APPENDICES

APPENDIX A

Membership Lists of the Project Expert Panel and Federal Project Advisory Group

Appendix A-1

Official Membership List of the Project Expert Panel

Appendix A-1

National Study of Culturally and Linguistically Appropriate Services in Managed Care Organizations

OFFICIAL MEMBERSHIP LIST OF THE PROJECT EXPERT PANEL*

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*List reflects members' affiliations at the start of the study.
**Served as Chair of the PEP and Joint PEP/PAG meetings.

A-1

Appendix A-2

Official Membership List of the Federal Project Advisory Group

Appendix A-2

National Study of Culturally and Linguistically Appropriate Services
in Managed Care Organizations

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Project Manager (1997-98)

*List reflects members' affiliations at the start of the study.
**Served as Chair of the PEP and Joint PEP/PAG meetings.

APPENDIX B

Crosswalk Between Study Variables and OMH's
Recommended National CLAS Standards

Appendix B

CROSSWALK BETWEEN STUDY VARIABLES
AND OMH's *RECOMMENDED NATIONAL CLAS STANDARDS*

OMH RECOMMENDED NATIONAL CLAS STANDARDS	STUDY VARIABLES (Domain-Key Element)*
1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	A. Cultural differences and preferences considered during treatment (3-A) B. Collaborate with culturally-specific healers on treatment (3-A) C. Utilize alternative and complementary treatments (3-A) D. Various culturally responsive strategies implemented (3-B) E. Family members consulted during diagnosis and treatment (3-A)
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.	A. Staff position specifically for CLAS coordination (1-A) B. Formal staff diversity plan (2-B) C. Committee racial composition (1-A) D. Committee diversity other than race/ethnicity (1-A) E. Staff race/ethnicity recorded (5-B) F. Reasons staff race/ethnicity not recorded (5-B) G. Types of staff for whom race/ethnicity is recorded (5-B) H. Staff linguistic capability recorded (5-B) I. Method of determining staff linguistic capability (5-B) J. Racial/ethnic composition of staff (6-A) K. Percent of bi- or multi-lingual staff (6-A) L. Information on staff diversity available to members (6-A) M. Types of staff covered in corporate diversity plan (6-B) N. Strategies utilized to develop diverse staff (6-B) O. Resources utilized to recruit diverse staff (6-B) P. Recruitment practices to increase CLAS capacity (6-B)
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.	A. Types of staff for which diversity training is available or required (7-B) B. Types of staff receiving one-time or continuous diversity training (7-B) C. Frequency of diversity training program (7-A) D. Racial/ethnic groups covered in diversity training (7-A) E. Diverse groups other than racial and ethnic covered in diversity training (7-A) F. Topical areas covered in diversity training (7-A) G. Resources and activities utilized in diversity training (7-A) H. Entities responsible for conducting diversity training (7-A) I. Entities responsible for developing diversity training (7-A) J. Diversity training review and oversight (7-A) K. Diversity training evaluation methods (7-A) L. Budget line for diversity training (7-A) M. Various benefits of providing staff diversity training (7-A) N. Various challenges of providing staff diversity training (7-A) O. Strategies for encouraging staff participation in diversity training (7-B) P. Strategies for informing staff of diversity training (7-B) Q. Corporate support for diversity training (7-A)

* See Exhibit 3-1 for numbered domains and key elements in the study conceptual framework.

OMH RECOMMENDED NATIONAL CLAS STANDARDS	STUDY VARIABLES (Domain-Key Element)
4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.	A. Types of interpreter services available (8-B) B. Points of service where interpreter services are available (8-B) C. Number of interpreters available for members (8-B) D. Members for whom interpreter services are available (8-B) E. Budget line for interpreter services (8-B)
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.	A. Methods used to inform members of available translated materials (8-A) B. Methods used to inform members of available interpreter services (8-B)
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff.	A. Characteristics of interpreters utilized (8-B) B. Entities responsible for reviewing or approving staffing and operation of interpreter services (8-B)
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.	A. Types of translated materials available (8-A) B. Translation methods utilized (8-A) C. Characteristics of written materials (3-B) D. Members for whom translated materials are available (8-A) E. Entities responsible for approving translated materials (8-A)
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	A. Mission statement addresses CLAS (2-A) B. Formal QI plan for Culturally and linguistically diverse members (2-A) C. Committee roles related to CLAS (2-A) D. Policy governing written translation (2-B) E. Description of translation policy (2-B) F. Reasons translation policy exists (2-B) G. Reasons translation policy does not exist (2-B) H. Policy governing interpreter services (2-B) I. Description of interpreter services policy (2-B) J. Reasons interpreter services policy exists (2-B) K. Reasons interpreter services policy does not exist (2-B) L. Internal communication strategies for CLAS policies (2-B) M. Formal staff diversity plan (2-B) N. Formal diversity training program (2-B) O. Board of directors subcommittee on CLAS (1-A) P. Committee recruitment strategies (1-A) Q. Staff input on CLAS policies (2-A) R. Internal CLAS working group (1-A) S. Frequency of committee meetings (2-A) T. Types of corporate support for quality improvement and needs assessment activities (4-B) U. Identified minimum threshold for interpreter services (8-B) V. Identified minimum threshold for translated materials (8-A)

(Appendix B Continued)

OMH RECOMMENDED NATIONAL CLAS STANDARDS	STUDY VARIABLES (Domain-Key Element)
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.	A. Multiple methods for monitoring CLAS quality (4-A) B. Uses of QMI data (4-A) C. Link member demographic and outcome data (4-A) D. Quality of care data collection (4-A) E. Link member and provider data (4-A) F. Link member and (other) staff data (4-A) G. Methods for determining translation needs (8-A) H. Methods for determining interpreter service needs (8-B) I. Data sources utilized to determine translation needs (8-A) J. Staff needs assessment conducted specifically for CLAS-related issues (4-B) K. Frequency of staff needs assessment (4-B) L. Types of staff who participate in needs assessment (4-B)
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.	A. Members' race/ethnicity recorded (5-A) B. Members' primary language recorded (5-A) C. Reasons members' race/ethnicity not recorded (5-A) D. Racial/ethnic composition of membership (5-A) E. Reasons members' primary language not recorded (5-A) F. Percentage of membership that speaks non-English primary language (5-A)
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.	A. Routine member/community needs assessments conducted (4-B) B. Member/community needs assessment specifically for CLAS (4-B) C. Frequency of member needs assessment (4-B) D. Types of community/member groups that participate in needs assessment (4-B) E. Data sources for member/community CLAS needs assessment (4-B) F. Types of corporate support for QI and needs assessment activities (4-B)
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.	A. Community advisory committee on CLAS (1-A) B. Community input on CLAS policies (2-A)
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.	Formal grievance process for CLAS-related concerns (2-B)
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.	Publically disseminated annual report on organization's CLAS implementation progress

APPENDIX C

Senior Executive Telephone Interview Protocol

**National Study of Culturally and Linguistically Appropriate Services
in Managed Care Organizations
(CLAS in MCOs Study)**

SENIOR EXECUTIVE
TELEPHONE INTERVIEW PROTOCOL

COSMOS, January 2002

Pre-Interview Script for Senior Executive

Thank you for agreeing to participate in this interview. The Office of Minority Health (OMH), Department of Health and Human Services (DHHS), is sponsoring this study as a benchmark for future research on the growing efforts of healthcare organizations to provide quality services to all members—when memberships are becoming increasingly diverse. Your organization's participation in this study contributes to greater understanding of healthcare provision in the U.S. The interview will take approximately 15 minutes.

As stated in the letter you recently received from OMH, the purpose of collecting this information is to ascertain an *accurate* *description* of healthcare policies and practices that extend medical support or services to members of diverse linguistic, national, or cultural backgrounds. *Participation in this study does not require that your organization have any sort of policies or practices in place that address the particular needs of certain cultural groups.* There are no expectations or judgments about services that are (or are not) offered by your organization.

Finally, because corporate policies are sometimes sensitive issues, it is emphasized that none of the information provided will ever identify individual organizations that participate in the study. In the event that certain organizations report unique policies or practices that exceed current standards of care for diverse groups, prior permission will be requested from the participating organization to highlight in future publications information provided from those responses only. Anonymity is assured.

1. Does your organization's mission statement express a commitment to provide health care services that are appropriate for the needs of each cultural and linguistic group in your membership?
   ☐ Yes
   ☐ No
   ☐ Don't know
   ☐ Declined

2. Does your Board of Directors have a subcommittee or other group responsible for issues involving services provided to racial, ethnic, and linguistic minority groups?
   ☐ Yes
   ☐ No
   ☐ Don't know
   ☐ Declined

3. Does your organization use community advisory boards or other similar entities to address community and consumer issues specifically related to the cultural and linguistic groups in your membership?
   ☐ Yes
   ☐ No → go to 4
   ☐ Declined

   3a. Which of the following strategies do you use to recruit members for this community advisory board or group?

   MARK ALL THAT APPLY
   ☐ Health plan newsletter or publication
   ☐ Major regional newspaper
   ☐ Community/neighborhood newspapers or publications
   ☐ Local bulletin postings (i.e., community centers and other sites)
   ☐ Local radio outlets or television broadcasts
   ☐ Websites
   ☐ Contact leaders and liaisons involved with community health issues and networks
       (e.g., consumer groups, advocacy groups, local health officials)
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above
   ☐ Declined

3b. Which of the following racial groups are reflected in your advisory group membership?

MARK ALL THAT APPLY
☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Don't know
☐ None of the above
☐ Declined

3c. Which of the following ethnic groups are reflected in your advisory group membership?

MARK ALL THAT APPLY
☐ Hispanic or Latino
☐ Other, please specify _____
☐ Don't know
☐ None of the above
☐ Declined

3d. Which of the following other diverse populations are reflected in your advisory group membership?

MARK ALL THAT APPLY
☐ Recent immigrants born and/or raised in countries outside of the U.S.
☐ Gender diversity
☐ Sexual orientation diversity
☐ Religious diversity
☐ Persons with disabilities
☐ Geographic diversity
☐ Other, please specify _____
☐ Don't know
☐ None of the above
☐ Declined

3e. How often does this community advisory body meet?
- □ Quarterly
- □ Semi-annually
- □ Annually
- □ Within the last two years
- □ Less regularly
- □ Other, please specify _____
- □ Don't know
- □ Declined

3f. In what ways does your community advisory body assist you in providing services specifically for culturally and linguistically diverse groups?

MARK ALL THAT APPLY
- □ Planning and designing culturally and linguistically appropriate health services
- □ Assessing community and members' needs
- □ Monitoring and evaluating quality of services
- □ Developing plans, protocols, and policies related to provision of services
- □ Providing input in other organization-wide policy formulation and development
- □ Other, please specify _____
- □ Don't know
- □ None of the above
- □ Declined

4. From which of the following additional groups does your organization utilize input on policies related to services specifically for culturally and linguistically diverse groups?

MARK ALL THAT APPLY
- □ Management and supervisors
- □ Physicians, nurses, other clinical staff
- □ Member services staff
- □ Information specialists, appointment clerks, receptionists, secretaries, other front line personnel
- □ Local community leaders and liaisons involved with community health issues and networks
- □ Faith-based organizations representing local communities
- □ Civic organizations representing local communities
- □ Consumer or advocacy groups
- □ Major health plan purchasers, such as employers
- □ Local health or government officials
- □ Other, please specify _____
- □ Don't know
- □ None of the above
- □ Declined

5. Does your organization conduct periodic needs assessments of community and/or members' needs?
   □ Yes
   □ No ➜ go to 6
   □ Don't know
   □ Declined

   5a. Do these assessments include a component that specifically measures the needs for culturally and linguistically appropriate services?
       □ Yes
       □ No ➜ go to 6
       □ Don't know
       □ Declined

   5b. Which of the following activities does your organization use to assess needs for culturally and linguistically appropriate services of your membership or service area?

       MARK ALL THAT APPLY
       □ Utilizes U.S. Census data
       □ Utilizes client utilization data
       □ Utilizes data from schools systems and community organizations
       □ Conducts focus groups
       □ Other, please specify _____
       □ Don't know
       □ Declined

6. Does your organization have a formal plan for measuring and improving the quality of services provided to your members?
   □ Yes
   □ No ➜ go to 7
   □ Don't know
   □ Declined

   6a. Does your organization's plan include a component that measures and improves the quality of services provided specifically to culturally and linguistically diverse members?
       □ Yes
       □ No ➜ go to 7
       □ Don't know
       □ Declined

6b. Which of the following activities does your organization use to monitor and improve the quality of culturally and linguistically appropriate services?

    MARK ALL THAT APPLY
    □ Collection, review, and analysis of quality outcomes data
    □ Member satisfaction surveys
    □ Reviews of dis-enrollment
    □ Grievance and complaint tracking
    □ Chart reviews or audits
    □ Member focus groups
    □ Other, please specify _____
    □ Don't know
    □ None of the above
    □ Declined

7. Does your organization have an internal working group or committee that coordinates, advises, or serves as a resource for, planning and evaluation of services provided specifically to culturally and linguistically diverse groups?
    □ Yes
    □ No
    □ Don't know
    □ Declined

8. Does your organization fund a position specifically designated to promote and coordinate culturally and linguistically appropriate services?
    □ Yes, a full time position is devoted
    □ Yes, a part time position is devoted
    □ An effort to fund this full time position is in the planning phase
    □ An effort to fund this part time position is in the planning phase
    □ No
    □ Don't know
    □ Declined

9. Does your organization have a written policy governing language translation of written information for your membership?
    □ Yes ➞ to 9b
    □ No, a written policy is in the planning phase ➞ go to 9b
    □ No ➞ go to 9a
    □ Don't know ➞ go to 10
    □ Declined

9a. Which of the following describes the reasons why your organization does <u>not</u> currently have a policy governing translation?

MARK ALL THAT APPLY
☐ Your membership is not very culturally or linguistically diverse ➝ go to 11
☐ The population in your service area is not very culturally or linguistically diverse ➝ go to 11
☐ These programs are too costly in comparison to their benefits ➝ go to 11
☐ It is difficult to make staff time available for planning, assessment, or training ➝ go to 11
☐ Other, please specify _____ ➝ go to 11
☐ Don't know ➝ go to 11
☐ Declined

9b. Which of the following describes your organization's policies governing language translation?

MARK ALL THAT APPLY
☐ A policy exists to promote translation of materials to meet members' needs
☐ The policy establishes a method for identifying the need for translated materials (e.g., a minimum threshhold of population for translation of materials)
☐ The policy ensures that commonly used materials (e.g., vital documents such as applications, consent forms, program requirements and benefits) are translated
☐ The policy establishes an organizational entity with programmatic responsibility for translation of materials
☐ The policy provides notification of translated materials to members
☐ Other, please specify _____
☐ Don't know
☐ Declined

10. Which of the following describes the reasons your organization does provide translation services?

MARK ALL THAT APPLY
☐ Corporate directive
☐ Requirement by publicly funded program (e.g., Medicaid, Medicare)
☐ Requirement by purchasing contracts
☐ Compliance with accreditation standards
☐ Member demands
☐ Other, please specify _____
☐ Not applicable
☐ None of the above
☐ Declined

11. Does your organization have a written policy governing interpreter services and assistance for your membership?
   ☐ Yes ➞ go to 11b
   ☐ No, a written policy is in the planning phase ➞ go to 11b
   ☐ No ➞ go to 11a
   ☐ Don't know ➞ go to 12
   ☐ Declined

11a. Which of the following describes the reasons why your organization does <u>not</u> currently have a policy governing interpreter services?

MARK ALL THAT APPLY
   ☐ Your membership is not very culturally or linguistically diverse ➞ go to 13
   ☐ The population in your service area is not very culturally or linguistically diverse ➞ go to 13
   ☐ These programs are too costly in comparison to their benefits ➞ go to 13
   ☐ It is difficult to make staff time available for planning, assessment, or training ➞ go to 13
   ☐ Other, please specify _____ ➞ go to 13
   ☐ Don't know ➞ go to 13
   ☐ Declined

11b. Which of the following best describes your organization's policy governing interpreter services and assistance for your members?

MARK ALL THAT APPLY
   ☐ A policy exists to promote interpreter services and assistance to meet members' needs
   ☐ The policy establishes a method for identifying the communication needs of your members
     (e.g., a minimum threshhold for interpreter services)
   ☐ The policy ensures that a range of oral language options are provided
   ☐ The policy establishes an organizational entity with programmatic responsibility for interpreter
     services and assistance
   ☐ The policy provides for notices of interpreter services to members
   ☐ The policy ensures that staff are periodically trained
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ Declined

12. Which of the following describes the reasons for providing your interpreter services program?

MARK ALL THAT APPLY
☐ Corporate directive
☐ Requirement by a publicly funded program (i.e., Medicaid, Medicare)
☐ Requirement by purchasing contracts
☐ Compliance with federal guidelines (e.g., federal anti-discrimination law, Title VI, and related polices and regulations)
☐ Compliance with State law or policy
☐ Compliance with accreditation standards
☐ Member demands
☐ Other, please specify _____
☐ None of the above
☐ Declined

13. Which of the following activities or programs does your organization use to address concerns about culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services?

MARK ALL THAT APPLY
☐ A formal grievance process
☐ Cultural navigators
☐ Ombudsmen personnel
☐ Systematic reminders/notices to staff promoting non-discriminatory practice
☐ Other, please specify _____
☐ None of the above
☐ Don't know
☐ Declined

Begin Post-Interview Script.

Post-Interview Script for Senior Executive

That concludes the questions we have for you about your organization. However, we are requesting that you recommend other individuals in your organization who can provide additional information on your membership and staff by completing two questionnaires.

As explained earlier, we will contact the individuals you recommend by mailing a package that includes information on obtaining the appropriate questionnaire and instructions for completing and submitting the form. Options for returning the completed questionnaire include Internet Website submission, electronic mail, facsimile, and postal mail.

We would like you to recommend at least two individuals in your organization whose roles and responsibilities appropriately match the topics covered in each questionnaire, as indicated in the topical description that was enclosed with the letter from OMH. You may recall that one questionnaire requires knowledge of programs and practices aimed at your general membership, and the other requires knowledge of programs and practices related to your clinical staff (employed and contracted) and your non-clinical staff.

Although the focus of both questionnaires is on healthcare services provided to members of diverse cultural groups, each questionnaire is divided into sections that cover specific topics within the broader inquiry. Depending on the structure of your organization, it may be appropriate for different individuals to complete certain sections or questions of one questionnaire, thereby greatly reducing individual time and effort. Please recommend a primary contact responsible for the receipt and completion of each questionnaire (this person could either complete the entire questionnaire or delegate certain sections to other individuals who are knowledgeable about particular topical sections).

Topics covered in each questionnaire are as follows:

Membership Questionnaire – Total, 45 questions

Section A: Quality Monitoring and Improvement (QI)
Includes 10 questions on your basic systems for tracking data about your members and services you provide, and how these data are used in planning, promoting and evaluating services that address the specific needs of diverse groups in your membership.

Section B: Management Information Systems (MIS)
Includes 8 questions on demographic data your organization may collect on your members.

Section C: Translation and Interpreter Services
Includes 21 questions about translation services and interpreter services that are provided by your organization or by individual or group providers that you contract with.

Section D: Other Related Member Services and Benefits
Includes 6 questions on health services and benefits available to your members.

Recommended Contact Person: _____
(Name, title, mailing address, phone number)

Staffing Questionnaire – Total, 66 questions

Section A: Quality Monitoring and Improvement (QI)
Includes 12 questions on quality assessments of clinical services provided to your members. These would include internal routine information systems and quality monitoring and improvement procedures, as well as external standards required of individual or group providers that you contract with.

Section B: Management Information Systems (MIS)
Includes 25 questions about demographic data your organization may collect on your employed and contracted clinical and your non-clinical staff.

Section C: Staff Training
Includes 22 questions about "diversity training" that may be provided to your employed and contracted clinical staff and your non-clinical staff.

Section D: Staff Diversity, Recruitment and Promotion
Includes 7 questions about policies or plans your organization may have in place that address diversity in your employed or contracted clinical staff and your non-clinical staff. Again, anonymity is assured.

Recommended Contact Person: _____
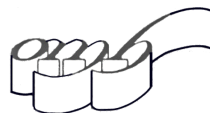(Name, title, mailing address, phone number)

Post-Interview Script (Continued)

     This concludes the interview. We will follow-up with these recommended individuals and look forward to their participation in the study. Thank you again for taking the time to speak with us.

APPENDIX D

Staffing Questionnaire

FORM APPROVED
OMB No. 0990-0255
Expires: 06/30/2003

Organization Code: _____

National Study of Culturally and Linguistically Appropriate Services in Managed Care Organizations
(CLAS in MCOs Study)

STAFFING QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire. The purpose of this study is to collect information on healthcare policies and practices that extend medical support or services to meet the needs of members of diverse linguistic, national, or cultural backgrounds. *Participation in this study does not require that your organization have any sort of policies in place that address the particular needs of certain cultural groups.* There are no expectations or judgments about services that are, or are not, offered by your organization. In the event that certain organizations report unique policies or practices that exceed current standards of care for diverse groups, prior permission will be requested from the participating organization to highlight in future publications information provided from those responses only. Anonymity is assured; data will be reported as summaries without individual or organizational identification. A unique benefit of your participation in this study is that your organization will receive a copy of actual responses submitted by your staff that may be useful to your health plan in identifying and monitoring CLAS provision for quality improvement and other reporting purposes.

Although the focus of this questionnaire is on healthcare services provided to members of diverse cultural groups, the form is divided into four sections that cover specific topics within the broader inquiry. Depending on the structure of your organization, it may be appropriate for different individuals in your organization to complete certain sections of the questionnaire based on their roles, responsibilities, and knowledge—thereby greatly reducing individual time and effort. You are encouraged to distribute certain sections or questions to the appropriate colleague in your organization in order to complete as many questions as you can. Some questions call for your best single answer. Questions that call for multiple responses are labeled "Mark All That Apply."

