Notice – Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service

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***Script 1: Used to identify the correct physician’s office and introduce purpose of call***

Hello, my name is \_\_\_\_. Is this the office for Dr. \_\_\_? I was hoping to speak with the doctor. Is Dr. \_\_\_\_ available?

**STEP 1** – CONFIRM PERSON YOU ARE SPEAKING WITH

CONFIRM PERSON YOU ARE SPEAKING WITH

 WHO AM I SPEAKING WITH?

 IF IT IS THE PHYSICIAN TO WHOM THE SURVEY WAS ADDRESSED continue to Script 1a.

If the person is OFFICE STAFF or OTHER inform them they are ineligible to complete the survey. Ask if the physician to whom the survey was addressed is available to complete the 15 minute survey. If the physician to whom the survey was addressed is not available ask for A BETTER TIME TO CALL / SCHEDULE APPOINTMENT. If the physician to whom the survey was addressed is available, begin at Step 1.

***Script 1a: Once the physician is on the phone****:*

I’m calling on behalf of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) in regards to a study we contacted you about. The study ends on (date), and we wanted to be sure to include your office’s information in the research data. Do you have 15 minutes to answer a few questions?

IF YES, SKIP TO STEP 2.

IF YES, BUT NO TIME NOW, FIND BETTER TIME TO CALL / SCHEDULE APPOINTMENT.

IF NO– May I ask 2 questions so that we can close out the data for you? THEN ASK QUESTIONS AND ENTER REFUSAL REASON WHEN PROMPTED.

1. What is your specialty?

General practice/family medicine

Internal medicine

Pediatrics

Obstetrics and gynecology

Geriatrics

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Solo or group practice

Freestanding clinic or urgent care center

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, county, 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 [If you select only hospital

emergency/outpatient department, go to item 42]

None of the above [If you select only None of the above or only hospital emergency/outpatient

department and None of the above, go to item 42]

***Script 2: Used when leaving a voice message (Voicemail):***

Hello, my name is \_\_\_\_\_ and I’m calling on behalf of the National Center for Health Statistics (NCHS), CDC (Centers for Disease Control and Prevention) in regards to a letter that we sent to Dr. \_\_\_\_. Since our follow-up period is coming to a close on (date), we would like to speak with Dr. \_\_\_ for 15 minutes. Please call xxx-xxx-xxx. Again, that number is xxx-xxx-xxxx. Thank you.

**STEP 2 –**

Great, let’s get started.

Do you recall receiving a letter from the National Center for Health Statistics (NCHS), CDC (Centers for Disease Control and Prevention) asking you to participate in a study on cultural and linguistic competency?

If the physician remembers receiving the letter, ask if they read the letter. IF THE PHYSICIAN READ THE LETTER ASK IF HE/SHE HAS ANY QUESTIONS OR CONCERNS ABOUT THE SURVEY. ANSWER QUESTIONS AND SKIP TO Step 3.

IF THE PHYSICIAN DOES NOT REMEMBER RECEIVING THE LETTER OR DID NOT READ THE LETTER PLEASE READ THE INFORMATION BELOW TO THE PHYSICIAN.

You have been randomly selected to participate in a brief research survey on cultural and linguistic competency among office based physicians. Results from the Supplement on Culturally and Linguistically Appropriate Services, which is affiliated with the National Ambulatory Medical Care Survey (NAMCS), will be used to describe the provision of culturally and linguistically appropriate services in the United States. You are not being asked to provide patient information.

Data collection is authorized under Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). We are required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). This information will be used for statistical purposes only. The National Center for Health Statistics’ Research Ethics Review Board has approved this research survey.

Your participation is voluntary. You may discontinue your participation at any time. There will be no loss of benefits for not participating or discontinuing participation.

If you have any questions or comments regarding this study, you may call the study coordinator at 1-866-966-1473. If you have questions about your rights as a research participant, please call the Research Ethics Review Board at the National Center for Health Statistics at (800) 223-8118.

Do you have any questions or concerns about the survey? ANSWER QUESTIONS then CONTINUE TO STEP 3.

**STEP 3 --** BEGIN QUESTIONNAIRE (Attachment C)

Transition statement: This study asks about culturally and linguistically appropriate services among office-based physicians. Culturally and linguistically appropriate services consider cultural beliefs, practices and preferred languages associated with various racial, ethnic, linguistic or religious groups.