# Licensed Physicians from Mexico Pilot Program (LPMPP)
# 1st Annual Progress Report
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# Introduction

## Background

In April 2021, the Medical Board of California (California Department of Consumer Affairs) contracted the Center for Reducing Health Disparities (CRHD) at the University of California, Davis to conduct a three-year evaluation of the Licensed Physicians from Mexico Pilot Program (LPMPP), mandated by Business and Professions Code (BPC) section 853, Assembly Bill 1045.

The impetus behind the LPMPP project was to innovatively address a national physician shortage with doctors from Mexico that also meet the cultural and linguistic needs of California's underserved Latinx community. IHS Inc. projected a national physician deficit ranging from 46,100 to 90,400, by 2025. For primary care physicians, the projected shortage ranges between 12,500 to 31,100 (IHS, 2015). Additionally, studies have shown that when a physician fluently speaks a patient's preferred language, it enhances communication and understanding, leading to better patient health outcomes (Diamond, et al., 2019).

The goal of the evaluation is to make recommendations on whether the Licensed Physicians from Mexico Pilot Program should be continued, expanded, altered, or terminated. Annual progress reports will be shared with the California State Legislature and other key partners; this is the first annual progress report to be submitted.

The evaluation outcomes for the LPMPP have been defined by the Scope of Work in the contract between CRHD and the Medical Board of California (MBC). These include six (6) broadly defined, multidimensional, outcomes, and one (1) final recommendation for the LPMPP project.

1. Quality of Care
2. Adaptability of Physicians
3. Impact on Working & Administrative Environment in Nonprofit Community Health Centers and Impact on Interpersonal Relations with Medical Licensed Counterparts in Health Centers
4. Response and Approval by Patients (Patient Experience)
5. Impact on Cultural and Linguistical Services (Culturally and Linguistically Appropriate Services [CLAS])
6. Impact on Limited-English-Speaking Patient (LEP) Encounters
7. Recommendation on whether the program should be continued, expanded, altered, or terminated.

LPMPP Evaluation Instruments

The CRHD evaluation team identified several instruments to assess the required outcomes for the LPMPP. These instruments include the *LPMPP 360 Assessment for Staff* based on the Agency for Healthcare Research and Quality's (AHRQ) Medical Office Survey on Patient Safety Culture, as well as the *LPMPP 360 Assessment for Patients* based on AHRQ's Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey. The *CLAS Assessments for Staff and Patients* were based on the American Medical Association's Communication Climate Assessment Toolkit.

The CRHD evaluation team will utilize select measures from these instruments to meet the evaluation outcome requirements for the LPMPP (e.g., Provider and Staff Communication around Diagnosis Scale of the Medical Office Survey on Patient Safety and Culture as a measure of how "physicians coordinate care among other health professionals" for the Quality-of-Care Outcome). Lastly, various other widely used measures from the scientific literature will be included to assess pertinent outcomes. These measures have been adapted accordingly for this project.

LPMPP Evaluation Procedures

The evaluation procedure comprises multiple data collection periods to evaluate the components of each of the LPMPP's six (6) outcomes. The CRHD Evaluation Team established a framework and plan to collect data for this purpose.

Annually, the evaluation team will send staff (LPMPP physicians, clinic leaders, physicians, and administrative staff) two (2) online surveys: 1. CLAS Assessment for Staff and 2. LPMPP 360 Assessment for Staff. At the beginning and end of the project, the LPMPP physicians will also receive an online Knowledge Assessment. Additionally, the evaluation team will employ a qualitative research approach to capture insights from a sampling of staff participants, using interviews and focus groups.

To capture patient experiences, a CRHD Project Coordinator administers surveys on site, either in-person or over the phone. Data collection for the two (2) patient surveys per year is conducted at staggered time points: 1. CLAS Assessment for Patients and 2. LPMPP 360 Assessment for Patients.

To inform the evaluation of the remaining measures, CRHD will collect data from the participating Community Health Centers. This includes data from the Uniform Data System HEDIS (Health Effectiveness Data and Information Set) measures, peer/chart reviews, and performance evaluations; data that the CHCs routinely collect on an ongoing basis. Qualitative data pertinent to the evaluation of the LPMPP are also collected.

Community Health Centers

The LPMPP project allows for up to 30 licensed physicians from Mexico to practice at Community Health Centers (CHCs) that provide care to primarily underserved Latino communities. The original four (4) CHCs were Altura Centers for Health (Altura) in Tulare County, Clínica de Salud del Valle de Salinas (CSVS) in Monterey County, Clínicas del Camino Real (CDCR) in Ventura County, and San Benito Health Foundation (SBHF) in San Benito County. In May 2022, however, the CRHD evaluation team learned that CDCR would no longer participate in the project. Instead, the intended physicians would be re-assigned to participating CHCs, including AltaMed, a new partner with clinics located throughout Los Angeles and Orange Counties.

