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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.