RETURN INSTRUCTIONS

Thank you again for your participation. There are two options for returning your completed questionnaire:

1. Mail the completed form using the enclosed pre-paid envelope.
    If you have misplaced the envelope, please send the completed form to:

COSMOS Corporation
3 Bethesda Metro Center
Suite 950
Bethesda, MD 20814
Attn: Angela Ware, Ph.D.

2. Submit your completed form by facsimile transmission to:

Attn: Angela Ware, Ph.D.
301-215-6969

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 20-30 minutes with an average of .5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information.

(Color 1)

A. QUALITY MONITORING AND IMPROVEMENT (QI)

The following questions are about quality assessments of clinical services provided to your members. These would include internal routine information systems and quality monitoring and improvement procedures, as well as external standards required of individual or group providers that you contract with.

1. Are staff involved in developing and implementing a plan for measuring and improving the quality of services provided to your members?
    - ☐ Yes
    - ☐ No ➡ go to 2
    - ☐ Don't know ➡ go to 2

    1a. Does this plan address or include measuring and improving members' _access to_ quality services?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Not applicable

    1b. Does employed staff involvement in this plan include specific activities related to culturally and linguistically appropriate services?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Not applicable

    1c. Are contracted staff similarly involved with specific activities related to culturally and linguistically appropriate services?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Not applicable

2. Which of the following QI activities are used to monitor and improve the quality of culturally and linguistically appropriate services provided by staff?

    MARK ALL THAT APPLY
    - ☐ Collection, review, and analysis of quality outcomes data
    - ☐ Member satisfaction surveys
    - ☐ Reviews of dis-enrollment
    - ☐ Grievance and complaint tracking
    - ☐ Chart reviews or audits
    - ☐ Member focus groups
    - ☐ Other, please specify _____
    - ☐ Don't know
    - ☐ None of the above

3. Which of these QI activities are also used to monitor and improve the quality of culturally and linguistically appropriate services provided by your contracted staff?

MARK ALL THAT APPLY
☐ Collection, review, and analysis of quality outcomes data
☐ Member satisfaction surveys
☐ Reviews of dis-enrollment
☐ Grievance and complaint tracking
☐ Chart reviews or audits
☐ Member focus groups
☐ Other, please specify _____
☐ Don't know
☐ None of the above

4. Does your organization conduct periodic assessments of staff needs to better serve culturally and linguistically diverse members?

☐ Yes ➡ go to 4a
☐ No ➡ go to 5
☐ Don't know ➡ go to 5

4a. How often are these needs assessments conducted?
☐ Annually
☐ Every two years
☐ Less regularly
☐ Within the last 2 years
☐ Other, please specify _____
☐ Don't know

4b. Which of the following staff within your organization are involved in these needs assessments?

MARK ALL THAT APPLY
☐ Executive level administrators
☐ Supervisors and program managers
☐ Physicians
☐ Physician assistants and nurse practitioners
☐ Nursing professionals
☐ Pharmacy, lab, and X-ray staff
☐ Allied or associated health professionals
☐ Other clinical staff
☐ Interpreters
☐ Membership services staff
☐ Accounts/billing staff
☐ Information specialists, appointment clerks, receptionists, secretaries, other front line personnel
☐ Other, please specify _____
☐ Don't know
☐ None of the above

4c. Does your organization conduct similar assessments of the needs of your contracted staff to better serve culturally and linguistically diverse members?
- ☐ Yes
- ☐ No
- ☐ Don't know

5. How is information about these and other efforts to provide culturally and linguistically appropriate services communicated to your employed staff?

MARK ALL THAT APPLY
- ☐ Initial employment orientation
- ☐ Annual report or publication
- ☐ Staff publications
- ☐ Periodic staff workshops
- ☐ Regular staff meetings
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

5a. Which of these efforts are similarly used to communicate information to your contracted staff?

MARK ALL THAT APPLY
- ☐ Initial employment orientation
- ☐ Annual report or publication
- ☐ Staff publications
- ☐ Periodic staff workshops
- ☐ Regular staff meetings
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

(Color 2)

B. MANAGEMENT INFORMATION SYSTEMS (MIS)

The following questions are about demographic data your organization may collect on your employed clinical staff, contracted clinical staff, and non-clinical staff.

<u>**Employed Clinical Staff**</u>

If you directly employ providers, please answer the following. Otherwise, go to question 8 regarding contract providers.

1. Do you keep data on the racial and ethnic composition of your employed clinical staff?
   - ☐ Yes ➞ go to 2
   - ☐ No ➞ go to 1a

   1a. To your knowledge, what are the reasons you do <u>not</u> record their race and ethnicity?

   MARK ALL THAT APPLY
   - ☐ Providers' privacy rights ➞ go to 5
   - ☐ Concerns about quality or completeness of data ➞ go to 5
   - ☐ Concerns about legal liability ➞ go to 5
   - ☐ Other, please specify _____ ➞ go to 5
   - ☐ Don't know ➞ go to 5

2. For which of the following employed clinical staff do you keep data on racial and ethnic composition?

   MARK ALL THAT APPLY
   - ☐ Physicians
   - ☐ Physician assistants and nurse practitioners
   - ☐ Nursing professionals
   - ☐ Pharmacy, lab, and X-ray staff
   - ☐ Allied or associated health professionals
   - ☐ Other clinical staff
   - ☐ Interpreters
   - ☐ Other, please specify _____
   - ☐ None of the above

3. Please report or estimate what percentage of your employed clinical staff falls into the following racial groups.

	Record Percent	Actual	Estimated
a. Black or African American	___ %	☐	☐
b. Asian	___ %	☐	☐
c. Native Hawaiian or other Pacific Islander	___ %	☐	☐
d. American Indian or Alaska Native	___ %	☐	☐
e. White	___ %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

4. Please report or estimate what percentage of your employed clinical staff falls into the following ethnic group.

	Record Percent	Actual	Estimated
a. Hispanic or Latino	___ %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

5   Do you keep data on the linguistic capability (including sign language) of your employed clinical staff?
☐ Yes
☐ No
☐ Don't know

6. How is the linguistic capability of your employed clinical staff determined?

MARK ALL THAT APPLY
☐ Self-identification
☐ Proof of training completion or certification
☐ Testing
☐ Other, please specify _____

7. Please indicate, if you know, the percentage of your employed clinical staff who are conversationally fluent in languages other than English that are spoken by the patients you serve. (Your best estimate is fine.)

		Actual	Estimated
Record Percentage	[ ] %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____
☐ Don't know

Contracted Clinical Staff

If you contract with individual or group providers, please answer the following. Otherwise, go to question 15 regarding non-clinical staff.

8. Do you keep data on the racial and ethnic composition of the contracted clinical staff in your network?
   ☐ Yes ➝ go to 9
   ☐ No ➝ go to 8a

   8a. To your knowledge, what are the reasons you do <u>not</u> record their race and ethnicity?

   MARK ALL THAT APPLY
   ☐ Providers' privacy rights ➝ go to 12
   ☐ Concerns about quality or completeness of data ➝ go to 12
   ☐ Concerns about legal liability ➝ go to 12
   ☐ Other, please specify _____ ➝ go to 12
   ☐ Don't know ➝ go to 12

9. For which of the following contracted clinical staff do you keep data on racial and ethnic composition?

   MARK ALL THAT APPLY
   ☐ Physicians
   ☐ Physician assistants and nurse practitioners
   ☐ Nursing professionals
   ☐ Pharmacy, lab, and X-ray staff
   ☐ Allied or associated health professionals
   ☐ Other clinical staff
   ☐ Interpreters
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above

10. Please report or estimate the percentages for racial composition of the contracted clinical providers in your network. (Your best estimate is fine.)

	Record Percent		Actual	Estimated
a. Black or African American		%	☐	☐
b. Asian		%	☐	☐
c. Native Hawaiian or other Pacific Islander		%	☐	☐
d. American Indian or Alaska Native		%	☐	☐
e. White		%	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

11. Please report or estimate the percentages for ethnic composition of the contracted clinical providers in your network. (Your best estimate is fine.)

	Record Percent		Actual	Estimated
a. Hispanic or Latino		%	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

12. Do you keep data on the linguistic capability (including sign language) of your contracted clinical staff?
☐ Yes
☐ No
☐ Don't know

13. How is the linguistic capability of your contracted clinical providers determined?

MARK ALL THAT APPLY
☐ Self-identification
☐ Proof of training completion or certification
☐ Testing
☐ Other, please specify _____

14. Please indicate, if you know, the percentage of the contracted clinical providers in your network who are conversationally competent in a language other than English used in your local service population. (Your best estimate is fine.)

		Actual	Estimated
Record Percentage	☐ %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

Non-Clinical Staff

15. Does your organization keep data on the racial and ethnic composition of your employed non-clinical staff?
    ☐ Yes → go to 16
    ☐ No → go to 15a

    15a. To your knowledge, what are the reasons you do <u>not</u> record their race and ethnicity?

    MARK ALL THAT APPLY
    ☐ Staff privacy rights → go to 19
    ☐ Concerns about quality or completeness of data → go to 19
    ☐ Concerns about legal liability → go to 19
    ☐ Other, please specify _____ → go to 19
    ☐ Don't know → go to 19

16. For which of the following non-clinical staff do you keep data on racial and ethnic composition?

    MARK ALL THAT APPLY
    ☐ Executive level administrators
    ☐ Supervisors and program managers
    ☐ Interpreters
    ☐ Membership services staff
    ☐ Accounts/billing staff
    ☐ Information specialists, appointment clerks, receptionists, secretaries, other front line personnel
    ☐ Other, please specify _____
    ☐ None of the above

17. Please report or estimate the percentages for racial composition of your non-clinical staff in the following categories. (Your best estimate is fine.)

	Record Percent	Actual	Estimated
a. Black or African American	_____ %	☐	☐
b. Asian	_____ %	☐	☐
c. Native Hawaiian or other Pacific Islander	_____ %	☐	☐
d. American Indian or Alaska Native	_____ %	☐	☐
e. White	_____ %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

18. Please report or estimate the percentages for ethnic composition of your non-clinical staff in the following categories. (Your best estimate is fine.)

	Record Percent	Actual	Estimated
a. Hispanic or Latino	_____ %	☐	☐

If reporting the actual percentage, what is the source used for your response?_____

☐ Don't know

19. Do you keep data on the linguistic capability (including sign language) of your non-clinical staff?
    ☐ Yes
    ☐ No
    ☐ Don't know

20. How is the linguistic capability of your non-clinical staff determined?

    MARK ALL THAT APPLY
    ☐ Self-identification
    ☐ Proof of training completion or certification
    ☐ Testing
    ☐ Other, please specify _____

21. Please indicate, if you know, the percentage of your employed non-clinical staff who are conversationally competent in a language other than English used in your local service population. (Your best estimate is fine.)

	Actual	Estimated
Record Percentage [＿＿＿] %	☐	☐

If reporting the actual percentage, what is the source used for your response?＿＿＿＿＿＿＿

☐ Don't know

22. Do your management information systems allow for linking staff and member information for performance assessments and QI activities?

☐ Yes
☐ No
☐ Don't know

(Color 3)

C. STAFF TRAINING

This section includes questions about language training and cultural competence or diversity training that may be provided to your employed and contracted staff. Cultural competence or diversity training would include any instructional effort that addresses and promotes greater understanding of diversity issues in general (race/ethnicity, sex/gender, religion, region, sexual orientation, etc.), or more specifically, the unique needs and preferences of diverse groups in your membership. Please answer about diversity training programs that are either stand-alone or integrated with other training, and whether or not they are operated internally or by contractors.

1. Does your organization provide opportunities for staff to learn languages other than English that are commonly spoken by the patients they serve?
   - ☐ Yes ➞ go to 1a
   - ☐ No ➞ go to 2
   - ☐ Don't know ➞ go to 2

   1a. Which of the following features apply to the provision of language education and training opportunities for staff?

   MARK ALL THAT APPLY
   - ☐ Supported on an as-needed basis
   - ☐ Supported at regular intervals on an ongoing basis
   - ☐ Support staff in attending or participating during standard work hours
   - ☐ Cost partially underwritten by health plan
   - ☐ Cost wholly underwritten by health plan (i.e., free to staff)
   - ☐ Other, please specify _____
   - ☐ Don't know
   - ☐ None of the above

   1b. How are physicians and other staff informed of the availability of language education and training opportunities?

   MARK ALL THAT APPLY
   - ☐ Initial employment orientation
   - ☐ Notices via employee bulletin boards or newsletters
   - ☐ Staff meetings
   - ☐ Through other inservice, continuing education, and professional development opportunities
   - ☐ Other, please specify _____
   - ☐ Don't know
   - ☐ None of the above

1c. Please indicate for which staff categories language education or training is available, and is available with medical terminology covered.

Mark All That Apply	Available	Available with Medical Terminology Covered
a. Executive level administrators	☐	☐
b. Supervisors and program managers	☐	☐
c. All physicians	☐	☐
d. Physicians assistants and nurse practitioners	☐	☐
e. Nursing professionals	☐	☐
f. Pharmacy, lab, and xray personnel	☐	☐
g. Other clinical staff	☐	☐
h. Allied or associated health professionals	☐	☐
i. Information specialists, appointment clerks, and other frontline personnel	☐	☐
j. All contractual personnel serving health plan members (including Medicare and Medicaid beneficiaries)	☐	☐
k. Selected contractual personnel serving health plan members, please specify _____	☐	☐
l. Others, please specify _____	☐	☐
m. Don't know	☐	☐

☐ None of the above

☐ Not applicable

2. Does your organization provide cultural competence or diversity training to staff in order to strengthen their abilities to serve diverse patient populations?

☐ Yes ➡ go to 3
☐ No ➡ go to 19
☐ Don't know ➡ go to 19

3. If so, how often does your organization offer cultural competence or diversity training for staff?

MARK ALL THAT APPLY
☐ Once (e.g., as a component of new employee orientation)
☐ Periodically (e.g., a multi-session training)
☐ Offered as one of many topics in a general staff training program, other than new employee orientation
☐ Offered as a major emphasis or component of related training programs (e.g., patient-centered care)
☐ Don't know

4. In which of the following ways does your organization encourage staff to participate in cultural competence or diversity training?

MARK ALL THAT APPLY
☐ Offered during work hours
☐ Offered outside of work hours
☐ Cost partially underwritten by health plan
☐ Cost wholly underwritten by health plan (i.e., free to staff)
☐ Awards or certificates of achievement granted to those who successfully complete such training
☐ Registry maintained of names and dates of all employees who have completed such training
☐ Other, please specify _____
☐ Don't know
☐ None of the above

5. How are physicians and other staff informed of the availability of cultural competence or diversity training opportunities?

MARK ALL THAT APPLY
☐ Initial employment orientation
☐ Notices via employee bulletin boards or newsletters
☐ Staff meetings
☐ Through other inservice, continuing education, and professional development opportunities
☐ Other, please specify _____
☐ Don't know
☐ None of the above

6. Please indicate for which staff categories diversity training is available and is required.

Mark All That Apply	Available	Required
a. Executive level administrators	☐	☐
b. Supervisors and program managers	☐	☐
c. All physicians	☐	☐
d. Physicians assistants and nurse practitioners	☐	☐
e. Nursing professionals	☐	☐
f. Pharmacy, lab, and xray personnel	☐	☐
g. Other clinical staff	☐	☐
h. Allied or associated health professionals	☐	☐
i. Information specialists, appointment clerks, and other frontline personnel	☐	☐
j. All contractual personnel serving health plan members (including Medicare and Medicaid beneficiaries)	☐	☐
k. Selected contractual personnel serving health plan members, please specify _____	☐	☐
l. Others, please specify _____	☐	☐
m. Don't know	☐	☐

☐ None of the above

☐ Not applicable

7. For any staff who participate in diversity training, do they participate on a one-time basis, for example, at hiring or orientation, or on a continuous or periodic basis?

	One-time		Continuous		Don't Know
	At hiring/ orientation	Later in employment	At least annually	Less regularly	
a. Directly employed clinical staff . .	☐	☐	☐	☐	☐
b. Contract network providers	☐	☐	☐	☐	☐
c. Non-clinical staff	☐	☐	☐	☐	☐

8. Which of the following racial groups are addressed in the cultural competence or diversity training provided by your organization?

   MARK ALL THAT APPLY
   ☐ Black or African American
   ☐ Asian
   ☐ Native Hawaiian or other Pacific Islander
   ☐ American Indian or Alaska Native
   ☐ White
   ☐ Don't know
   ☐ None of the above

9. Which of the following ethnic groups are addressed in the cultural competence or diversity training provided by your organization?

   MARK ALL THAT APPLY
   ☐ Hispanic or Latino
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above

10. Which of these other population groups are addressed in your diversity training program?

   MARK ALL THAT APPLY
   ☐ Recent immigrants born and/or raised in countries outside of the U.S.
   ☐ Women
   ☐ Religious minorities (e.g., Christian Scientists, Muslims, Orthodox Jews)
   ☐ Sexual minorities (e.g., gays or lesbians)
   ☐ The elderly
   ☐ Persons with physical limitations or disabilities
   ☐ Persons with mental disabilities
   ☐ Low-literate or illiterate persons
   ☐ Persons with limited English proficiency
   ☐ Persons with terminal illness or other end of life issues
   ☐ Low income or poor
   ☐ Rural populations
   ☐ Homeless persons
   ☐ Don't know
   ☐ None of the above

11. Which of the following topical areas are typically included in the diversity training program provided by your organization?

MARK ALL THAT APPLY
☐ Definitions and discussions of relevant concepts (e.g., diversity, culture, race, ethnicity)
☐ Cultural beliefs, values, and behaviors
☐ Laws and regulations against discrimination
☐ Organizational policies, plans, and protocols regarding culturally and linguistically appropriate services
☐ Health disparities (e.g., nature, extent, contributing factors)
☐ Differential epidemiology and symptomatology
☐ Treatment and medication response
☐ End of life issues
☐ Bias in health care delivery
☐ Complementary and alternative healing practices
☐ Ethical issues such as patient confidentiality and informed consent procedures
☐ Don't know
☐ None of the above

12. Which of the following resources or activities are included in your organization's diversity training?

MARK ALL THAT APPLY
☐ Handbooks and other educational resources (e.g., website)
☐ Conferences
☐ Clinical experiences with diverse patient populations
☐ Modules for patient-provider communication
☐ Work with interpreters
☐ Coordination with traditional healers
☐ Other, please specify _____
☐ Don't know
☐ None of the above

13. Which of the following entities are responsible for conducting the diversity training in your organization?

MARK ALL THAT APPLY
☐ Your corporate parent
☐ Local membership services department
☐ Local employee relations department
☐ Local human resources department
☐ Other position or department, please specify _____
☐ An outside organization or training center
☐ Don't know
☐ None of the above

14. Which of the following entities developed your organization's diversity training program?

MARK ALL THAT APPLY
☐ Your corporate parent
☐ Local department (e.g., human resources)
☐ University (e.g., Centers of Excellence)
☐ Other outside cultural competence training center
☐ Don't know
☐ None of the above

15. Is your organization's diversity training program reviewed by any of the following?

MARK ALL THAT APPLY
☐ Your corporate parent
☐ An internal diversity working group
☐ Your community advisory body
☐ Other, please specify _____
☐ Don't know
☐ None of the above

16. In what ways is your diversity training program evaluated for effectiveness?

MARK ALL THAT APPLY
☐ Participant survey
☐ Supervisor survey
☐ Member satisfaction survey
☐ Member exit interview
☐ Participant credentialing examination or exercise
☐ Participant pre- and post-tests of knowledge, attitudes, skills
☐ Other, please specify _____
☐ Don't know
☐ None of the above

17. Which of the following kinds of support do you receive to provide diversity training?

MARK ALL THAT APPLY
☐ Budget line that allocates funds for diversity training
☐ Corporate trainers
☐ Standardized training curricula and materials
☐ Don't know
☐ None of the above
☐ Not applicable

18. Which of the following benefits of providing cultural competency or diversity training for your staff has your organization experienced?

   MARK ALL THAT APPLY
   ☐ Increased employee morale
   ☐ More effective use by staff of available interpreter and translation services
   ☐ Greater compliance by staff with organization requirements for member encounter data documentation
   ☐ Decreased member complaints or grievances regarding staff insensitivity
   ☐ Increased involvement of and compliance by patients in diagnosis and treatment plan
   ☐ Increased member/patient satisfaction
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above

19. Which of the following challenges to providing cultural competency or diversity training for staff has your organization experienced?

   MARK ALL THAT APPLY
   ☐ Lack of interest or resistance to participation
   ☐ Poor reaction of participants
   ☐ Inability to locate appropriate trainers
   ☐ Cost of trainers and materials
   ☐ Loss of work time
   ☐ Lack of backups or substitutes for trainers
   ☐ Lack of opportunity to apply skills acquired
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above
   ☐ Not applicable

(Color 4)

D. STAFF DIVERSITY, RECRUITMENT AND PROMOTION

The following questions are about recruitment, retention and promotion of your employed and contracted clinical staff and your non-clinical staff. Because personnel policies are sometimes sensitive issues, it is emphasized that none of the information you provide will ever identify individual organizations that participate in the study. Anonymity is assured.

1. Does your organization have a staffing diversity plan that addresses recruitment, retention and promotion of staff who reflect the diversity of your members? (Include plans developed by your corporate parent that are to be implemented by your local organization.)
   - ☐ Yes ➙ go to 2
   - ☐ No ➙ go to 3
   - ☐ Don't know ➙ go to 3

2. Which of the following applies to your staffing diversity plan?

   MARK ALL THAT APPLY
   - ☐ Covers senior administrators and managers
   - ☐ Covers physicians and other clinical staff, whether employed or contracted
   - ☐ Covers non-clinical staff
   - ☐ Don't know
   - ☐ None of the above

3. In which of the following ways does your organization support or encourage the development of a diverse clinical and nonclinical staff?

