

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

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*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 xxx-xxx-xxxx.*

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

**2. What is your specialty?**

General practice/family medicine

Internal medicine

Pediatrics

Obstetrics and gynecology

Geriatrics

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

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

Yes

No

I am no longer in practice

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

**4. 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, 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

**5. Are you fluent in a language besides English?**

Yes

No

**6. How many languages, other than English, do you feel comfortable enough to provide healthcare services?**

0

1

2

3

4 or more

**7. What is your sex?**

Female

Male

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

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

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, Another Hispanic, Latino/a or Spanish origin

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

- |   |   |
|---|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Korean                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander |

**10. 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]

*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.*

**11. What is the county, state, zip code for the location where you typically see the most patients?**

Country USA County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**12. 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.**

- Yes
- No

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

- Yes
- No [SKIP to item 15]

**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)**

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

- 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): \_\_\_\_\_

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

- Yes
- No

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

- Yes
- No [SKIP to item 15]

**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)

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

- 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): \_\_\_\_\_

**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?**

- Yes
- No

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

- Yes
- No

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

- Annually
- Biannually
- Quarterly
- Other (Please specify): \_\_\_\_\_
- Not applicable: my practice does not offer or make available training in cultural competency.

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

- Yes
- No [SKIP to item 18]
- I don't know [SKIP to item 18]

**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?**

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

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

- Documents created with plain language software or reviewed for literacy level
- Universal symbols (*A sign recognized by most people. Example: a square around a plus sign for first aid.*)
- Infographics (*A visual image such as a chart or diagram used to represent information or data*)
- Other (please specify): \_\_\_\_\_
- Not applicable: no printed materials are available to my patients with limited literacy.

**19. Which of these free language-assistance services are available to patients 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.

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

- Yes
- No [SKIP to item 21]

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient’s relative or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. 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

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

- Race/Ethnicity
- Nationality/Nativity
- Patient’s primary language
- Sexual orientation/gender identity
- Religion
- Income
- Other (please specify): \_\_\_\_\_
- Not applicable: we do not collect information related to culture and language.

**23. How knowledgeable are you of your patients’ health beliefs, customs, and values? . . . .**

Not at all	Barely	Fairly Well	Very Well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. When assessing your patients’ medical needs, how often do you consider:

- a. Race/ethnicity? . . . . .
- b. Other cultural factors such as health beliefs, customs, values? . . . . .

25. When diagnosing your patients, how often do you consider:

- a. Race/ethnicity? . . . . .
- b. Other cultural factors such as health beliefs, customs, values? . . . . .

26. When treating your patients, how often do you consider:

- a. Race/ethnicity? . . . . .
- b. Other cultural factors such as health beliefs, customs, values? . . . . .

27. When conducting health education with your patients, how often do you consider:

- a. Race/ethnicity? . . . . .
- b. Other cultural factors such as health beliefs, customs, values? . . . . .

	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How often does your practice assess your services to patients for their cultural and linguistic appropriateness?

- More than 4 times a year
- About 2 to 4 times a year
- About once a year
- Less than once a year
- My services are not assessed for their cultural and linguistic appropriateness.



Mark your agreement or disagreement with the following statements.

By providing culturally and linguistically appropriate services to my patients I expect:

29. Improved patient satisfaction with the services provided

30. Improved comprehension of treatment and lifestyle recommendations

31. Better adherence to treatment and lifestyle recommendations

32. Improved patient trust

33. Improved quality of patient care (e.g. diagnostics, communication, treatment)

34. Decreased likelihood of liability/malpractice claims

	Strongly Disagree	Disagree	Agree	Strongly Agree
29. Improved patient satisfaction with the services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Improved comprehension of treatment and lifestyle recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Better adherence to treatment and lifestyle recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Improved patient trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Improved quality of patient care (e.g. diagnostics, communication, treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Decreased likelihood of liability/malpractice claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How has each of the following factors affected you in providing culturally and linguistically appropriate services to your patients?

35. Formal written policy . . . . .

36. Organizational resources . . . . .

37. Training in cultural competency . . . . .

38. Personal knowledge about the prevailing beliefs, customs, norms, and values of the diverse groups in your patient load . . . . .

39. Other, (please specify):

\_\_\_\_\_

	Helped	Helped a Little	Did not Help	Not Applicable
35. Formal written policy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Organizational resources . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Training in cultural competency . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Personal knowledge about the prevailing beliefs, customs, norms, and values of the diverse groups in your patient load . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Other, (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**40. 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 [SKIP to item 42]
- Heard of it but do not know much about it
- Know something about it
- Very familiar with it

**a. 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): \_\_\_\_\_

**41. Has your practice adopted the National CLAS Standards?**

- Yes
- No
- I don't know

**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: XXX XXXX, Durham, NC XXXXX.