The first cohort of LPMPP physicians total 22. A second cohort of eight (8) physicians will join their colleagues in 2023. The number of Mexican physicians allocated to the partner CHCs varies. Listed in **Table 1**. is the anticipated number of physicians allocated to each CHC and for each cohort.

Table 1. LPMPP Community Health Center Allocations and Cohorts

| Community Health Center | Cohort 1 | Cohort 2 |
|---|---|---|
| AltaMed | 2 | 5 |
| Altura Centers for Health | 7 | 0 |
| Clínica de Salud del Valle de Salinas | 10 | 0 |
| Clínicas del Camino Real* | -5 | 0 |
| San Benito Health Foundation | 3 | 4 |

*LPMPP Physicians to be reassigned

## Organization of This Report

This first annual progress report includes updates and preliminary analysis from the project evaluation. The time period for this initial report includes fiscal years (FY) 2020-2021 and FY 2021-2022.

While the final evaluation report will comprehensively cover all seven measures outlined in the contract, this first annual progress report will include information and preliminary results for measures four (4), five (5) and six (6). This report includes aggregated baseline data collected from four (4) participating Community Health Centers: Altura, CSVS, CDCR and SBHF. In May 2022, CDCR was removed as a LPMPP site. Data collection had been completed prior to receiving this notice, therefore this report includes data from CDCR staff and patients. However, future reports will reflect aggregated baseline data from AltaMed, removing CDCR data moving forward.

Each section of this report follows a similar format. The header identifies the measure. The section begins with an 'Introduction and Methods' section where CRHD provides context to the instrument being used, as well as basic demographic information and

timelines for data collection. Next is the 'Results' section where aggregated results are shared. The final section is a 'Summary of Findings,' where the reader will find the results for this measure. If a section is incomplete at the time of submitting the progress report, the reader will see '(forthcoming)' listed for that section.

# Measure 4: Response and Approval by Patients (Patient Experience)

## Introduction and Methods

In November and December 2021, the *LPMPP 360 Assessment for Patients* had undergone pilot testing at various clinic sites within the Clínica de Salud del Valle de Salinas and San Benito Health Foundation CHCs. At that time, it was determined that the patients were able to answer the questions easily and successfully. Therefore, the evaluation team determined that no adjustments were needed to this tool and that it could be used in the current form.

Baseline data collection for this survey begins in June 2022.

## Results

(forthcoming)

## Summary of Findings

(forthcoming)

# Measure 5: Impact on Cultural and Linguistical Services (Culturally and Linguistically Appropriate Services [CLAS])

## Introduction and Methods

***About the CLAS Organizational Assessment for Staff***

Disparities in health care are widely understood to be a major public health concern across the United States (Crosby et al., 2011). Studies have shown, however, that the delivery of culturally and linguistically appropriate services (CLAS) plays an essential role in reducing health disparities (Betancourt et al., 2003). Whereas the lack of cultural competence and sensitivity among health care professionals may exacerbate disparities

(Johnson et al., 2004), bolstering the delivery of CLAS may enable providers to better manage their relationships with their patients as well as reduce those systemic factors that perpetuate health disparities (Nelson, 2002).

In 2010, the US Department of Health and Human Services Office of Minority Health (OMH) outlined 15 CLAS Standards to guide health care providing organizations across the country in their efforts to improve the quality of their services. Meanwhile, the CLAS Organizational Assessment is a tool that evaluates an organization's implementation of the 15 National Standards for Culturally and Linguistically Appropriate Services (CLAS). The UC Davis Center for Reducing Health Disparities (CRHD) adapted this assessment from the Communication Climate Assessment Tool created by Matthew Wynia and colleagues. It has been endorsed by the US Department of Health & Human Services' Office of Minority Health as well as the National Quality Forum (Wynia et al., 2010).

For the purposes of evaluating the LPMPP's impact on cultural and linguistic services at participating health centers, CRHD deployed the CLAS Organizational Assessment for Staff. The assessment covers the extent to which health centers participating in the LPMPP have provided effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. In this report, we describe the baseline results of the CLAS Organizational Assessment for the four health centers participating in the LPMPP.

## ***Methodology***

### Procedure

The CLAS Organizational Assessment was administered in January through March 2022 to all staff at the health centers participating in the LPMPP. The assessment took approximately 25 to 35 minutes for respondents to complete. Of 1,415 total staff, 397 individuals completed the CLAS Organizational Assessment (Response Rate = 28.1%), representing 40 clinics across the four participating health centers. The majority of respondents (51.9%) comprised clinical staff, such as physicians, nurses, and other providers. Meanwhile, 32.8 percent of respondents included administrative staff and managers. Over 81 percent of respondents reported having regular contact with patients as part of their job.

Over three-quarters of staff identified their ethnicity as Hispanic or Latino (76.6%; 304), with a majority identifying as Mexican or Mexican American (53.3%, 211). A plurality of staff were 25 to 34 years old (36.8%, 146). The plurality of respondents had completed some college or 2-year degree at 38.8% (154). Eighty percent (318) of staff identified their gender as female / woman, and slightly more identified their sexual orientation as straight or heterosexual (82.4%, 327).