   MARK ALL THAT APPLY
   - ☐ Provides financial incentives for staff (e.g., to obtain additional non-English languages or diversity training)
   - ☐ Offers recruitment incentives (e.g., finder's fees)
   - ☐ Maintains or regularly uses a regional or national recruiting network or information system
   - ☐ Provides enhanced benefits packages
   - ☐ Other, please specify _____
   - ☐ Don't know
   - ☐ None of the above

4. Which of the following strategies does your organization utilize to recruit staff that reflect the racial, ethnic, and linguistic diversity of your members?

MARK ALL THAT APPLY
☐ Health plan newsletter or publication
☐ Major regional newspaper
☐ Community/neighborhood newspapers or publications
☐ Local bulletin postings (e.g., community centers and other sites)
☐ Local radio outlets or television broadcasts
☐ Websites
☐ Contact leaders and liaisons involved with community health issues and networks (i.e., consumergroups, advocacy groups, local health officials)
☐ Don't know
☐ None of the above

5. Which of the following practices applies to your organization's recruitment efforts to address members' needs for culturally and linguistically appropriate services?

MARK ALL THAT APPLY
☐ Document non-English language skills of recruits
☐ Identify non-English language skills as preferred or required in job announcements
☐ Hire candidates with non-English language skills when other qualifications are comparable
☐ Identify diversity training and experience as preferred or required
☐ Hire candidates with diversity training or experience when other qualifications are comparable
☐ Appoint a selection committee trained in cultural competence
☐ Offer "sign up" bonuses paid directly to new hires with skills or training related to providing culturally and linguistically appropriate services
☐ Other, please specify _____
☐ Don't know
☐ None of the above

The last two questions are about diverse clinical practices that may be encouraged by your organization.

6. In which of the following ways does your organization encourage its providers to integrate alternative and complementary treatments regarding patient care?

MARK ALL THAT APPLY
☐ Supports staff in considering cultural differences and preferences when developing treatments
☐ Supports staff in consulting with family members, as appropriate, when diagnosing or developing treatment for the patient
☐ Supports staff in collaborating with local culturally-specific healers about patient care or treatment
☐ Don't know
☐ None of the above

7. Which of the following alternative and complementary treatments are utilized by your providers either directly or indirectly in collaboration with culturally-specific healers?

MARK ALL THAT APPLY
☐ Acupuncture/acupressure
☐ Physical or occupational therapies
☐ Chiropractic therapies
☐ Herbal therapies (e.g., St. John's Wort, milk thistle, ginseng)
☐ Relaxation techniques (e.g., progressive muscle relaxation, deep breathing, hypnosis, biofeedback)
☐ Diet/nutrition
☐ Music, dance, or art therapies
☐ Other, please specify _____
☐ Don't know
☐ None of the above

Thank you again for your participation.
Please see cover for return instructions.

APPENDIX E

Membership Questionnaire

Organization Code: _____

National Study of Culturally and Linguistically Appropriate Services in Managed Care Organizations (CLAS in MCOs Study)

MEMBERSHIP QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire. The purpose of this study is to collect information on healthcare policies and practices that extend medical support or services to meet the needs of members of diverse linguistic, national, or cultural backgrounds. *Participation in this study does not require that your organization have any sort of policies in place that address the particular needs of certain cultural groups.* There are no expectations or judgments about services that are, or are not, offered by your organization. In the event that certain organizations report unique policies or practices that exceed current standards of care for diverse groups, prior permission will be requested from the participating organization to highlight in future publications information provided from those responses only. Anonymity is assured; data will be reported as summaries without individual or organizational identification. A unique benefit of your participation in this study is that your organization will receive a copy of actual responses submitted by your staff that may be useful to your health plan in identifying and monitoring CLAS provision for quality improvement and other reporting purposes.

Although the focus of this questionnaire is on healthcare services provided to members of diverse cultural groups, the form is divided into four sections that cover specific topics within the broader inquiry. Depending on the structure of your organization, it may be appropriate for different individuals in your organization to complete certain sections of the questionnaire based on their roles, responsibilities, and knowledge—thereby greatly reducing individual time and effort. You are encouraged to distribute certain sections or questions to the appropriate colleague in your organization in order to complete as many questions as you can. Some questions call for your best single answer. Questions that call for multiple responses are labeled "Mark All That Apply."

RETURN INSTRUCTIONS

Thank you again for your participation. There are two options for returning your completed questionnaire:

1. Mail the completed form using the enclosed pre-paid envelope.
   If you have misplaced the envelope, please send the completed form to:

   COSMOS Corporation
   3 Bethesda Metro Center
   Suite 950
   Bethesda, MD 20814
   Attn: Angela Ware, Ph.D.

2. Submit your completed form by facsimile transmission to:

   Attn: Angela Ware, Ph.D.
   301-215-6969

Paperwork Reduction Act Statement

(Color 1)

A. QUALITY MONITORING AND IMPROVEMENT (QI)

The following questions are about your basic systems for tracking data about your members and services you provide, and how these data are used in planning, promoting and evaluating services that address the specific needs of culturally and linguistically diverse groups in your membership. These would include internal routine information systems and quality monitoring and improvement procedures.

1. Does your organization have a formal plan for measuring and improving the quality of culturally and linguistically appropriate services provided to members?
   ☐ Yes
   ☐ No
   ☐ Don't know

2. Which of the following activities are employed to monitor and improve the quality of culturally and linguistically appropriate services?

   MARK ALL THAT APPLY
   ☐ Collection, review, and analysis of quality outcomes data
   ☐ Member satisfaction surveys
   ☐ Reviews of dis-enrollment
   ☐ Grievance and complaint tracking
   ☐ Chart reviews and audits
   ☐ Member focus groups
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above

3. Which of the following outcomes data are collected in the QI or Quality of Care studies you conduct?

MARK ALL THAT APPLY

- ☐ Member health status and functioning
- ☐ Member mental health status and functioning
- ☐ General utilization reviews
- ☐ General health outcomes
- ☐ Infectious diseases outcomes
- ☐ Hospital discharge outcomes
- ☐ Post-surgical outcomes
- ☐ Geriatric health outcomes
- ☐ Pediatric health outcomes
- ☐ Ob/Gyn health outcomes
- ☐ Prescription drug efficacy
- ☐ Prescription drug adverse effects
- ☐ Mental health service outcomes
- ☐ Substance abuse treatment outcomes
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

4. In which of the following ways are data from various QI studies and surveys used?

MARK ALL THAT APPLY

- ☐ Identify and address health care differences in race, ethnicity, gender, and other demographic variables
- ☐ Set benchmarks, targets or goals for individual service units
- ☐ Set priorities for health education and health promotion programs
- ☐ Determine performance bonuses and contract renewals
- ☐ Don't know
- ☐ None of the above

5. Does your organization conduct periodic assessments of community and/or members' needs?
- ☐ Yes ➞ go to 5a
- ☐ No ➞ go to 6
- ☐ Don't know ➞ go to 6

5a. How often are community and member needs assessments conducted?
- ☐ Annually
- ☐ Every two years
- ☐ Less regularly
- ☐ Within the last 2 years
- ☐ Other, please specify _____
- ☐ Don't know

5b. Which of the following community and/or member groups are involved in these needs assessments?

MARK ALL THAT APPLY
- ☐ Community advisory body
- ☐ Faith-based organizations representing local communities
- ☐ Civic organizations representing local communities
- ☐ Consumer or advocacy groups, representing local communities
- ☐ Local health or government officials
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

6. In which of the following ways does your corporate parent support QI activities and needs assessments?

MARK ALL THAT APPLY
- ☐ Allocates financial resources for diversity initiatives
- ☐ Sets benchmarks for quality and outcome indicators
- ☐ Provides models for assessments
- ☐ Sends advisory personnel to your local site
- ☐ Conducts them for your local site using corporate personnel
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above
- ☐ Not applicable

7. Does your organization have an internal working group or committee that coordinates, advises, or serves as a resource for planning and evaluation of services provided specifically to culturally and linguistically diverse groups?
- ☐ Yes
- ☐ No
- ☐ Don't know

8. Are provider and member information for performance assessments and QI activities linked?
- ☐ Yes
- ☐ No
- ☐ Don't know

(Color 2)

B. MANAGEMENT INFORMATION SYSTEMS (MIS)

The following questions are about demographic data your organization may collect on your members.

1. Does your organization's member information database record race and ethnicity?
   - ☐ Yes, for all members ➞ go to 2
   - ☐ Yes, for members of certain contracts (i.e., Medicaid, Medicare enrollees) ➞ go to 2
   - ☐ No ➞ go to 1a
   - ☐ Don't know ➞ go to 2

   1a. To your knowledge, what are the reasons you do <u>not</u> record race and ethnicity for your members?

   MARK ALL THAT APPLY
   - ☐ Member's privacy rights ➞ go to 4
   - ☐ Concerns about quality or completeness of data ➞ go to 4
   - ☐ Concerns about legal liability ➞ go to 4
   - ☐ Other, please specify _____ ➞ go to 4
   - ☐ Don't know ➞ go to 4

2. Please report or estimate what percentage of your membership falls into the following racial groups.

	Record Percent	Actual	Estimated
a. Black or African American	_____ %	☐	☐
b. Asian	_____ %	☐	☐
c. Native Hawaiian or other Pacific Islander	_____ %	☐	☐
d. American Indian or Alaska Native	_____ %	☐	☐
e. White	_____ %	☐	☐

   If reporting the actual percentage, what is the source used for your response?_____

   - ☐ Don't know

3. Please report or estimate what percentage of your membership falls into the following ethnic group.

	Record Percent	Actual	Estimated
a. Hispanic or Latino	_____ %	☐	☐

If reporting the actual percentage, what is the source used for your response? _____

☐ Don't know

4. Does your organization's member information database record the primary language spoken by each member?
☐ Yes, for all members ➞ go to 5
☐ Yes, for members of certain contracts (i.e., Medicaid, Medicare enrollees) ➞ go to 5
☐ No ➞ go to 4a
☐ Don't know ➞ go to 5

4a. To your knowledge, what are the reasons you do <u>not</u> record primary language spoken for your members?

MARK ALL THAT APPLY
☐ Member's privacy rights
☐ Concerns about quality or completeness of data
☐ Concerns about legal liability
☐ Other, please specify _____
☐ Don't know

5. Approximately what percentage of your membership speak a primary language other than English?

	Actual	Estimated
Record Percentage _____ %	☐	☐

If reporting the actual percentage, what is the source used for your response? _____

☐ Don't know

6. In your organization's data systems, can member demographic information (such as race/ethnicity and language) be linked with other data (such as member satisfaction, grievances/complaints, and dis-enrollment)?
☐ Yes
☐ No
☐ Don't know

(Color 3)

C. TRANSLATION AND INTERPRETER SERVICES

Written Translation Services

1. Which of the following types of written materials are available to your members in languages other than English?

   MARK ALL THAT APPLY
   ☐ Enrollment applications
   ☐ Materials regarding benefits and services for which members are eligible (e.g., plan overview, provider directory)
   ☐ Materials on how to access and appropriately use covered services
   ☐ Health education materials
   ☐ Patient care instructions and forms
   ☐ Medication instructions and forms
   ☐ Billing information
   ☐ Notification of reduction, denial, or termination of services
   ☐ Grievance/complaint procedures and forms
   ☐ Member satisfaction questionnaires/surveys
   ☐ Notification of free language assistance
   ☐ Other, please specify _____
   ☐ None of the above

2. Which of the following activities are used to develop written materials in languages other than English?

   MARK ALL THAT APPLY
   ☐ Verbatim translations from English into other languages
   ☐ Translations into other languages that are sensitive to specialized terms or concepts used in both languages
   ☐ Translations into other languages that are prepared for the reading levels needed by persons with limited English proficiency (LEP)
   ☐ Community input to ensure cultural sensitivity and appropriateness (e.g., pretest with focus groups, community-based organizations, or members with LEP)
   ☐ Translated materials (from English into other languages) are back-translated into English
   ☐ Materials are originally developed in languages other than English
   ☐ Don't know
   ☐ None of the above

3. Which of the following practices generally apply to the translations of written materials provided by your organization to its members?

MARK ALL THAT APPLY
☐ Specific training and/or demonstrated ability to write professionally in the language of interest is required
☐ Specific training and/or demonstrated ability to write to the reading level of the audience in the language of interest is required
☐ Don't know
☐ None of the above

4. Which of the following entities provide review and/or approval for translated materials and products available to your members?

MARK ALL THAT APPLY
☐ Your community advisory board
☐ Corporate level entity
☐ An internal working group or body at the service level
☐ An external group (e.g. community members, community-based organizations)
☐ Member focus groups
☐ Other, please specify _____
☐ Don't know
☐ None of the above

5. Does your organization set and monitor targets or threshold levels for which vital documents and other written materials are translated to meet the language needs of your members?
☐ Yes ➡ go to 5a
☐ No ➡ go to 6
☐ Don't know ➡ go to 6

5a. What percentage or number of members who speak a language is used as the target or minimum threshold for translating materials into that language?

Percentage _____
Number _____
☐ No minimum threshold
☐ Don't know

6. What methods are used by your organization to determine the need for translation of written materials into languages spoken by your members?

MARK ALL THAT APPLY
- ☐ Number or percent of <u>persons in the surrounding communities</u> who speak a language
- ☐ Number or percent of <u>health plan members</u> who speak a language
- ☐ Number or percent of <u>enrollees under specific plan products or contracts</u> who speak a language (e.g., Medicaid beneficiaries, community health centers); please specify _____
- ☐ Member requests/demand
- ☐ Staff requests/demand
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

7. Which of the following means are used to determine the level of language needs in the populations served by your organization?

MARK ALL THAT APPLY
- ☐ U.S. Census data
- ☐ Client utilization data
- ☐ Data from community agencies/organizations
- ☐ Data from school systems
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

8. Which of the following methods are used to inform health plan members of the availability of translated plan documents and materials?

MARK ALL THAT APPLY
- ☐ Translated inserts in general plan documents (e.g. brochures, manuals)
- ☐ Translated recorded messages on customer service telephone lines
- ☐ Interpreters on customer service lines
- ☐ Translated signage and notices at key points of contact throughout the organization
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

9. Is there a specific budget line in your organization for the allocation of funds to support translation of written documents and materials into languages spoken by your members?
- ☐ Yes
- ☐ No
- ☐ Don't know

Oral Interpretation Services

10. Which of the following interpreter services are available to your members?

    MARK ALL THAT APPLY
    ☐ Telephone interpreter language line
    ☐ Bilingual and/or bicultural non-clinical staff
    ☐ Bilingual and/or bicultural clinical staff
    ☐ Full-time staff interpreters
    ☐ Contracted interpreters
    ☐ Volunteer interpreters
    ☐ Simultaneous interpretation
    ☐ No formal services available; utilize assistance from members' families and friends
    ☐ Don't know
    ☐ None of the above

11. Which of the following characteristics apply to the language interpreters used by your organization?

    MARK ALL THAT APPLY
    ☐ Certified in medical interpretation
    ☐ Demonstrated proficiency in English and the other language(s)
    ☐ Trained in ethics of interpreting
    ☐ Trained in sequential or consecutive interpreting
    ☐ Trained in simultaneous interpreting
    ☐ Knowledge (in both languages) of specialized terms or concepts
    ☐ Trained in interpreting for individuals with limited English proficiency
    ☐ Don't know
    ☐ None of the above

12. Which of the following entities review and/or approve staffing and operation of interpreter services available to your members?

    MARK ALL THAT APPLY
    ☐ Your community advisory board
    ☐ Corporate level entity
    ☐ An internal working group or body at the service level
    ☐ An external group (e.g., community members, community-based organizations)
    ☐ Member focus groups
    ☐ Other, please specify _____
    ☐ Don't know
    ☐ None of the above

13. Does your organization set and monitor targets or threshold levels for which interpreter services are systematically made available to your members?
    ☐ Yes ➤ go to 13a
    ☐ No ➤ go to 14
    ☐ Don't know ➤ go to 14

13a. What percentage or number of members who speak a language is used as the target or minimum threshold for the provision of interpreter services in that language?

Percentage _____
Number _____
☐ No minimum threshold
☐ Don't know

14. What methods are used by your organization to determine the need for interpreter services in languages spoken by your members?

MARK ALL THAT APPLY
☐ Number or percent of <u>persons in the surrounding communities</u> who speak a language
☐ Number or percent of <u>health plan members</u> who speak a language
☐ Number or percent of <u>enrollees under specific plan products or contracts</u> who speak a language (e.g., Medicaid beneficiaries, community health centers); please specify _____
☐ Member requests/demand
☐ Staff requests/demand
☐ Other, please specify _____
☐ Don't know
☐ None of the above

15. Please provide the best estimate of how many employed, contracted, and certified medical interpreters are available to provide language assistance to your members and staff?

MARK ALL THAT APPLY
Employed (on staff) interpreters, estimated number _____
Contracted interpreters, estimated number _____
Certified medical interpreters, estimated number _____
☐ Don't know

16. For which of the following groups are translated materials and interpreter services generally made available by your organization?

MARK ALL THAT APPLY
☐ All individuals entering our facilities and requiring services
☐ All health plan members eligible for services
☐ Enrollees in specific plan products or under specific contracts only; please specify _____
☐ Other, please specify _____
☐ Don't know
☐ None of the above

17. At which of the following key entry or contact points does your organization provide interpreter services in languages spoken by your members?

    MARK ALL THAT APPLY
☐ Telephone emergency line service
☐ Telephone general information service
☐ Emergency services entry point
☐ Information desk/main lobby
☐ Walk-in clinic services
☐ Pharmacy services
☐ Other, please specify _____
☐ Don't know
☐ None of the above

18. Which of the following methods are used to inform health plan members of the availability of bilingual speakers and interpreter services in your organization?

    MARK ALL THAT APPLY
☐ Translated inserts in general plan documents
☐ Translated recorded messages on customer service telephone lines
☐ Interpreters on customer service lines
☐ Translated signage and notices at key points of contact throughout the organization
☐ Other, please specify _____
☐ Don't know
☐ None of the above

19. Is there a specific budget line for the allocation of funds to support bilingual speakers and interpreter services in your organization?
☐ Yes
☐ No
☐ Don't know

(Color 4)

D. OTHER RELATED MEMBER SERVICES AND BENEFITS

1. Which of the following are provided by your organization in an effort to be more culturally responsive to your members?

   MARK ALL THAT APPLY
   ☐ Scheduled days and hours of operation other than the usual 8 a.m. to 5 p.m. range
   ☐ Culturally friendly physical environment with interior design, pictures, posters, and artwork throughout of diverse populations engaged in meaningful activity
   ☐ Dietary options in cafeteria or food service areas that reflect the cultural beliefs and behaviors of your membership
   ☐ Facilities or services specifically intended to accommodate groups of diverse religious faiths
   ☐ Signage and directions translated and available in predominant languages of service population
   ☐ Signage in braille at critical points of service for the blind
   ☐ Print materials prepared in larger fonts for older and visually-impaired audiences
   ☐ Use of language identification cards to identify the language spoken by members
   ☐ Handicapped access to all key entryways, exits, and service areas
   ☐ Services for the hearing impaired, including phones and personnel trained in American Sign Language
   ☐ Publicly disseminated annual report or publication of organization's efforts to provide culturally and linguistically appropriate services
   ☐ None of the above

2. Which of the following complementary or alternative healing practices are offered to your members/patients?

   MARK ALL THAT APPLY
   ☐ Acupuncture/acupressure
   ☐ Physical or occupational therapies
   ☐ Chiropractic therapies
   ☐ Herbal therapies
   ☐ Hydrotherapy
   ☐ Homeopathy
   ☐ Stress management and relaxation techniques (e.g., progress relaxation, deep breathing, hypnosis, biofeedback)
   ☐ Diet/nutrition
   ☐ Music, dance, or art therapies
   ☐ Other, please specify _____
   ☐ Don't know
   ☐ None of the above

3. Which of the following kinds of information are available to your members (e.g., in provider directories or other membership materials) to promote the ability of your providers and staff to serve culturally and linguistically diverse groups?

MARK ALL THAT APPLY
- ☐ Proficiency in languages other than English, including American Sign Language
- ☐ Racial/ethnic background
- ☐ State and/or national origin
- ☐ Special training and/or certification in cultural competency
- ☐ Special training and/or certification in complementary or alternative healing practices
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

4. Which of the following characteristics pertain to written materials available to your members?

MARK ALL THAT APPLY
- ☐ Graphics and depictions reflect the racial and ethnic diversity of the populations served
- ☐ Graphics and depictions reflect other forms of diversity reflected in the populations served (e.g., religious, gender, functional ability, age, etc.)
- ☐ Graphics and depictions are free of generalizations and stereotypes based on race, ethnicity, gender, age, religion, sexual orientation, income, and disability)
- ☐ Content is geared to persons of varying reading levels
- ☐ Readability testing is performed on written materials to ensure that content is geared to average reading level of the audience
- ☐ Don't know
- ☐ None of the above

5. Which of the following benefits have been achieved by your organization as a result of providing services that are responsive to the cultural and linguistic diversity of your membership?

MARK ALL THAT APPLY
- ☐ Fewer complaints, grievances, and legal actions from members and staff
- ☐ Increased member/patient satisfaction
- ☐ Increased staff/employee morale and retention
- ☐ Enhanced reputation for community consciousness and service
- ☐ Stronger marketing potential
- ☐ Enhanced communication and comprehension between patients and providers
- ☐ Better diagnostic accuracy
- ☐ Better compliance by members with treatment plans
- ☐ Better disease management
- ☐ Better long-term health outcomes for members
- ☐ Lower overall costs per enrollee
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above
- ☐ Not applicable

6. Which of the following factors present challenges for your organization in providing services that are responsive to the needs of culturally and linguistically diverse members?

