS Standards* are you?

0 – Not at all 1 – A little 2 – Moderately 4 – Very much

1. With which of the following aspects of the*National CLAS Standards* are you knowledgeable? (Select all that apply)
	1. I know how many Standards comprise the *National CLAS Standards*
	2. I know how many themes comprise the*National CLAS Standards*
	3. I know the purpose(s) or intent(s) of the *National CLAS Standards*
	4. I know why the *National CLAS Standards* should be used
	5. Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. None
2. How did you **gain knowledge** about the *National CLAS Standards*? (Select all that apply)
3. Through a past employer
4. Through my current employer
5. Through a professional development activity or training opportunity (e.g., conference, webinar, in-service training, continuing education activity)
6. Through a website or using social media – (Please specify the website/social media) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Does your organization provide opportunities to learn about the *National CLAS Standards*?
	1. No (Skip to #23)
	2. Yes
	3. I don’t know (Skip to #23)
9. Of the opportunities your organization may offer to learn more about the *National CLAS Standards*, which have you participated in? (Select all that apply)
	1. In-person training (e.g., workshops)
	2. Online training
	3. Meeting
	4. Access to written resources (e.g., pamphlets, articles, books)
	5. Access to online resources – Please specify online resource(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. I don’t know what opportunities my organization offers

**Organizational Adoption of the *National CLAS Standards***

1. To your knowledge, has your organization officially adopted (i.e., formally decided to use) the *National CLAS Standards*?
	1. No (Skip to #28)
	2. Yes
	3. I don’t know (Skip to #28)
2. Were you involved in your organization’s decision to adopt the *National CLAS Standards*?
	1. No (Skip to #26)
	2. Yes
3. How were you involved in your organization’s decision to adopt the *National CLAS Standards*?
4. I was minimally involved in the decision
5. I was consulted by those who made the decision, but was not involved in the actual decision
6. I played a key role in the decision-making process and helped make the final decision
7. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. How did you learn of your organization’s decision to adopt the *National CLAS Standards*? (Select all that apply)
	1. Through my organization’s publications (e.g., newsletter, Annual Report)
	2. Through my organization-wide email
	3. Through an internal meeting
	4. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. What changes have you observed based on your organization’s decision to **adopt** the *National CLAS Standards*? (Select all that apply)
	1. Increased employee morale
	2. Increased staff awareness about the existence of the *National CLAS Standards*
	3. Increased staff knowledge about the *National CLAS Standards*
	4. Increased staff awareness about cultural and linguistic diversity issues in health care
	5. Increased staff knowledge about cultural and linguistic diversity issues in health care
	6. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. I have not observed any benefits

**Organizational Implementation of the *National CLAS Standards***

1. To your knowledge, has your organization officially implemented (i.e., started using) the *National CLAS Standards*?
	1. No (Skip to #32)
	2. Yes
	3. I don’t know (Skip to #32)
2. Using the following scale for each item, please rate how helpful each of the following has been to your organization in implementing the *National CLAS Standards*?

0 – Not helpful 1 – Somewhat helpful 2 – Moderately helpful 3 – Very helpful

* 1. Funding
	2. Support among leadership
	3. Support among staff
	4. Training about how to deliver culturally and linguistically appropriate services
	5. Training about how the *National CLAS Standards* should be implemented
	6. Feedback received from the people we serve
	7. Available non-financial resources (e.g., additional staff, educational materials) to support implementation of the *National CLAS Standards*
	8. Awareness in the organization that the *National CLAS Standards* exist
	9. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Using the following scale for each item, please rate how difficult each of the following has made implementing the *National CLAS Standards* in your organization?

0 – Not difficult 1 – Somewhat difficult 2 – Moderately difficult 3 – Very difficult

* 1. Lack of funding
	2. Lack of support among the leadership
	3. Lack of support among the staff
	4. Lack of training about how to deliver culturally and linguistically appropriate services
	5. Lack of training about how the *National CLAS Standards* should be implemented
	6. Lack of feedback received from the people we serve
	7. Lack of available non-financial resources (e.g., additional staff, educational materials) to support implementation of the *National CLAS Standards*
	8. Lack of awareness in the organization that the *National CLAS Standards* exist
	9. Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Based on your organization’s **implementation** of the *National CLAS Standards*…

|  |  |
| --- | --- |
| a. What changes have you observed? (Select all that apply) | b. What additional changes do you expect to see if your organization continues to implement? (Select all that apply) |
| * 1. Increased employee morale
	2. Increase in the diversity of our staff
	3. Staff provide higher quality of care
	4. Improved patient care (e.g. access, quality, safety, health outcomes)
	5. Greater staff compliance with organizational policies and procedures
	6. Greater compliance with laws and regulations
	7. Provide better care for lower costs
	8. We serve more culturally and linguistically diverse people
	9. We provide care that is respectful of people’s cultural and linguistic backgrounds
	10. Decreased client/patient complaints
	11. Decreased malpractice claims
	12. Increased engagement of clients/patients in their care
	13. Increased client/patient satisfaction
	14. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	15. I have not observed any changes
 | * 1. Increased employee morale
	2. Increase in the diversity of our staff
	3. Staff providing higher quality of care
	4. Improved patient care (e.g. access, quality, safety, health outcomes)
	5. Greater staff compliance with organizational policies and procedures
	6. Greater compliance with laws and regulations
	7. Provide better care for lower costs
	8. We serve more culturally and linguistically diverse people
	9. We provide care that is respectful of people’s cultural and linguistic backgrounds
	10. Decreased client/patient complaints
	11. Decreased malpractice claims
	12. Increased engagement of clients/patients in their care
	13. Increased client/patient satisfaction
	14. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	15. I do not expect to see any changes.
 |

1. Is there anything else you would like to share with us about your knowledge of the *National CLAS Standards*, or your organization’s adoption and implementation of the *National CLAS Standards*? (Fill in the box).

Thank you again for your participation!