MARK ALL THAT APPLY
- ☐ Your membership is not very culturally or linguistically diverse
- ☐ The population in your service area is not very culturally or linguistically diverse
- ☐ You are not aware of programs that are effective for your situation
- ☐ Current knowledge about cultural and linguistic impacts on health and treatment is not scientifically reliable
- ☐ These programs are too costly in comparison to their benefits
- ☐ It is difficult to make staff time available for planning, assessment, or training
- ☐ Your organization is not primarily responsible for design of benefits or services
- ☐ Your organization is not primarily responsible for management of quality or utilization
- ☐ You do not have any training programs for your contractors
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above
- ☐ Not applicable

Thank you again for your participation.
Please see cover for return instructions.

APPENDIX F

Pilot Test Response Form

Organization Code: _____

PILOT TEST RESPONSE FORM

<u>**Instructions:**</u>

1.   Please use this form to record your responses to the Pilot Test Questionnaire Package. If different staff members share the effort of completing the questionnaire, please allow each individual to complete this form for the appropriate section(s). For example, if one staff member completes sections A through C of the questionnaire and another staff member completes section D, each staff member should record their responses in the table on page 2 of this form *only for the section(s) that correspond to the section(s) they completed in the questionnaire.*

2.   On page 2, rate the utility of each component (cover letter; questionnaire cover sheet; and questionnaire sections A-D) based on the categories provided and the following rating scale: *(1 = very appropriate); (2 = appropriate); (3 = somewhat appropriate); and (4 = not appropriate).* In using the rating scale, consider the level of appropriateness for presenting each component to someone in a similar staff position to yours. Also, if you rate a particular component category as "3" (somewhat appropriate) or "4" (not appropriate), please let us know why, or give suggestions for change, by commenting in the box provided on page 3 of this form.

     Please evaluate each questionnaire section as a whole, but feel free to provide written comments in the box on page 3 if there are particular items of concern within a section. If you provide written comments on a particular question or item, please indicate the questionnaire section and question number you are referring to.

3.   In addition, your general comments and suggestions about the design or topical content of the questionnaire, or specific questions within, are greatly appreciated.

4.   Finally, please return this Pilot Test Response Form with your completed questionnaire.

Thank you.

Organization Code: _____

RESPONDENT EVALUATION OF THE
QUESTIONNAIRE PACKAGE

COMPONENT	RATING SCALE (please circle)			
	Very Appropriate	**Appropriate**	**Somewhat Appropriate**	**Not Appropriate**
Cover Letter				
1. Layout and Design	1	2	3	4
2. Clarity of Information	1	2	3	4
3. Motivational Effect to Participate	1	2	3	4
Questionnaire Cover Sheet				
1. Layout and Design	1	2	3	4
2. Clarity of Information	1	2	3	4
3. Clarity of Return Instructions	1	2	3	4
4. Options for Returning Completed Questionnaire	1	2	3	4
Questionnaire, Section A				
1. Layout and Design	1	2	3	4
2. Clarity of Instructions	1	2	3	4
3. Question Wording	1	2	3	4
4. Response Categories	1	2	3	4
5. Ability to Recall Information	1	2	3	4
Questionnaire, Section B				
1. Layout and Design	1	2	3	4
2. Clarity of Instructions	1	2	3	4
3. Question Wording	1	2	3	4
4. Response Categories	1	2	3	4
5. Ability to Recall Information	1	2	3	4
Questionnaire, Section C				
1. Layout and Design	1	2	3	4
2. Clarity of Instructions	1	2	3	4
3. Question Wording	1	2	3	4
4. Response Categories	1	2	3	4
5. Ability to Recall Information	1	2	3	4
Questionnaire, Section D				
1. Layout and Design	1	2	3	4
2. Clarity of Instructions	1	2	3	4
3. Question Wording	1	2	3	4
4. Response Categories	1	2	3	4
5. Ability to Recall Information	1	2	3	4

**Please estimate the amount of time it took you to complete the questionnaire: _____

Would it be useful to have an additional option for completing and submitting the questionnaire on an Internet website? Yes _____   No _____

Organization Code: _____

SPECIAL COMMENTS OR SUGGESTIONS

(If referring to a particular item, please indicate section and question number.)

If your comments require more space, please feel free to attach additional pages.

Appendix G

Respondent Contact Materials

Appendix G-1

Confirmation Pre-call Script

<div align="center">**CONFIRMATION PRE-CALL SCRIPT**</div>

Receptionist/Switchboard:
Hello, would you tell me [senior executive's name]'s extension please? Would you connect me to his/her office please?

If senior executive is no longer with company:
Would you tell me who the current CEO/President or general manager is? Would you tell me his/her extension and connect me to his/her office?

If senior executive is based out of another office in a different state:
Would you tell me who the senior person or manager of this branch of the company is? Would you tell me his/her extension and connect me to his/her office?

When connected to the senior executive's assistant/secretary or to the senior executive:
Hello, my name is [name] calling from COSMOS Corporation on behalf of the Office of Minority Health. I am contacting senior executives of healthcare organizations in regards to a national study being conducted by OMH in the U.S. Department of Health and Human Services. I would like to send [Mr./Ms./Dr. senior executive] a letter inviting him/her to participate in the study along with a detailed explanation of the study. To do this, I need to verify the name of the CEO, the address of your company, and [Mr./Ms./Dr. senior executive's] direct telephone number.
    Record information. Check spelling of name, company, and address.
Thank you very much for the information. In the next few weeks, [Mr./Ms./Dr. senior executive] will receive the invitation letter to participate in the study.

If asked what the study is about:
The Office of Minority Health is conducting a study on culturally and linguistically appropriate services, or CLAS, in healthcare organizations. The invitation letter [Mr./Ms./Dr. senior executive] will receive from OMH will contain a more detailed explanation of the study.

Note: If you get a completely automated phone system with no option of speaking to a live person, document the problem in the log, and move on to the next person on the list.

Appendix G-2

Initial Contact Letter to Senior Executive

FIELD(FName) FIELD(LName)
FIELD(Organization)
FIELD(Address)

Dear FIELD(Name):

Your organization has been selected to participate in a national study of 240 managed care organizations (MCOs) sponsored by the Office of Minority Health (OMH) in the U.S. Department of Health and Human Services. The study hopes to assess the national level of culturally and linguistically appropriate services (CLAS) provided by MCOs. *A unique benefit of your participation in this particular study is that—although this is a one-time data collection effort—the questionnaires your staff will complete may be useful as examples of appropriate indicators for measuring CLAS provision within your organization. Additionally, upon request each MCO executive that participates in the study will receive a confidential copy of the actual responses submitted by the respective MCO. These data may be useful to your organization in identifying and monitoring CLAS provision for quality improvement and other reporting purposes*.

OMH is undertaking this effort to collect national data that accurately describe current healthcare policies and practices that extend medical support or services to members of diverse linguistic, national, or cultural backgrounds. Participation in the study does *not* require that your organization have any sort of policies or practices in place that address the particular needs of certain cultural groups. *It is emphasized that there are no expectations or judgments about services that are, or are not, offered by your organization.* Your participation is voluntary, and your responses will be kept completely anonymous. *The data will be reported as summaries without individual or organizational identification.*

The study involves a one-time data collection effort comprised of three components:

- A Telephone Interview with you (that will take approximately 15 minutes) to ask 25 questions about organizational governance and policies related to CLAS, and to ask for your recommendation of (at least two) individuals in your organization who are most appropriate to complete two follow-up questionnaires, listed as numbers 2 and 3 below;

- A Membership Questionnaire (that will take approximately 30 minutes to complete), to be completed by the individual that is recommended by you during the telephone interview. *A description of topics covered in this questionnaire is enclosed*; and

- A Staffing Questionnaire (that will take approximately 30 minutes to complete), to be completed by the individual that is recommended by you during the telephone interview. *A description of topics covered in this questionnaire is enclosed.*

As previously mentioned, participation in this study will provide useful information for your organization and its efforts to monitor and conduct CLAS. Participation in the study may also provide special insight into the variety of services that are considered to be important for addressing the healthcare needs of diverse populations. In addition, study results will help OMH, other government agencies and policymakers, researchers, and health plans understand the current level of support for CLAS within managed care environments across the nation.

Thank you in advance for considering participation in this national study. Within the next two weeks, someone from COSMOS Corporation (the contracted research firm) will contact you by telephone to confirm your willingness to participate in the study, and to schedule an interview appointment at your earliest convenience. Again, your time and cooperation are greatly appreciated.

Sincerely,

Nathan Stinson, Jr., Ph.D., M.D., M.P.H.
Deputy Assistant Secretary for Minority Health

Enclosure

American Association of
HEALTH PLANS

February 20, 2001

Dear Colleague:

I am writing to encourage your health plan participation in a study, sponsored by the Office of Minority Health, U.S. Department of Health and Human Services, that is described in the attached letter and overview from Dr. Nathan Stinson, Deputy Assistant Secretary for Minority Health.

The goal of this study is to assess the national level of culturally and linguistically appropriate services (CLAS) provided by health care organizations. AAHP and our member health plans have for many years provided leadership in this area through our Minority Management Development Program and other initiatives. AAHP supports this study and has designated me to serve-on the CLAS Expert Panel for HHS.

We recognize how significantly you, as an AAHP member plan, can contribute to this study through your participation. In support of our ongoing commitment to research and elimination of health disparities, I hope you will give your attention and time to completing the interview, and identifying appropriate staff members in your organization that can complete the other two component questionnaires.

Thank you for your continued support of our initiatives. Please do not hesitate to contact me if you have questions or need additional information.

Sincerely

Charles W. Stellar
Executive Vice President

TOPICS COVERED IN TWO FOLLOW-UP QUESTIONNAIRES

Each questionnaire will be mailed to the appropriate individual in your organization, based on your recommendation during the telephone interview.

Membership Questionnaire – Total, 44 questions

Section A: Quality Monitoring and Improvement (QI)
  Includes 10 questions on your basic systems for tracking data about your members and services you provide, and how these data are used in planning, promoting and evaluating services that address the specific needs of diverse groups in your membership.
Section B: Management Information Systems (MIS)
  Includes 7 questions on demographic data your organization may collect on your members.
Section C: Translation and Interpreter Services
  Includes 21 questions about translation services and interpreter services that are provided by your organization or by individual or group providers that you contract with.
Section D: Other Related Member Services and Benefits
  Includes 6 questions on health services and benefits available to your members.

Staffing Questionnaire – Total, 62 questions

Section A: Quality Monitoring and Improvement (QI)
  Includes 12 questions on quality assessments of clinical services provided to your members. These would include internal routine information systems and quality monitoring and improvement procedures, as well as external standards required of individual or group providers that you contract with.
Section B: Management Information Systems (MIS)
  Includes 22 questions about demographic data your organization may collect on your employed and contracted clinical and your non-clinical staff.
Section C: Staff Training
  Includes 21 questions about "diversity training" that may be provided to your employed and contracted clinical staff and your non-clinical staff.
Section D: Staff Diversity, Recruitment and Promotion
  Includes 7 questions about policies or plans your organization may have in place that address diversity in your employed or contracted clinical staff and your non-clinical staff.

Again, anonymity is assured.

Appendix G-3

Interviewer Script for Interview Preview

<div align="center">**SCRIPT FOR INTERVIEW PREVIEW**</div>

Receptionist/switchboard:
Hello, may I speak with [senior executive's name] please?

If asked "who is calling?":
My name is [name] calling from COSMOS Corporation on behalf of the Office of Minority Health regarding an invitation for [Senior executive's name] to participate in a national study. He/she should have already received a letter describing the study, and I am calling to confirm your organization's participation.

If connected directly to senior executive:
Hello, my name is [name] calling from COSMOS Corporation on behalf of the Office of Minority Health. Last week, you should have received a letter from OMH inviting you to participate in a national study that is currently being conducted on culturally and linguistically appropriate services, or CLAS, in healthcare organizations. The study involves one telephone interview with you that should last about 15 minutes, and two follow-up questionnaires to be provided to two staff members in your organization that you recommend based on their knowledge of membership or staffing issues. May I schedule an appointment for the interview at your earliest convenience?

> **If yes:**
> *Record name, confirm phone number, and record date and time of scheduled interview – be sure to recognize different time zones.* Thank you very much for agreeing to participate. Someone from Texas A&M Public Policy Research (PPRI) will call you on [repeat date and local time].

> **If no:**
> Could you recommend another senior executive in your organization who is knowledgeable about policies and practices related to services provided to members of diverse linguistic, national, or cultural groups?

If connected to senior executive's voice mail:
Hello, my name is [name] calling from COSMOS Corporation on behalf of the Office of Minority Health. Last week, you should have received a letter from OMH inviting you to participate in a national study that is currently being conducted on culturally and linguistically appropriate services, or CLAS, in healthcare organizations. The study involves one telephone interview with you that should last about 15 minutes, and two follow-up questionnaires to be provided to two staff members in your organization that you recommend based on their knowledge of membership or staffing issues. I will follow-up with another telephone call to you within a few days, hoping to reach you directly so that I may schedule an appointment for the interview at your earliest convenience. Again, my name is [name]. Thank you in advance for your time.

Appendix G-4

Initial Contact Letter to Staffing Personnel

FIELD(FName) FIELD(LName)
FIELD(Organization)
FIELD(Address)

FIELD(Organization Code)
Questionnaire: Staffing Questionnaire

Dear FIELD(Name):

The Office of Minority Health (OMH) in the U.S. Department of Health and Human Services is sponsoring a study to assess the national level of culturally and linguistically appropriate services (CLAS) provided by managed care organizations (MCOs). Your organization has been selected to participate in an important national study of 240 MCOs. FIELD(Senior executive's name), a senior executive in your organization, has already participated in the telephone interview portion of this study and has recommended you for completing the questionnaire portion (instructions enclosed) based on your knowledge of staffing issues and practices.

OMH is undertaking this effort to collect national data that accurately describe current healthcare policies and practices that extend medical support or services to members of diverse linguistic, national, or cultural backgrounds. Participation in the study does _not_ require that your organization have any sort of policies or practices in place that address the particular needs of certain cultural groups. *It is emphasized that there are no expectations or judgments about services that are, or are not, offered by your organization*. Your participation is voluntary, and your responses will be kept completely anonymous. The data will be reported without individual or organizational identification.

However, as a unique benefit of your participation in this study, your organization will receive from OMH a copy of actual responses submitted by you and other staff that may be useful to your health plan in identifying and monitoring CLAS provision for quality improvement and other reporting purposes. In addition, survey results will help OMH, other government agencies and policymakers, researchers, and health plans understand the current level of support for CLAS within managed care environments across the nation.

Enclosed please find full instructions for accessing and returning the questionnaire. For your convenience, several submission options are offered, including Internet Website, electronic mail, facsimile, and postal mail with postage paid.

Completing the questionnaire is easy and straightforward. Instructions for accessing the questionnaire are attached. Once you have accessed the questionnaire, instructions for completing and returning are located on the questionnaire cover sheet. Please return your completed questionnaire by FIELD(date). Your timely response is greatly appreciated.

Sincerely,

Nathan Stinson, Jr., Ph.D., M.D., M.P.H.
Deputy Assistant Secretary for Minority Health

Enclosure

Office of Minority Health (OMH)
CLAS in MCOs Study

INSTRUCTIONS FOR *ACCESSING AND RETURNING*
THE STAFFING QUESTIONNAIRE

There are **three options** for accessing and returning the questionnaire.

Option 1: Internet version (Microsoft Active Server Pages)

For **Internet access**, go to the following "CLAS in MCOs Study" Web site address:
http://www.cosmoscorp.com/CLAS. At this point, a window will open that requests a password. To gain access, you must enter the *8-digit organization code* referred to in the attached cover letter. Select the appropriate questionnaire for you, i.e., *"Staffing Questionnaire,"* and click the OK button to proceed. An interactive version of the questionnaire will be presented in your browser that includes full instructions on how to complete and submit the study online. The completed questionnaire can be printed for your records.

Option 2: Electronic version (WordPerfect or Microsoft Word)

To request an **electronic version** of the questionnaire, send an e-mail message (to this address: clas@cosmoscorp.com) that includes the following information: a) the name of the questionnaire you are requesting ("Staffing Questionnaire"); b) your preferred application version (WordPerfect or Microsoft Word); and c) the 8-digit organization code referred to in the attached cover letter. An electronic version of the questionnaire will be e-mailed back to you as an attachment. You may then open the attachment and either save it to your hard drive to complete on your computer desktop or print the document to complete with pen and paper. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Option 3: Hard copy (via facsimile or postal mail transmission)

To request a **hard copy** of the questionnaire, you may call Angela Ware, Ph.D. (study deputy director) at the following number: 301-215-9100, or you may e-mail the request to the following address: clas@cosmoscorp.com. Be sure to provide the following information in your message: a) the name of the questionnaire you are requesting ("Staffing Questionnaire"); b) whether you prefer the questionnaire to be mailed or faxed to you; c) the 8-digit organization code referred to in the attached cover letter; and d) your contact information (either fax number or full postal address). Postage-paid return envelopes will be provided for those participants who request a hard copies to be returned by postal mail. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Appendix G-5

Initial Contact Letter to Membership Personnel

FIELD(FName) FIELD(LName)
FIELD(Organization)
FIELD(Address)

FIELD(Organization Code)
Questionnaire: Membership Questionnaire

Dear FIELD(Name):

    The Office of Minority Health (OMH) in the U.S. Department of Health and Human Services is sponsoring a study to assess the national level of culturally and linguistically appropriate services (CLAS) provided by managed care organizations (MCOs). Your organization has been selected to participate in an important national study of 240 MCOs. FIELD(Senior executive's name), a senior executive in your organization, has already participated in the telephone interview portion of this study and has recommended you for completing the questionnaire portion (instructions enclosed) based on your knowledge of membership services and practices.

    OMH is undertaking this effort to collect national data that accurately describe current healthcare policies and practices that extend medical support or services to members of diverse linguistic, national, or cultural backgrounds. Participation in the study does <u>not</u> require that your organization have any sort of policies or practices in place that address the particular needs of certain cultural groups. *It is emphasized that there are no expectations or judgments about services that are, or are not, offered by your organization.* Your participation is voluntary, and your responses will be kept completely anonymous. The data will be reported without individual or organizational identification.

    However, as a unique benefit of your participation in this study, your organization will receive from OMH a copy of actual responses submitted by you and other staff that may be useful to your health plan in identifying and monitoring CLAS provision for quality improvement and other reporting purposes. In addition, survey results will help OMH, other government agencies and policymakers, researchers, and health plans understand the current level of support for CLAS within managed care environments across the nation.

Enclosed please find full instructions for accessing and returning the questionnaire. For your convenience, several submission options are offered, including Internet Website, electronic mail, facsimile, and postal mail with postage paid.

Completing the questionnaire is easy and straightforward. Instructions for accessing the questionnaire are attached. Once you have accessed the questionnaire, instructions for completing and returning are located on the questionnaire cover sheet. Please return your completed questionnaire by FIELD(date). Your timely response is greatly appreciated.

Sincerely,

Nathan Stinson, Jr., Ph.D., M.D., M.P.H.
Deputy Assistant Secretary for Minority Health

Enclosure

Office of Minority Health (OMH)
CLAS in MCOs Study

INSTRUCTIONS FOR *ACCESSING AND RETURNING*
THE MEMBERSHIP QUESTIONNAIRE

There are **three options** for accessing and returning the questionnaire.

Option 1: Internet version (Microsoft Active Server Pages)

For **Internet access**, go to the following "CLAS in MCOs Study" Web site address: http://www.cosmoscorp.com/CLAS. At this point, a window will open that requests a password. To gain access, you must enter the *8-digit organization code* referred to in the attached cover letter. Select the appropriate questionnaire for you, i.e., *"Membership Questionnaire,"* and click the OK button to proceed. An interactive version of the questionnaire will be presented in your browser that includes full instructions on how to complete and submit the study online. The completed questionnaire can be printed for your records.

Option 2: Electronic version (WordPerfect or Microsoft Word)

To request an **electronic version** of the questionnaire, send an e-mail message (to this address: clas@cosmoscorp.com) that includes the following information: a) the name of the questionnaire you are requesting ("Membership Questionnaire"); b) your preferred application version (WordPerfect or Microsoft Word); and c) the 8-digit organization code referred to in the attached cover letter. An electronic version of the questionnaire will be e-mailed back to you as an attachment. You may then open the attachment and either save it to your hard drive to complete on your computer desktop or print the document to complete with pen and paper. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Option 3: Hard copy (via facsimile or postal mail transmission)

To request a **hard copy** of the questionnaire, you may call Angela Ware, Ph.D. (study deputy director) at the following number: 301-215-9100, or you may e-mail the request to the following address: clas@cosmoscorp.com. Be sure to provide the following information in your message: a) the name of the questionnaire you are requesting ("Membership Questionnaire"); b) whether you prefer the questionnaire to be mailed or faxed to you; c) the 8-digit organization code referred to in the attached cover letter; and d) your contact information (either fax number or full postal address). Postage-paid return envelopes will be provided for those participants who request a hard copies to be returned by postal mail. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Appendix G-6

**Alternate Initial Contact Letter for
One Recommended Staff Member**

[Date]

[Name]
[Organization]
[Address]
[Address]
[Organization Code]
[Questionnaire]

Dear [Name]:

The Office of Minority Health (OMH) in the U.S. Department of Health and Human Services is sponsoring a study to assess the national level of culturally and linguistically appropriate services (CLAS) provided by managed care organizations (MCOs). Your organization has been selected to participate in an important study of 240 MCOs. [Senior Executive's name] recently participated in the interview portion of this study and recommended that I mail you the enclosed follow-up information for completing and submitting questionnaires. [Senior Executive's name] indicated that you would help distribute the information to the appropriate individuals in your organization.

OMH is undertaking this effort to collect national data that accurately describe current healthcare policies and practices that extend medical support or services to members of diverse linguistic, national or cultural backgrounds. Participation in the study does not require that your organization have any sort of policies or practices in place that address the particular needs of certain cultural groups. It is emphasized that there are no expectations or judgments about services that are, or are not, offered by your organization. Your participation is voluntary, and your responses will be kept completely anonymous. The data will be reported without individual or organizational identification.

Enclosed are two packets to be distributed. Each packet includes: 1) a cover letter from OMH, and 2) instructions for accessing and submitting the questionnaire (either "membership" or "staffing"). Each questionnaire packet, i.e., the "Membership Questionnaire" and the "Staffing Questionnaire" packets should be given to the individuals you believe are most knowledgeable about the topics covered in the surveys.

We appreciate your help in distributing these materials to the appropriate staff. If you have any questions, please call Dr. Angela Ware at COSMOS Corporation at 301-215-9100.

Sincerely,

Nathan Stinson, Jr., Ph.D., M.D., M.P.H.
Deputy Assistant Secretary for Minority Health

Enclosures

Office of Minority Health (OMH)
CLAS in MCOs Study

INSTRUCTIONS FOR *ACCESSING AND RETURNING* THE QUESTIONNAIRE

There are **three options** for accessing and returning the questionnaire.

Option 1:   Internet (html) version

For **Internet access**, go to the following "CLAS in MCOs Study" web site address: _____.
Click the link to the appropriate questionnaire for you, i.e., either *"Membership Questionnaire"* or *"Staffing Questionnaire."* At this point, a window will open that requests a password. Enter the *8-digit organization code* referred to in the attached cover letter. Then an html version of the questionnaire will download, with full instructions on how to complete the survey and submit your responses for the study online.

Option 2: Electronic version (WordPerfect or Microsoft Word)

To request an **electronic version** of the questionnaire, send an e-mail message (to this address: clas@cosmoscorp.com) that includes the following information: a) the name of the questionnaire you are requesting (either "Membership Questionnaire" or "Staffing Questionnaire"); b) your preferred application version (WordPerfect or Microsoft Word); and c) the 8-digit organization code referred to in the attached cover letter. An electronic version of the questionnaire will be e-mailed back to you as an attachment. You may then open the attachment and either save it to your hard drive to complete on your computer desktop or print the document to complete with pen and paper. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Option 3: Hard copy (via facsimile or postal mail transmission)

To request a **hard copy** of the questionnaire, you may call Angela Ware, Ph.D. (study deputy director) at the following number: 301-215-9100, or you may e-mail the request to the following address: clas@cosmoscorp.com. Be sure to provide the following information in your message: a) the name of the questionnaire you are requesting (either "Membership Questionnaire" or "Staffing Questionnaire"); b) whether you prefer the questionnaire to be mailed or faxed to you; c) the 8-digit organization code referred to in the attached cover letter; and d) your contact information (either fax number or full postal address). Postage-paid return envelopes will be provided for those participants who request a hard copies to be returned by postal mail. The cover page of the questionnaire includes full instructions on how to complete the survey and submit your responses for the study.

Appendix G-7

Follow-up Postcard

FOLLOW-UP POSTCARD

> *Reminder*
>
> The Office of Minority Health has recently sent you a letter requesting your participation in the National Study of Culturally and Linguistically Appropriate Services (CLAS) in Managed Care Organizations (MCOs), or the "CLAS in MCOs Study." If you have not already done so, please complete and return the questionnaire ***as soon as possible***. Any information you provide is very important and will contribute greatly to this national study.
>
> If you have misplaced the instructions for accessing and returning the questionnaire, please call Angela Ware, Ph.D. at 301-215-9100, or send an e-mail request to clas@cosmoscorp.com, and we will be happy to provide you with one.
>
> *Thank you.*
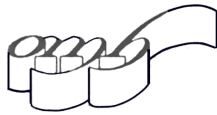
Appendix G-8

Follow-up Telephone Script

FOLLOW-UP TELEPHONE SCRIPT

Hello, my name is [name]. I am calling on behalf of the Office of Minority Health to inquire whether you have received the letter to participate in the "CLAS in MCOs Study" that we recently sent you. If you have, we would like to ask you again to please complete and return the questionnaire as soon as possible, if you have not already done so. If you have misplaced the information on accessing and returning the questionnaire, I will be happy to send you another copy [offer to fax].

Although your participation is voluntary, any information you provide is very important. Again, we emphasize that all of your responses will be kept anonymous. Your participation in this study is extremely valuable and will contribute to a greater understanding of healthcare provision in the United States.

Thank you again for your time and cooperation.

APPENDIX H

Figures: Frequencies by Domain

Appendix H

FIGURES: FREQUENCIES BY DOMAIN

Domain 1: GOVERNANCE OF ORGANIZATION

Figure 1-1. Organizational Description of Participating MCOs (n=77)

<u>**Figure 1-1a.   Organization Type**</u>

HMO
36% (n=28)

PPO
10% (n=8)

MIX
51% (n=39)

POS
3% (n=2)

<u>**Figure 1-1b.   Model Type**</u>

IPA
30% (n=23)

Network
30% (n=23)

Group
8% (n=6)

Unavailable
18% (n=14)

Mix
12% (n=9)

Staff
2% (n=2)
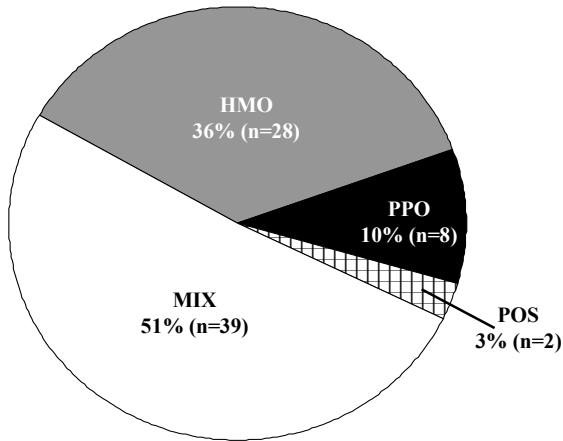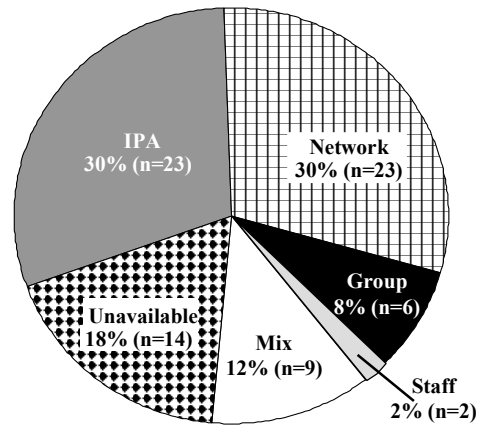
<u>**Figure 1-1c.   Profit Status**</u>

Non-
profit
48% (n=37)

For
Profit
52% (n=40)
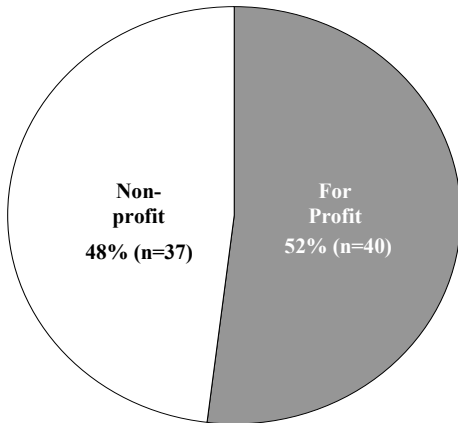
<u>**Figure 1-1d.   Membership Size***</u>

Small
38% (n=29)

Large
27% (n=21)

Medium
34% (n=26)

Unavailable
1% (n=1)
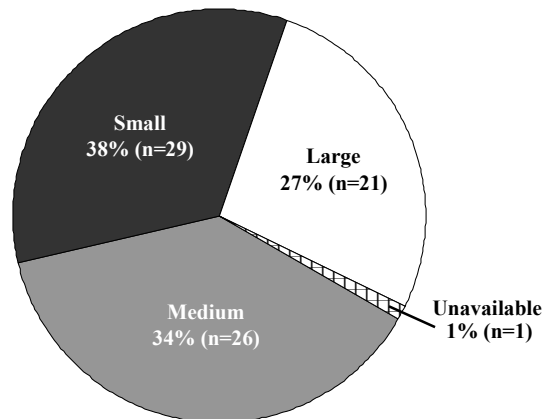
| * • Small = 500-49,999 |
| • Medium = 50,000-199,999 |
| • Large = 200,000+ |

H-1

Figure 1-2. Number of MCOs with CLAS-related Governance (n=77)

Category	Value
Community-level CLAS advisory board	51
Board of directors CLAS subcommittee	30
Funded position for CLAS promotion and coordination	27
Internal working group for CLAS planning and evaluation	9

(scale: 0 to 77)
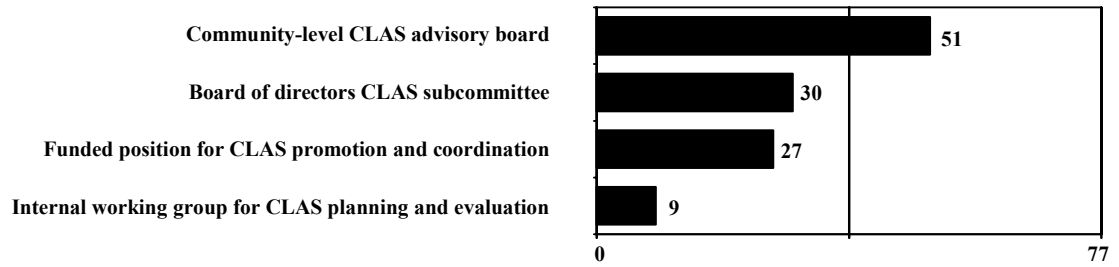
Figure 1-3a. Number of MCOs with Diverse Representation on Community Advisory Board: Racial/Ethnic Membership (n=51)

Category	Value
White	46
Hispanic or Latino	42
Black or African American	40
Asian	25
American Indian or Alaska Native	11
Native Hawaiian or other Pacific Islander	6

(scale: 0 to 51)
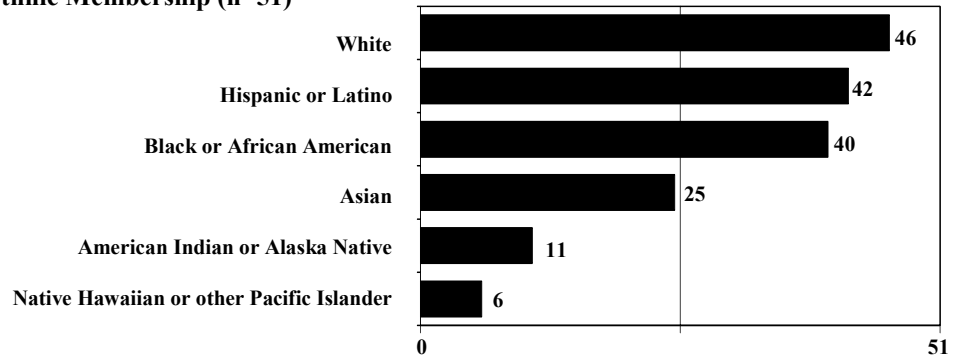
Figure 1-3b. Number of MCOs with Diverse Representation on Community Advisory Board: Other Diverse Membership (n=51)

Category	Value
Gender diversity	42
Geographic diversity	32
Persons with disabilities	26
Religious diversity	24
Sexual orientation diversity	12
Recent immigrants	2

(scale: 0 to 51)
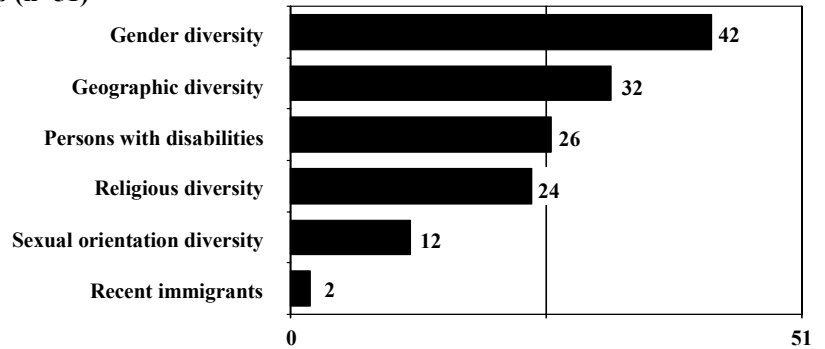
Figure 1-4. Number of MCOs that Utilize Recruitment Strategies for Community Advisory Board Members (n=51)

Category	Value
Community leaders and liaisons	39
Health plan publication	25
Websites	21
Local community newspaper	12
Local bulletin postings	7
Local radio or television	5
Major regional newspaper	2

(scale: 0 to 51)
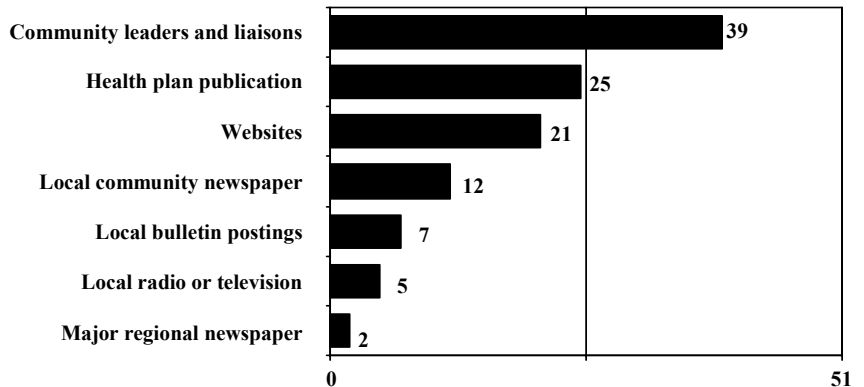
Domain 2: CLAS PLANS AND POLICIES

Figure 2-1.   Number of MCOs with Formal CLAS Plans, Policies, and Programs

Mission statement addresses CLAS (n=77)	70
Policy governing written translation (n=77)	60
Policy governing interpreter services (n=77)	54
Quality improvement plan for diverse members (n=77)	45
Diversity training program (n=30)	17
Staff diversity plan (n=30)	12

0   77

Figure 2-2.   Number of MCOs that Utilize Community Advisory Boards for CLAS Planning and Policy Development (n=51)

Assessing community/member needs	36
Providing input for other organizational policy development	34
Monitoring and evaluating quality of services	32
Planning and designing services for diverse members	26
Developing CLAS plans, protocols, and policies	25

0   51
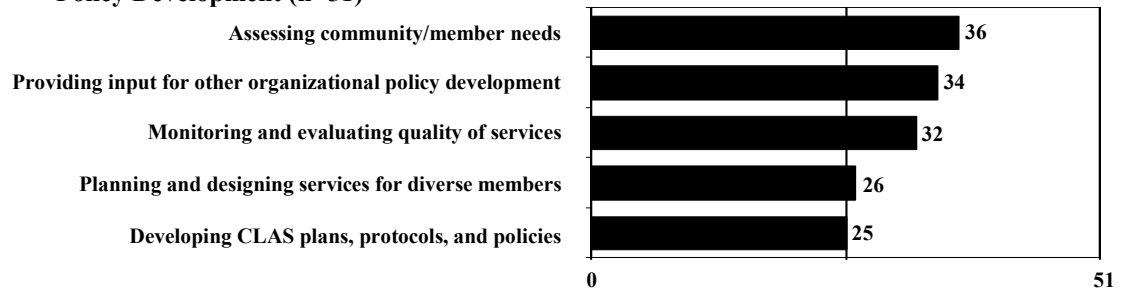
Figure 2-3. Number of MCOs Reporting Frequency of Community Advisory Board Meetings (n=51)
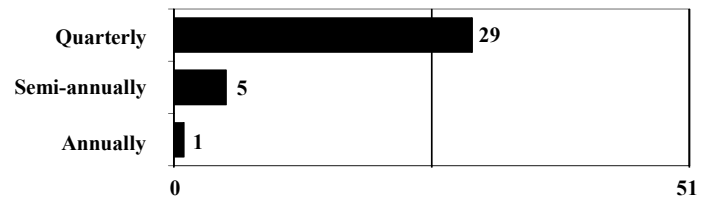
Quarterly	29
Semi-annually	5
Annually	1

0   51

Figure 2-4. Number of MCOs that Utilize Staff and Community Input on CLAS Policies (n=77)

Physicians, nurses, other clinical staff	60
Membership services staff	60
Corporate managers	56
Community leaders and liaisons	53
Information specialists and front-line personnel	47
Community civic organizations	44
Local consumer or advocacy groups	41
Community faith-based organizations	26
Major health plan purchasers	14
Local health or government officials	13

0   77

Figure 2-5a. Number of MCOs that Describe Their Translation Policy (n=60)

Category	Value
Ensures commonly used materials are translated	51
Promotes translated materials to meet members' needs	50
Includes a protocol for informing members of available translated materials	45
Establishes method for identifying members' needs for translated materials	44
Establishes an organizational entity with programmatic responsibility	29

Scale: 0 – 60

Figure 2-5b. Number of MCOs that Describe Their Interpreter Services Policy (n=54)

Category	Value
Promotes interpreter services to meet members' needs	54
Ensures a range of oral language options are provided	50
Includes a protocol for informing members of available interpreter services	47
Establishes method for identifying members' communication needs	42
Ensures staff are periodically trained	38
Establishes an organizational entity with programmatic responsibility	36

Scale: 0 – 54

Figure 2-5c.   Number of MCOs that Cite Reasons for Providing Interpreter Services and Written Translation (n=77)

Category	Interpreter Services	Written Translation
Member demands	56	55
Publicly-funded program requirement	9	33
Corporate directive	22	26
Compliance with accreditation standards	17	19
Purchasing contract requirement	4	3
Compliance with State Law	40	0
Compliance with Federal Guidelines	33	0

Scale: 0 – 77

Figure 2-5d.   Number of MCOs that Cite Reasons for *Not* Having Formal Policies on Interpreter Services and Written Translation

Category	Interpreter Services Policy (n=23)	Written Translation (n=17)
Membership not culturally or linguistically diverse	7	9
Service area population not culturally or linguistically diverse	5	8
Programs are too costly	2	2
Difficulties making staff time available for planning	1	1

Scale: 0 – 23

H-4
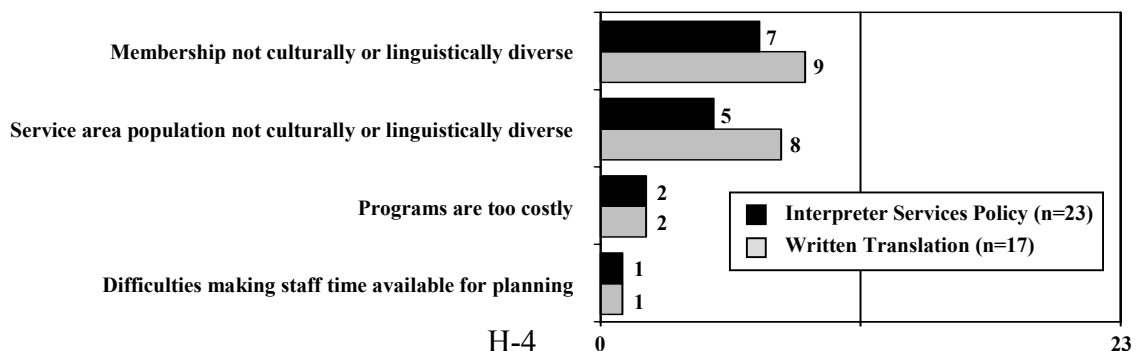
Figure 2-6.   **Number of MCOs that Utilize Strategies for Communicating CLAS Policies to Employed and Contracted Staff (n=30)**
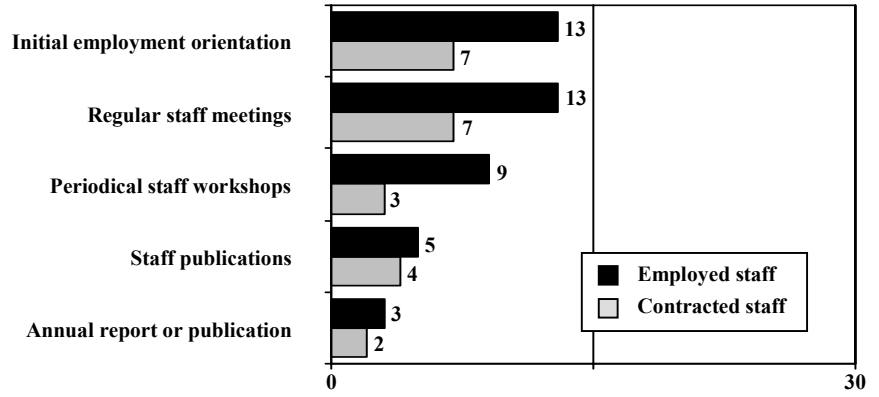
Domain 3: PATIENT CARE

Figure 3-1. Number of MCOs that Encourage or Utilize Diverse Clinical Practices (n=30)

Practice	Number
Consideration of patients' cultural differences and preferences	10
Physical or occupational therapies	10
Culturally complementary guidance on diet/nutrition	9
Chiropractic therapies	8
Relaxation techniques	7
Acupuncture/acupressure treatments	5
Herbal therapies	3

(scale: 0 to 30)
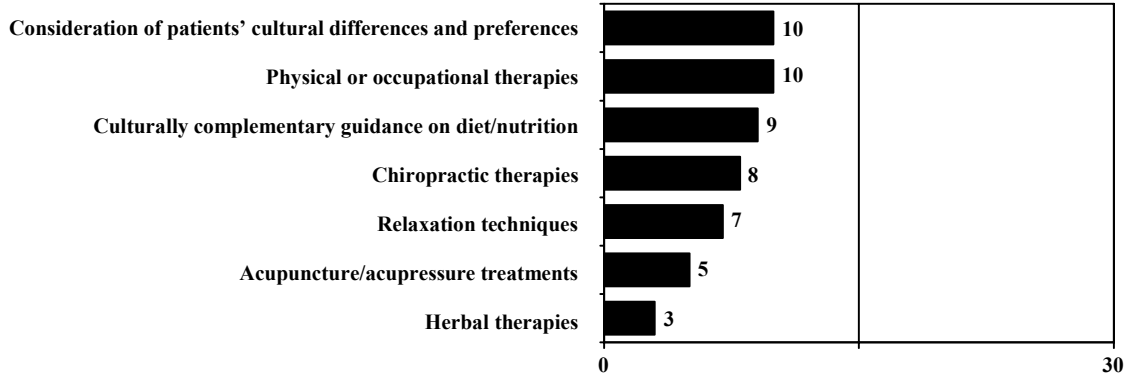
Figure 3-2. Number of MCOs that Utilize Culturally Responsive Practices (n=24)

Practice	Number
Handicapped access to all key entryways, exits, and service areas	15
Services for the hearing impaired	14
Physical environment depicts cultural diversity	12
Non-traditional hours of operation	11
Print materials available with larger fonts	10
Signage translated in predominant languages of service population	7
Signage in Braille at critical points of service	7
Facilities and services are provided to accommodate religious diversity	6
Food service areas offer culturally diverse dietary options	3
Publicly disseminated annual report on MCO's efforts to provide CLAS	2
Use of language identification cards	1

(scale: 0 to 24)

Figure 3-3. Number of MCOs that Make Available Culturally Appropriate Written Materials (n=24)

Practice	Number
Graphics and depictions reflect racial/ethnic diversity	17
Readability testing is performed on written materials	16
Content is geared to persons of varying reading levels	15
Graphics and depictions reflect other forms of diversity	14
Graphics and depictions are free of racial/ethnic/cultural stereotypes	13

(scale: 0 to 24)
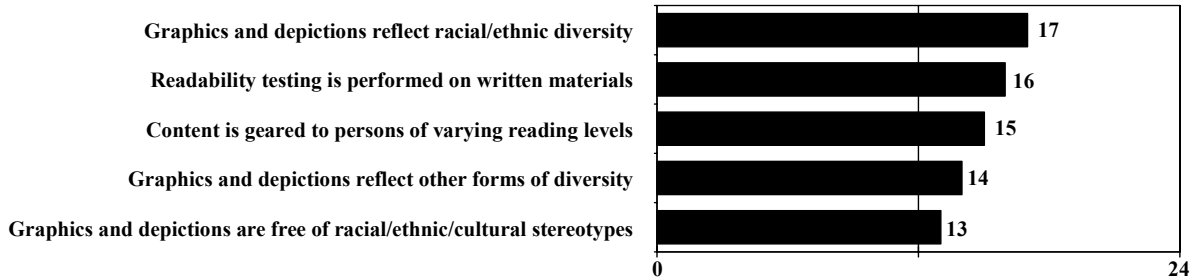
Domain 4: QUALITY MONITORING AND IMPROVEMENT

Figure 4-1. Number of MCOs that Utilize Various Methods to Monitor CLAS Quality (n=77)

Method	Value
Member satisfaction surveys	61
Grievance and complaint tracking	55
Analysis of quality outcomes data	53
Chart reviews or audits	48
Member focus groups	37
Reviews of dis-enrollment	5

(Scale: 0 to 77)
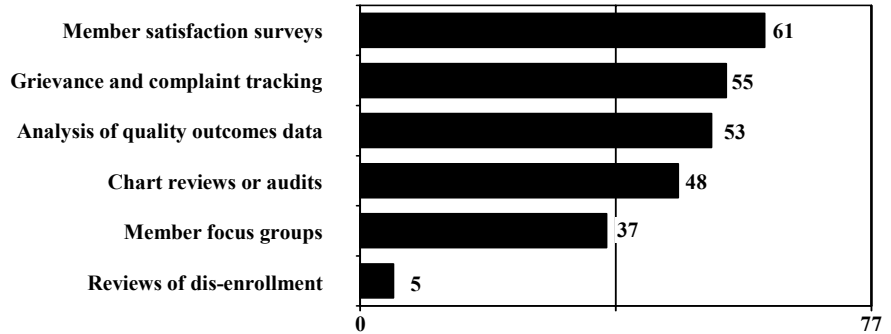
Figure 4-2. Number of MCOs that Utilize Strategies for Addressing Members' CLAS-related Concerns (n=77)

Strategy	Value
Formal grievance process	74
Systematic staff notices promoting non-discriminatory practice	51
Ombudsmen personnel	30
Cultural navigators	10

(Scale: 0 to 77)
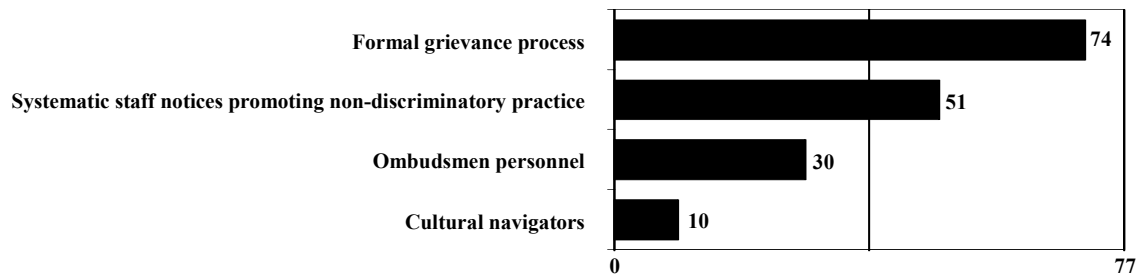
Figure 4-3. Number of MCOs that Utilize Data from QI Studies in Various Ways (n=24)

Way	Value
Set priorities for health education and promotion	19
Link member and provider data	16
Set targets or goals for service units	11
Link member demographic and outcome data	8
Identify and address racial, ethnic, and other demographic health care differences	5
Determine performance bonuses or contract renewals	3

(Scale: 0 to 24)
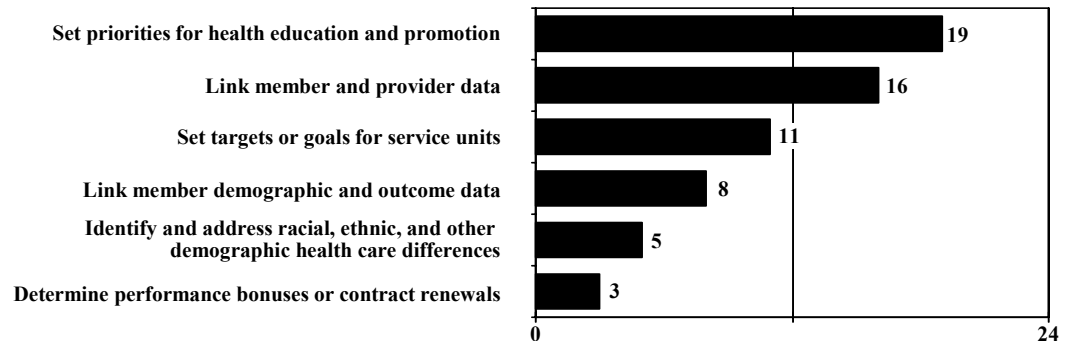
Figure 4-4. Number of MCOs that Conduct Various Needs Assessments

Assessment	Value
General member needs assessments (n=77)	69
CLAS-specific member needs assessments (n=24)	17
CLAS-specific staff needs assessments (n=30)	12

(Scale: 0 to 77)
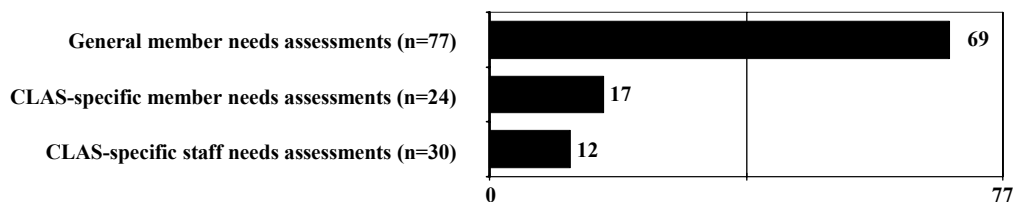
Figure 4-5. Number of MCOs that Involve Community Groups in CLAS Needs Assessments (n=17)

Group	Value
Local consumer or advocacy groups	6
Local health or government officials	5
Community Advisory Board	5
Local civic organizations	4
Local faith-based organizations	2
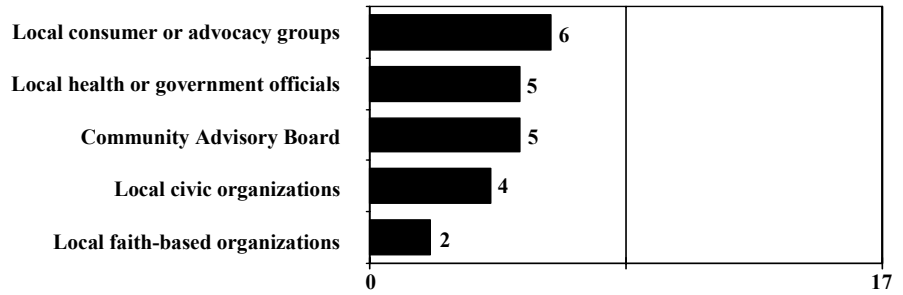
Figure 4-6. Number of MCOs that Involve Staff in CLAS Needs Assessments (n=12)

Group	Value
Supervisors and program managers	11
Membership services staff	9
Physicians	8
Executive-level administrators	7
Nursing professionals	4
Physician assistants and nurse practitioners	2
Allied or associated health professionals	2
Interpreters	2
Pharmacy, lab, and X-ray staff	1
Accounts/billing staff	1
Information specialists and front-line personnel	1

Figure 4-7. Number of MCOs that have Corporate Support for Conducting CLAS Needs Assessments (n=24)

Group	Value
Allocation of financial resources	10
Sets benchmarks for quality and outcome indicators	7
Conducts assessments at local sites using corporate personnel	6
Provides models for assessments	3
Provides advisory personnel to local sites	2
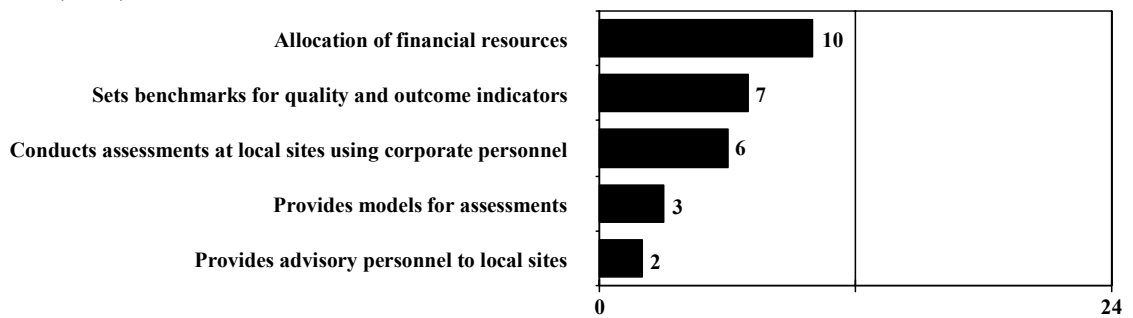
Domain 5: MANAGEMENT INFORMATION SYSTEMS

Figure 5-1. Number of MCOs that Record Members' Primary Language and Race/Ethnicity (n=24)

Category	Value
Primary Language	15
Race/Ethnicity	6

(scale: 0 to 24)
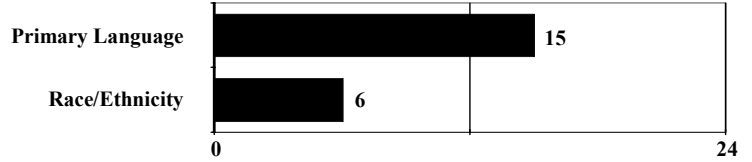
Figure 5-2. Number of MCOs that Cite Reasons for *Not* Recording Members' Race/Ethnicity (n=12)

Category	Value
Concerns about legal liability	11
Members' privacy rights	6
Concerns about data quality or completeness	5

(scale: 0 to 12)
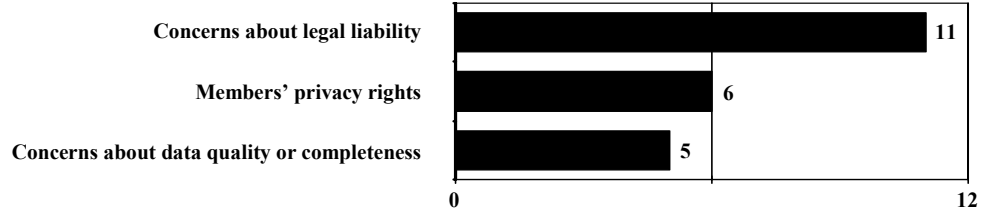
Figure 5-3. Number of MCOs that Record Staff Race/Ethnicity and Linguistic Capability (n=30)

Race/Ethnicity:
- Employed clinical staff: 13
- Contracted clinical staff: 6
- Non-clinical staff: 17

Linguistic Capability:
- Employed clinical staff: 6
- Contracted clinical staff: 13
- Non-clinical staff: 10

Legend:
- ■ Employed clinical staff
- ☐ Contracted clinical staff
- ▨ Non-clinical staff

(scale: 0 to 30)
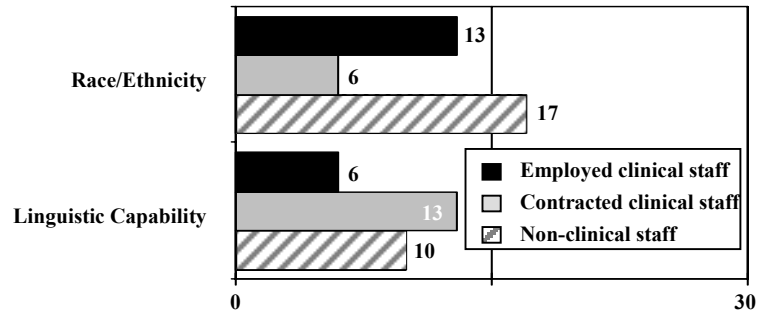
Figure 5-4a. Number of MCOs that Record Race/Ethnicity for Various Clinical Staff Types

Staff Type	Employed Clinical Staff (n=13)	Contracted Clinical Staff (n=6)
Physicians	3	6
Physician assistants and nurse practitioners	3	4
Nursing professionals	5	1
Pharmacy, lab, and X-ray staff	2	0
Allied or associated health professionals	4	1
Interpreters	0	2

Legend:
- ■ Employed Clinical Staff (n=13)
- ☐ Contracted Clinical Staff (n=6)

(scale: 0 to 13)
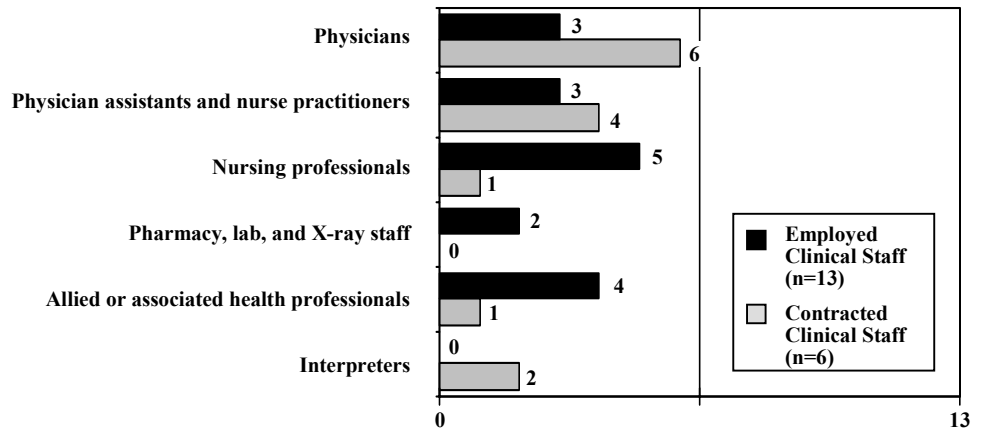
Figure 5-4b. Number of MCOs that Record Race/Ethnicity for Various Non-Clinical Staff Types (n=17)

Staff Type	Value
Executive-level administrators	12
Supervisors and program managers	12
Information specialists and front-line personnel	12
Membership services staff	10
Accounts/billing staff	10
Interpreters	5

(scale: 0 to 17)

Figure 5-5. Number of MCOs that Cite Reasons for *Not* Recording Staff Race/Ethnicity (n=24)

Staff privacy rights	Employed clinical staff: 2, Contracted clinical staff: 3, Non-clinical staff: 2
Concerns about legal liability	Employed clinical staff: 0, Contracted clinical staff: 3, Non-clinical staff: 0
Concerns about data quality or completeness	Employed clinical staff: 0, Contracted clinical staff: 2, Non-clinical staff: 0

Legend:
- Employed clinical staff (n=17)
- Contracted clinical staff (n=24)
- Non-clinical staff (n=13)

Figure 5-6. Number of MCOs that Utilize Methods to Determine Staff Linguistic Capability (n=30)

Self-identification	Employed clinical staff: 12, Contracted clinical staff: 16, Non-clinical staff: 19
Testing	Employed clinical staff: 1, Contracted clinical staff: 0, Non-clinical staff: 1
Proof of training completion or certification	Employed clinical staff: 0, Contracted clinical staff: 0, Non-clinical staff: 1

Legend:
- Employed clinical staff
- Contracted clinical staff
- Non-clinical staff

Domain 6: STAFFING PATTERNS

Figure 6-1. Number of MCOs that Make Available to Members Information on Staff Diversity (n=24)

Category	Value
Staff proficiency in non-English languages	15
Staff racial/ethnic background	3
Staff certification in cultural competency	3

(axis: 0 to 24)

Figure 6-2. Number of MCOs that have Staff Diversity Plans Covering Different Staff Types (n=12)

Category	Value
Senior administrators and managers	11
Non-clinical staff	6
Physicians and other clinical staff	5

(axis: 0 to 12)

Figure 6-3. Number of MCOs that Utilize Resources to Recruit a Diverse Staff (n=30)

Category	Value
Major regional newspaper	19
Websites	16
Local community newspaper	15
Health plan publication	10
Community leaders and liaisons	10
Regional or national recruiting network	10
Local bulletin postings	8
Local radio or television	8

(axis: 0 to 30)
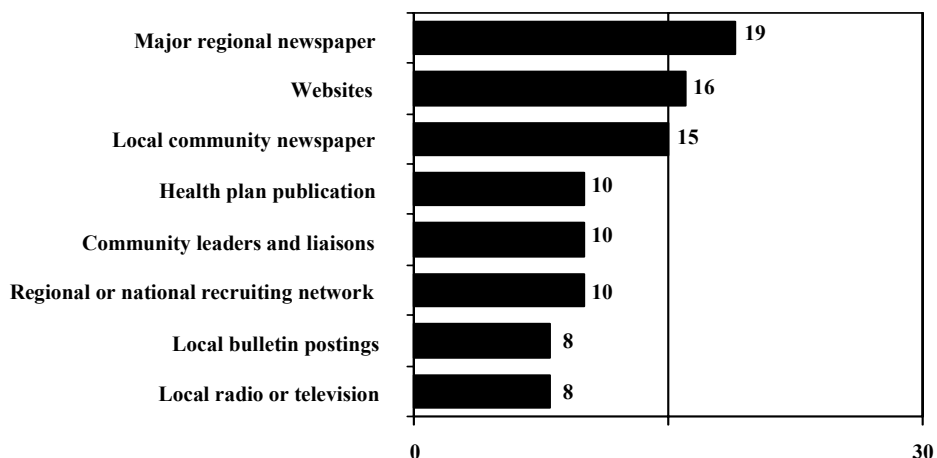
Figure 6-4. Number of MCOs that Utilize Strategies to Recruit, Retain, and Promote a Diverse Staff (n=30)

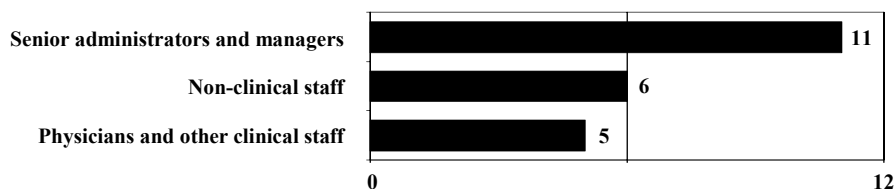| Category	Value
Identify non-English language skills as preferred or required	16
Document non-English language skills of recruits	13
Offer recruitment incentives	9
Hire candidates with non-English language skills when other qualifications are comparable	7
Identify diversity training experience as preferred or required	5
Hire candidates with diversity training experience when other qualifications are comparable	3
Offer enhanced benefit packages	1

(axis: 0 to 30)

Domain 7: STAFF TRAINING AND DEVELOPMENT

Figure 7-1. Number of MCOs Covering Varied Topics in Diversity Training Program (n=17)

Racial/Ethnic Groups:

Topic	Value
Black or African American	15
Asian	15
White	14
Hispanic or Latino	13
American Indian or Alaska Native	12
Native Hawaiian or other Pacific Islander	10

Other Culturally Diverse Groups:

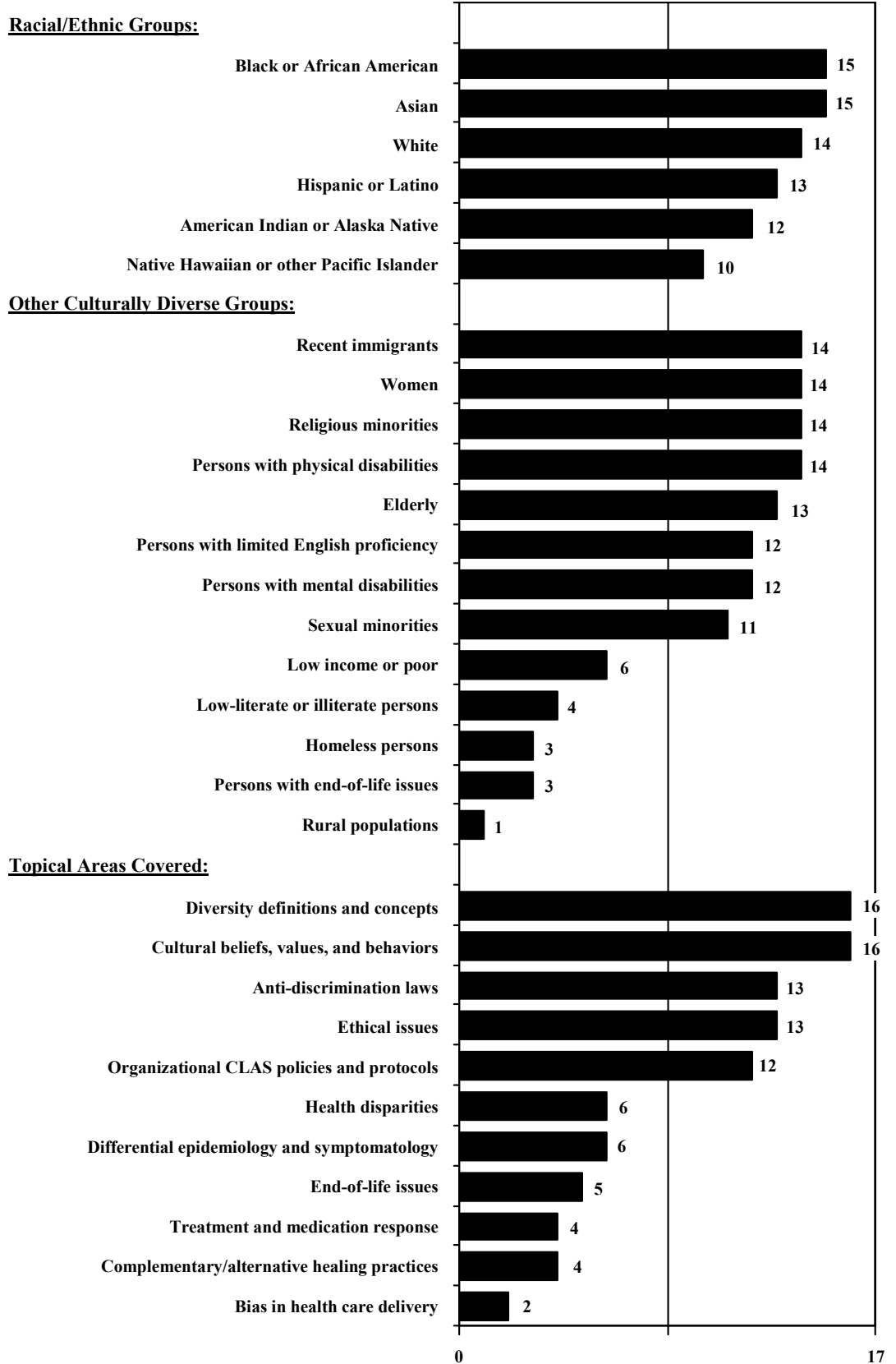| Topic	Value
Recent immigrants	14
Women	14
Religious minorities	14
Persons with physical disabilities	14
Elderly	13
Persons with limited English proficiency	12
Persons with mental disabilities	12
Sexual minorities	11
Low income or poor	6
Low-literate or illiterate persons	4
Homeless persons	3
Persons with end-of-life issues	3
Rural populations	1

Topical Areas Covered:

Topic	Value
Diversity definitions and concepts	16
Cultural beliefs, values, and behaviors	16
Anti-discrimination laws	13
Ethical issues	13
Organizational CLAS policies and protocols	12
Health disparities	6
Differential epidemiology and symptomatology	6
End-of-life issues	5
Treatment and medication response	4
Complementary/alternative healing practices	4
Bias in health care delivery	2

0   17

Figure 7-2. Number of MCOs that Utilize Varied Resources in Diversity Training (n=17)

Resource	Value
Handbooks and other educational resources	12
Conferences	6
Work with interpreters	6
Clinical experiences with diverse patient populations	4
Modules for patient-provider communication	1
Coordination with traditional healers	1

Scale: 0 to 17
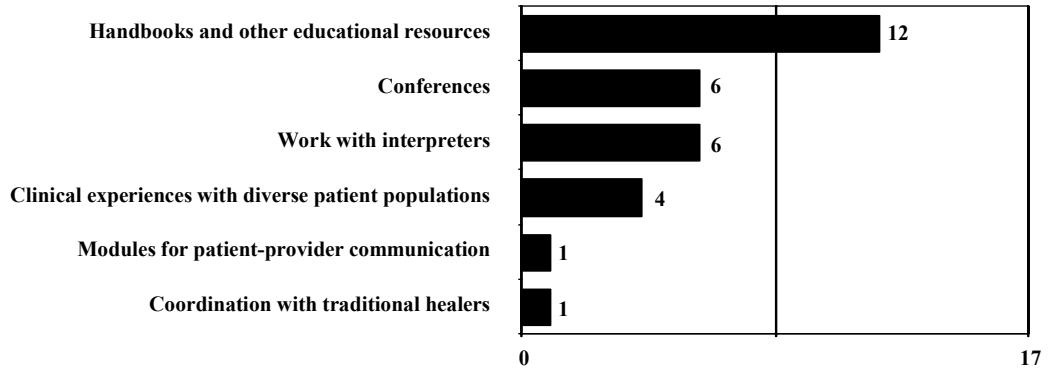
Figure 7-3. Number of MCOs that Offer Diversity Training as Available or Required for Various Type of Staff (n=17)

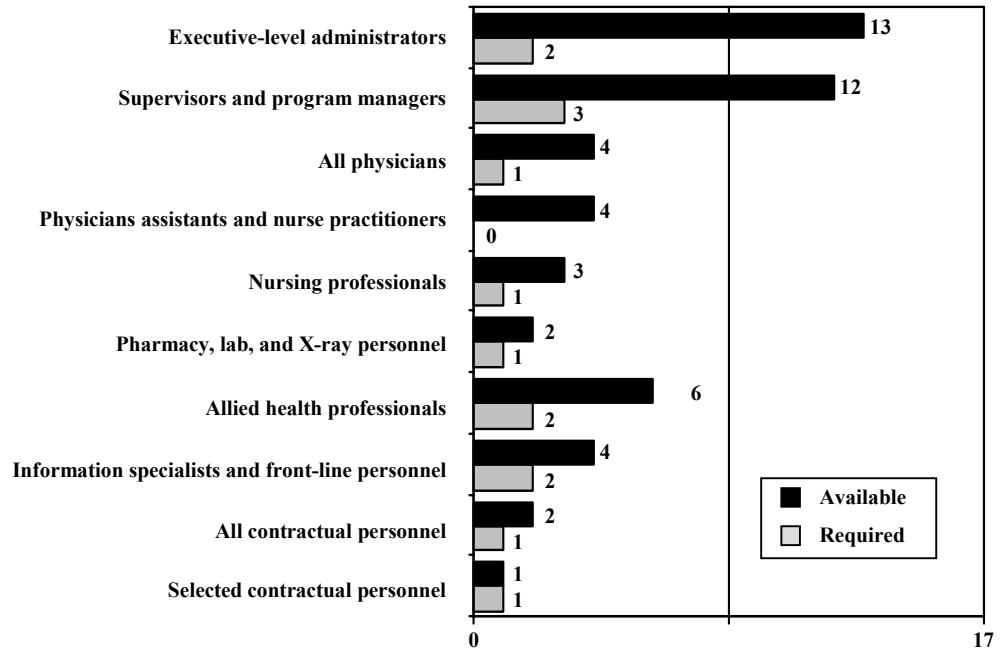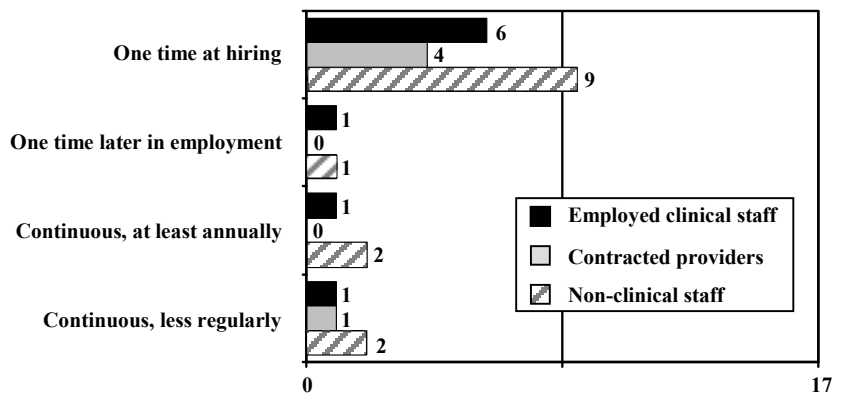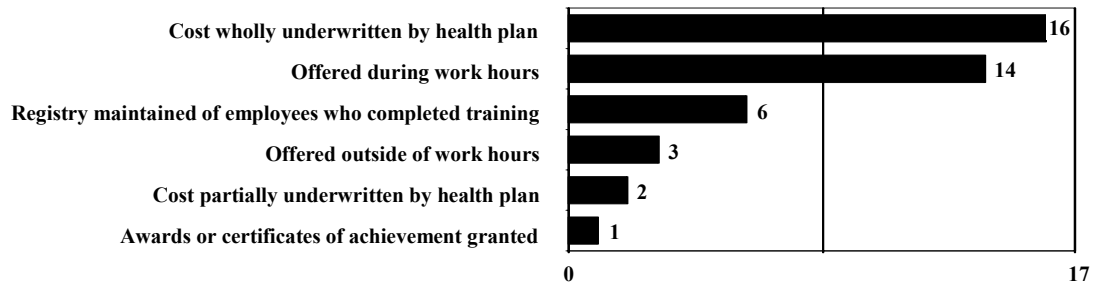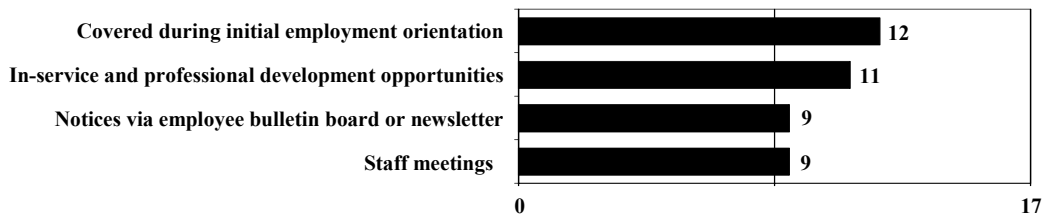| Type of Staff	Available	Required
Executive-level administrators	13	2
Supervisors and program managers	12	3
All physicians	4	1
Physicians assistants and nurse practitioners	4	0
Nursing professionals	3	1
Pharmacy, lab, and X-ray personnel	2	1
Allied health professionals	6	2
Information specialists and front-line personnel	4	2
All contractual personnel	2	1
Selected contractual personnel	1	1

Scale: 0 to 17

Legend:
- ■ Available
- ☐ Required

Figure 7-4. Number of MCOs that Offer Diversity Training on a One-time or Continuous Basis for Staff (n=17)

Basis	Employed clinical staff	Contracted providers	Non-clinical staff
One time at hiring	6	4	9
One time later in employment	1	0	1
Continuous, at least annually	1	0	2
Continuous, less regularly	1	1	2

Scale: 0 to 17

Legend:
- ■ Employed clinical staff
- ☐ Contracted providers
- ▨ Non-clinical staff

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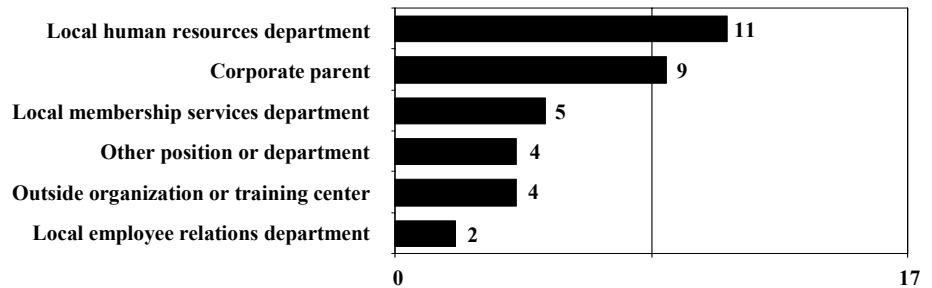
Figure 7-5.   Number of MCOs that Utilize Strategies to Encourage Staff Participation in Diversity Training (n=17)
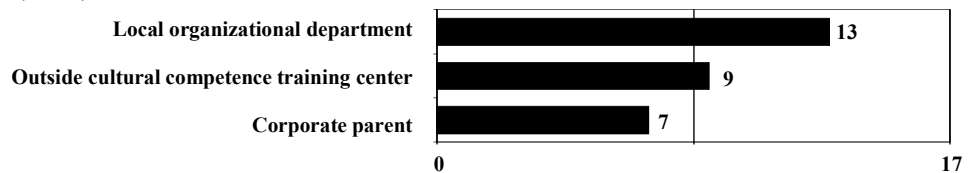
Category	Value
Cost wholly underwritten by health plan	16
Offered during work hours	14
Registry maintained of employees who completed training	6
Offered outside of work hours	3
Cost partially underwritten by health plan	2
Awards or certificates of achievement granted	1

(Scale: 0 to 17)

Figure 7-6.   Number of MCOs that Utilize Strategies to Inform Staff of Diversity Training Availability (n=17)

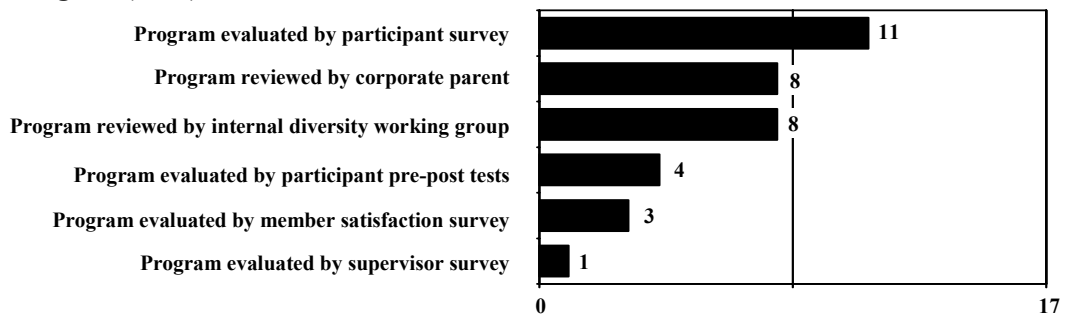| Category	Value
Covered during initial employment orientation	12
In-service and professional development opportunities	11
Notices via employee bulletin board or newsletter	9
Staff meetings	9

(Scale: 0 to 17)

Figure 7-7.   Number of MCOs that have Entities Responsible for Conducting Diversity Training Program (n=17)

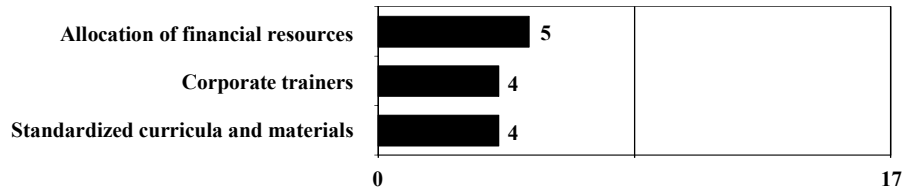| Category	Value
Local human resources department	11
Corporate parent	9
Local membership services department	5
Other position or department	4
Outside organization or training center	4
Local employee relations department	2

(Scale: 0 to 17)

Figure 7-8.   Number of MCOs that have Entities Responsible for Developing their Diversity Training Program (n=17)

Category	Value
Local organizational department	13
Outside cultural competence training center	9
Corporate parent	7

(Scale: 0 to 17)

Figure 7-9.   Number of MCOs that have Formal Review and Evaluation of their Diversity Training Program (n=17)
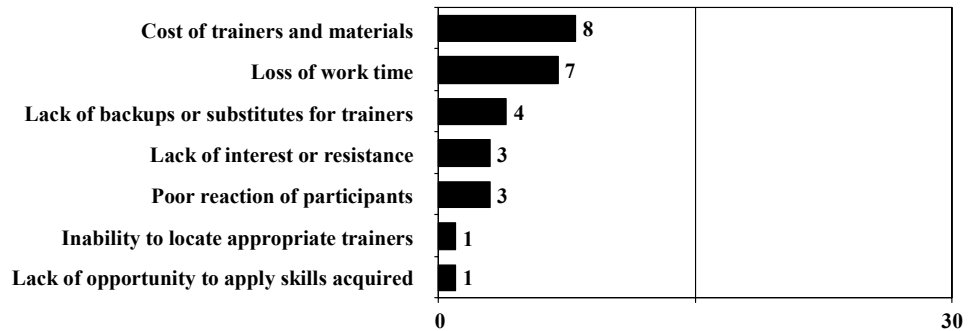
Category	Value
Program evaluated by participant survey	11
Program reviewed by corporate parent	8
Program reviewed by internal diversity working group	8
Program evaluated by participant pre-post tests	4
Program evaluated by member satisfaction survey	3
Program evaluated by supervisor survey	1

(Scale: 0 to 17)

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Figure 7-10. Number of MCOs that have Corporate Support for Diversity Training Program (n=17)

Allocation of financial resources	5
Corporate trainers	4
Standardized curricula and materials	4

0   17

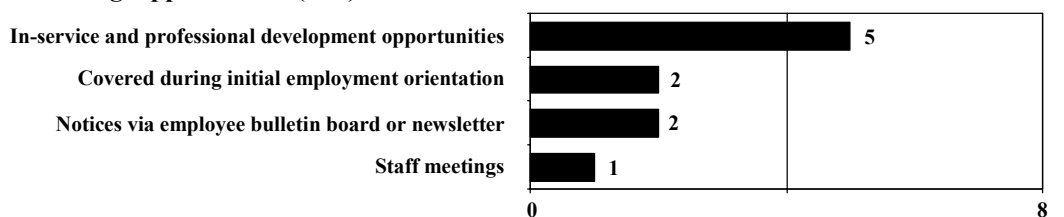**Figure 7-11. Number of MCOs that have Experienced Benefits of Providing Diversity Training Program (n=17)**

Increased employee morale	10
Increased effectiveness of interpreter or translation services	6
Greater staff compliance on documenting member encounter data	4
Decreased member grievances or complaints	3
Increased patient involvement and compliance with treatment plan	3
Increased member satisfaction	3

0   17

Figure 7-12. Number of MCOs that have Experienced Challenges Associated with Providing Diversity Training for Staff (n=30)

Cost of trainers and materials	8
Loss of work time	7
Lack of backups or substitutes for trainers	4
Lack of interest or resistance	3
Poor reaction of participants	3
Inability to locate appropriate trainers	1
Lack of opportunity to apply skills acquired	1

0   30

Figure 7-13. Number of MCOs that Provide Opportunities for Staff to Learn Non-English Languages (n=8)

Cost partially underwritten by health plan	3
Cost wholly underwritten by health plan	2
Supported on an as-needed basis	2
Supported at regular intervals on an ongoing basis	1

0   8
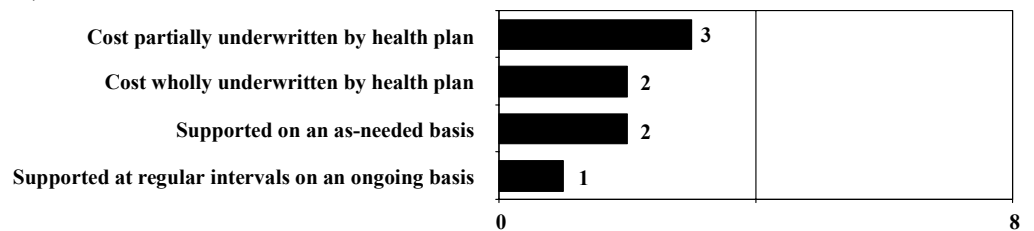
Figure 7-14. Number of MCOs that Utilize Strategies to Inform Staff of Language Education and Training Opportunities (n=8)

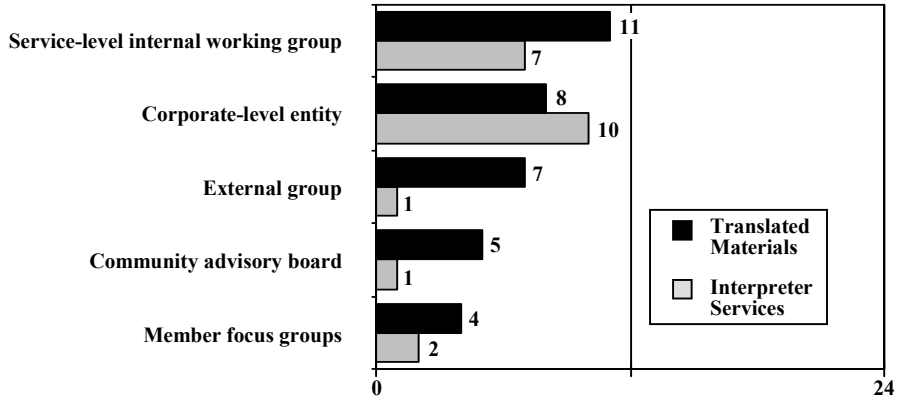|	
In-service and professional development opportunities	5
Covered during initial employment orientation	2
Notices via employee bulletin board or newsletter	2
Staff meetings	1

0   8

H-15

Domain 8: COMMUNICATION SUPPORT

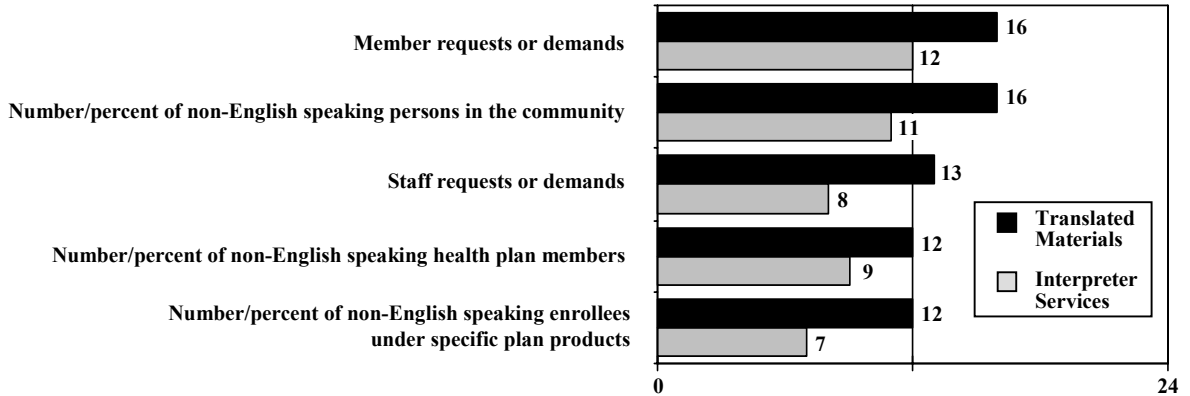**Figure 8-1.** **Number of MCOs that Provide Translated Materials and Interpreter Services to Members (n=24)**

Category	Value
All health plan members	16
All individuals entering facility and requiring services	4
Enrollees under specific plan products	2

(scale: 0 to 24)
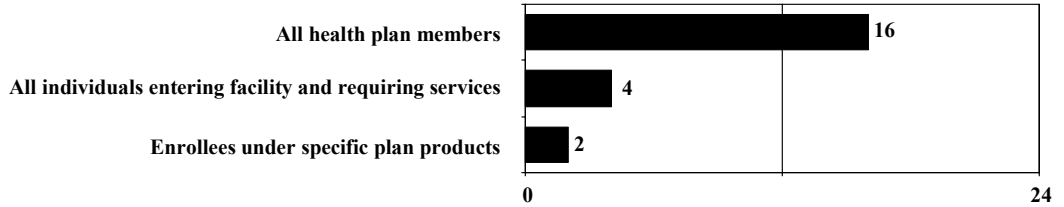
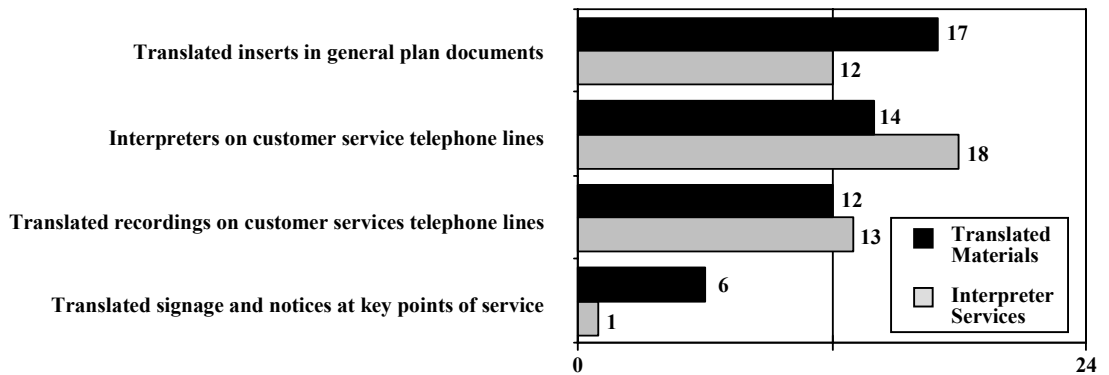**Figure 8-2.** **Number of MCOs that have a Budget Line Specifically for Translation Activities and Interpreter Services (n=24)**

Category	Value
Translation activities	14
Interpreter services	14

(scale: 0 to 24)
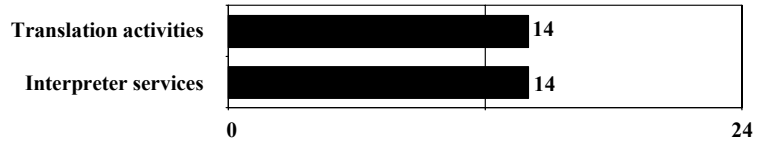
Figure 8-3. **Number of MCOs that have Entities Conduct Formal Review of their Translated Materials and Interpreter Services (n=24)**

Category	Translated Materials	Interpreter Services
Service-level internal working group	11	7
Corporate-level entity	8	10
External group	7	1
Community advisory board	5	1
Member focus groups	4	2

(scale: 0 to 24)

Figure 8-4. **Number of MCOs that Utilize Varied Methods to Determine the Need for Translated Materials and Interpreter Services (n=24)**

Category	Translated Materials	Interpreter Services
Member requests or demands	16	12
Number/percent of non-English speaking persons in the community	16	11
Staff requests or demands	13	8
Number/percent of non-English speaking health plan members	12	9
Number/percent of non-English speaking enrollees under specific plan products	12	7

(scale: 0 to 24)

Figure 8-5.   Number of MCOs that Utilize Strategies to Inform Members of Available Translated Materials and Interpreter Services (n=24)

Category	Translated Materials	Interpreter Services
Translated inserts in general plan documents	17	12
Interpreters on customer service telephone lines	14	18
Translated recordings on customer services telephone lines	12	13
Translated signage and notices at key points of service	6	1

(scale: 0 to 24)

Figure 8-6.   Number of MCOs that have Various Translated Materials Available to Members (n=24)

Category	Value
Materials on access and use of services	17
Benefits and services materials	16
Health education materials	16
Enrollment applications	13
Notification of free language assistance	13
Grievance/complaint procedures and forms	10
Notification of service reduction, denial, or termination	9
Member satisfaction surveys	8
Billing information	6
Patient care instructions and forms	4
Medication instructions and forms	3

(scale: 0 to 24)

Figure 8-7.   Number of MCOs that Utilize Various Translation Methods for Written Materials (n=24)

Category	Value
Translators are required to have specific training or demonstrated ability to write professionally in the language of interest	14
Translations that are sensitive to specialized terms in both languages	14
Translations that are prepared for reading levels needed by LEP persons	14
Verbatim translations from English into other languages	12
Translators are required to have specific training or demonstrated ability to write professionally at the reading level of interest	11
Community input to ensure cultural sensitivity and appropriateness	11
Translated materials are back-translated into English	9
Materials are originally developed in languages other than English	7

(scale: 0 to 24)

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Figure 8-8. **Number of MCOs that Utilize Various Data Sources to Determine the Need for Translated Materials (n=24)**

Data Source	Number
U.S. Census data	16
Data from community organizations	12
Client utilization data	9
Data from school systems	2

(Scale: 0 to 24)

Figure 8-9. **Number of MCOs that have Various Interpreter Services Available to Members (n=24)**

Interpreter Service	Number
Telephone interpreter language line	19
Bilingual and/or bicultural non-clinical staff	18
Bilingual and/or bicultural clinical staff	12
Contracted interpreters	8
Volunteer interpreters	5
Full-time interpreters	4
Simultaneous interpretation	2
No formal interpreter services available	1

(Scale: 0 to 24)
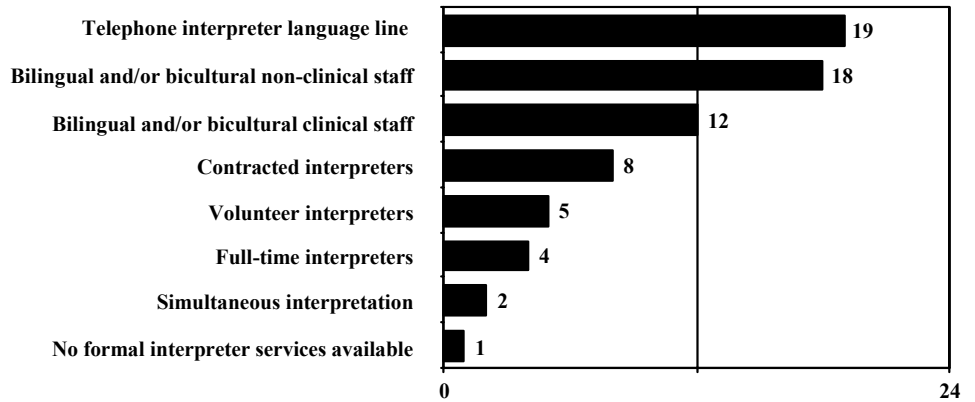
Figure 8-10. **Number of MCOs that Identify Requirements for Utilizing Interpreters (n=24)**

Requirement	Number
Demonstrated proficiency in English and other languages	17
Trained in ethics of interpreting	9
Knowledge of specialized terms in both languages	9
Trained in interpreting for LEP individuals	6
Certified in medical interpretation	6
Trained in simultaneous interpreting	5
Trained in sequential or consecutive interpreting	4

(Scale: 0 to 24)

Figure 8-11. **Number of MCOs that Provide Interpreter Services to Members at Various Points of Service (n=24)**

Point of Service	Number
Telephone general information line	16
Information desk or main lobby	9
Telephone emergency line	7
Walk-in clinic	4
Emergency services entry point	3
Pharmacy	3

(Scale: 0 to 24)
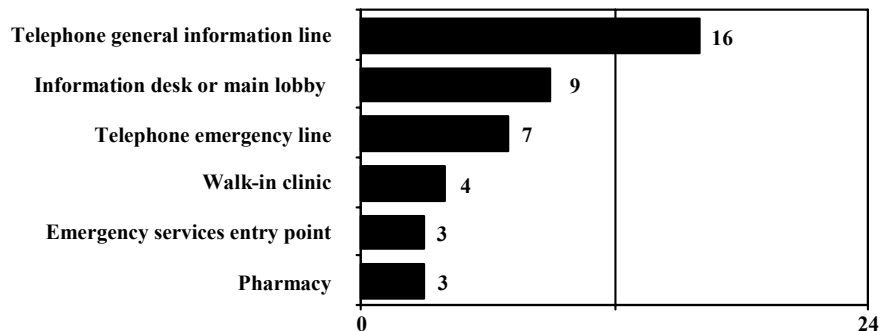
BENEFITS AND CHALLENGES ASSOCIATED WITH PROVIDING CLAS

Figure 9-1.   Number of MCOs Reporting Various Benefits of Providing CLAS (n=24)

Benefit	Count
Enhanced provider-patient communication and comprehension	6
Enhanced reputation for community consciousness and service	6
Stronger marketing potential	5
Increased member satisfaction	4
Increased staff morale	4
Better long-term member health outcomes	4
Fewer complaints, grievances, and legal actions from members and staff	2
Better member compliance with treatment plans	2
Better diagnostic accuracy	1
Better disease management	1
Lower overall costs per enrollee	1

Figure 9-2.   Number of MCOs Reporting Various Challenges of Providing CLAS (n=24)

Challenge	Count
Membership is not culturally and linguistically diverse	4
Service area population is not culturally and linguistically diverse	2
Difficulties making staff time available for planning	2
Lack of training programs for contractors	2
Current knowledge on cultural and linguistic health impacts is not reliable	1
Programs are too costly	1
Organization is not primarily responsible for designing benefits or services	1

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APPENDIX I

Overview of Qualitative Responses

Appendix I

OVERVIEW OF QUALITATIVE RESPONSES

Survey Item Topic	Open-ended Response	Unique or Multiple[1]
Diverse Representation on Community Advisory Boards	• Age diversity • Linguistic diversity • Cambodians, Vietnamese, Chinese, Armenians • Armenians, Middle Easterners, East Europeans • Socioeconomic diversity	• Multiple (5) • Unique • Unique • Unique • Unique
Recruitment Strategies for Advisory Board Members	• Direct communication with health plan members • Direct communication with provider groups • Local ballot for members • Utilize outreach workers, compensate community members, have a formal department with 12 staff for this purpose • Utilize local university faculty and students • Work with providers who serve a large number of culturally diverse members and ask them to spread the word • Disseminate invitation letters for participation to those who have submitted complaints	• Multiple (7) • Multiple (4) • Multiple (2) • Unique • Unique • Unique • Unique
Advisory Committee Roles	• Review and input on advertising and service-related materials • Review of translated materials • Providing interpreters • Training for Center of Aging • Develop health education materials • Open eyes to what needs to be changed	• Multiple (3) • Unique • Unique • Unique • Unique • Unique
Frequency of Community Advisory Board Meetings	• Monthly	• Multiple (8)
Non-staff Groups for Policy Input	• Universities or research organizations • Federal or other government agencies • Local hospitals • Public Policy Committee • Business community • American Indian group	• Multiple (3) • Multiple (3) • Unique • Unique • Unique
Strategies for Addressing Members' Concerns	• Anonymous compliance or ethics hotline • Comprehensive training • Provider contracts • Appeals process • Public Policy Committee • Informal communication	• Multiple (3) • Multiple (3) • Unique • Unique • Unique • Unique
Reasons for Providing Translation and Interpreter Services	• It is the right thing to do • Good business or customer service • Corporate policy or commitment • Decrease barriers in health care • Sensitivity to local population • Internal staff require it	• Multiple (8) • Multiple (4) • Multiple (4) • Unique • Unique • Unique

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[1]The number of organizations is indicated when multiple respondents submitted the same open-ended answer.

(Appendix I Continued)

Survey Item Topic	Open-ended Response	Unique or Multiple[1]
Communication Strategies for Informing Staff of CLAS-related Policies	• Intranet (reported for both employed and contracted staff) • Clinical committees • Human Resources training and development programs • Self-learning exercises • Internal Diversity Council activities or initiatives	• Unique • Unique • Unique • Unique • Unique
Diverse or Alternative Clinical Practices	• Massage therapy • Guided imagery • Community health education programs, e.g., fitness benefit that allows discount at fitness centers; automatic membership in Boys & Girls Club for all members under 18 and discounts off programs (excluding daycare); discounts on weight management through Weight Watchers	• Multiple (6) • Unique • Unique
Methods of Monitoring or Improving CLAS Quality	• Data for Federal, State, Local government agencies • Cultural diversity/sensitivity seminars for providers • Physician advisory panel • Training on services available through the organization • Primary care physician change requests • Provider survey • Organizational assessment of cultural competence • Spanish website, also looking at Chinese • Enrollment data • Community health collaboration comprehensive analysis • Contacts with outside organizations • Census data • Direct observations in the doctors office	• Multiple (5) • Multiple (3) • Unique • Unique • Unique • Unique • Unique • Unique • Unique • Unique • Unique • Unique
Community Groups Involved in Needs Assessments	• Member advisory committees/councils	• Multiple (5)
Staff Involved in CLAS Needs Assessments	• Quality management staff	• Multiple (2)
Examples of Corporate Parent Support for Quality Improvement Activities	• Diversity training for associates • American Heart Association breast cancer awareness	• Multiple (5) • Unique
Recording Staff Race/ethnicity	• Information is kept on all employees corporate-wide, not by location • Racial and ethnic data are kept on all employees • Race/ethnicity data are kept on all employed direct care providers • Not race, but Spanish-speaking is noted in provider directory • Linguistic capability of physicians only (found on credentialing application)	• Multiple (2) • Multiple (3) • Unique • Unique • Unique

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[1]The number of organizations is indicated when multiple respondents submitted the same open-ended answer.

(Appendix I Continued)

Survey Item Topic	Open-ended Response	Unique or Multiple[1]
Ethnic Groups Covered in Diversity Training Program	● Indonesian - Hmong ● Indian	● Unique ● Unique
Resources Used for Diversity Training	● On-line and instructor-led sessions ● Handouts, vides, PowerPoint presentations	● Unique ● Unique
Entities Responsible for Conducting Diversity Trainings	● Associate training committee ● Education and resource development ● Diversity manager	● Unique ● Unique ● Unique

Entities Responsible for Reviewing Diversity Training Program	● Non-HR department
	● Health plan quality control, State regulators for Medicaid and CHIP
	● CEO and executive staff
	● One respondent listed the following 8 entities (Smith is a fictitious county)
	   1. Smith County Commission on Disabilities
	   2. JCAHO – age-specific and cultural competenacies
	   3. Caring Hands of Smith County
	   4. Maryland Relay (State funded telephone for the deaf)
	   5. Smith County Office on Aging
	   6. DOORS Self Help Group
	   7. Alliance HOPE (Disabled Adults)
	   8. SHHH – Hard of Hearing
		● Unique
		● Unique
		
		● Unique
		● Unique

Methods for Evaluating Diversity Training Program Effectiveness	● Post-class evaluation ● Primary care physician change reports	● Unique ● Unique
Challenges to Providing Staff Diversity Training	● Detailed racial/cultural group descriptions become overwhelming for staff when presented in addition to other population groups	● Unique
Opportunities for Staff Language Education	● Tuition reimbursement	● Multiple (2)
Entities Responsible for Reviewing Translated Written Materials	● Professional translation service ● Communications staff ● Compliance department	● Multiple (4) ● Unique ● Unique
Methods Utilized to Determine Translation Needs	● Number of requests for AT&T language line (140 different languages) ● Review of translation service reports ● Inquiries at health fairs and open enrollment events	● Unique ● Unique ● Unique
Strategies to Inform Members of Translation and Interpreter Services	● Website ● Provider directories ● Mailing that is disseminated	● Unique ● Unique ● Unique
Translated Written Materials Available to Members	● Member bulletin newsletter website in Spanish ● Pharmacy benefit information ● Blue Chip application in Spanish ● Change request forms ● Welcome packets are bilingual	● Unique ● Unique ● Unique ● Unique ● Unique

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[1]The number of organizations is indicated when multiple respondents submitted the same open-ended answer.

(Appendix I Continued)

Survey Item Topic	Open-ended Response	Unique or Multiple[1]
Interpreter Services Available to Members	● Provide medical interpretations by phone and in-person: also provide sign language for hearing impaired ● Interpreter goes to doctor visit with clients	● Unique ● Unique
Points of Service Where Interpreters Are Provided	● Customer service ● Appointment line ● Health fairs and open enrollment events	● Multiple (2) ● Unique ● Unique

[1]The number of organizations is indicated when multiple respondents submitted the same open-ended answer.

I-4

APPENDIX J

Overview of Promising CLAS Practices

Appendix J

OVERVIEW OF PROMISING CLAS PRACTICES

Domain	Promising CLAS Practice*
1. Organizational Governance	• Funded staff position for CLAS promotion and coordination • Internal working group for CLAS planning and evaluation
2. CLAS Plans and Policies	• Formal policy on written translation • Formal policy on interpretation services • Formal staff diversity plan • Community advisory board is utilized for CLAS planning and policy development • *As a recruitment strategy for community advisory boards, dissemination of membership invitation letters to those who have submitted complaints*
3. Patient Care	• Signage is translated in the predominant languages of the service population • Readability testing is performed on written materials • Annual report on efforts to provide CLAS is publicly disseminated

4. Quality Monitoring and Improvement	• Methods are utilized for monitoring or improving CLAS quality:
	  ‣ Reviews of dis-enrollment
	  ‣ *Reviews of Primary care physician change requests*
	  ‣ *Organizational assessments of cultural competence*
	  ‣ *Provider surveys*
	• Member demographic data are linked with outcome data
	• Certain staff types are involved in CLAS needs assessments:
	  ‣ Pharmacy, lab, and x-ray personnel
	  ‣ Accounts/billing staff
	  ‣ Information specialists and front-line personnel
	  ‣ *Quality management staff*
	• Cultural navigators are utilized as a strategy for addressing members' concerns

5. Management Information Systems	• Staff linguistic capability is recorded • Staff linguistic capability is determined by proof of training or certification

6. Staff Diversity	• Information is made available to members:
	  ‣ Staff racial/ethnic background
	  ‣ Staff certification in cultural competency
	• Strategies are utilized to recruit, retain, and promote a diverse staff:
	  ‣ Recruitment incentives
	  ‣ Enhanced benefit packages

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* Open-ended survey responses are italicized.

(Appendix J Continued)

Domain	Promising CLAS Practice*
7. Staff Training	• Costs are wholly underwritten by health plan for staff to learn non-English languages • Modules for patient-provider communication are utilized as resources in diversity training • Corporate parent provides standardized curricula and materials • Diversity training costs are wholly underwritten by health plan • Diversity Training Program is offered during work hours • Diversity Training Program is reviewed by internal diversity work group • *Diversity Training Program is reviewed by multiple entities* • Diversity Training Program is evaluated by member satisfaction survey • *Diversity Training Program is evaluated by primary care physician change reports*
8. Communication Support	• Member focus groups provide review and/or approval for translated materials • Translated materials are back-translated into English • Materials are originally developed in languages other than English • Full-time trained interpreters are provided to members • Simultaneous interpretation services are available to members • *Medical interpretation is provided by telephone and in-person* • *Interpreter attends doctor visits with clients* • Organization requires interpreters to be certified in medical interpretation • Organization requires interpreters to be trained in simultaneous interpreting

* Open-ended survey responses are italicized.