Instrument

The CLAS Organizational Assessment is meant to be an informational needs assessment for health care providing organizations. The CLAS Organizational Assessment comprised 15 sections, representing each of the National CLAS Standards. Each item from the assessment has been specifically assigned to one of the 15 CLAS Standards. Many of the items have been designed to ask about actionable implementation strategies related to the CLAS Standard for which they have been assigned. This was done in accordance with the US Department of Health & Human Services' Blueprint for Advancing and Sustaining CLAS Policy and Practice resource.

Each item on the assessment is scored on a four-point scale, from 0 (Lowest) to 3 (Highest). In general, organizations received a higher score if respondents reported greater agreement/frequency/quality on the items. Some items were reversed scored (e.g., item 10) such that organizations were given a higher score for reporting less agreement/frequency. Respondents also had the option of answering "Not Sure" or "Not Applicable" or "Decline to Answer" on survey items.

***National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care***

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

## Results

An overall score for each of the 15 CLAS Standards was calculated using aggregate data from all Community Health Centers and range from 0 (lowest) to 3 (highest). These were based on the average score across each CLAS Standard's individual assigned items. If respondents answered "Not Sure" or "Not Applicable" for an item, it was not included in the CLAS Standard Score. Therefore, we note the number of "Not Sure" and "Not Applicable" items that were omitted from a CLAS Standard Score. CLAS Standard Scores with more "Not Sure" and "Not Applicable" responses may be less informative.

Reporting on the Staff Rating Results of the CLAS Organizational Assessment

For each CLAS Standard Score, we present an average score based on the CLAS Standard Scores computed using each staff member's responses. As we described above, when a staff member responded with “Not Sure” or “Not Applicable” on an item, it was omitted from their computed CLAS Standard Score, which may be less informative. Accordingly, in the process of calculating an organization’s CLAS Standard Score Average Staff Rating, an individual staff member’s CLAS Standard Score was weighted less heavily if they gave more “Not Sure” and “Not Applicable” responses across that CLAS Standard's assigned items.

***CLAS Organizational Assessment: Summary of CLAS Standard Scores***

| Red | Yellow | Green |
|---|---|---|
| | | |
| Score = 0.00 – 1.99 | Score = 2.00 – 2.74 | Score = 2.75 – 3.00 |

Key Score: Lowest = 0, Highest = 3

Table 2. Summary of Average Staff CLAS Standard Scores

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

| 15 CLAS Standards Average Scores (highest to lowest) | 2022 Average Staff Rating Standard Score |
|---|---|
| CLAS Standard 5 | **2.53** |
| CLAS Standard 9 | **2.41** |
| CLAS Standard 6 | **2.36** |
| CLAS Standard 11 | **2.30** |
| CLAS Standard 1 | **2.24** |
| CLAS Standard 8 | **2.24** |
| CLAS Standard 2 | **2.20** |
| CLAS Standard 12 | **2.18** |
| CLAS Standard 13 | **2.14** |
| CLAS Standard 14 | **2.13** |
| CLAS Standard 15 | **2.13** |
| CLAS Standard 4 | **2.11** |
| CLAS Standard 3 | **2.05** |
| CLAS Standard 10 | **2.03** |
| CLAS Standard 7 | **1.69** |

## *CLAS Organizational Assessment: Detailed Results*

### ORGANIZATIONAL RESPONSIVENESS

**CLAS Standard 1:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

**2.24**

| Q# | 4 items (from highest to lowest) | 2022 Average Staff Rating |
|---|---|---|
| | ***Organization Overall*** | |
| 125 | The organization's policies, programs, and procedures are responsive to the cultural, linguistic, and health literacy needs of its patients. | **2.37** |
| | ***During the last 12 months, senior leaders have…*** | |
| 127 | …taken steps to promote a more patient-centered environment. | **2.22** |
| 129 | …made effective communication with diverse populations a priority. | **2.21** |
| 126 | …taken steps to create a more welcoming environment for patients. | **2.18** |

### ORGANIZATIONAL COMMITMENT

**CLAS Standard 2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

**2.20**

| Q# | 4 items (from highest to lowest) | 2022 Average Staff Rating |
|---|---|---|
| 123 | The organization's mission and/or vision states its commitment to culturally and linguistically appropriate care. | **2.41** |
| 124 | The organization's strategic plan illustrates its commitment to culturally and linguistically appropriate care. | **2.34** |
| 128 | During the last 12 months, senior leaders have allocated resources annually to meet the cultural and linguistic needs of its patients. | **2.16** |
| 130 | During the last 12 months, senior leaders have rewarded staff and departments that work to improve communication. | **1.83** |

## WORKFORCE DIVERSITY SUPPORT

**CLAS Standard 3:** Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

**2.05**

**2022 Average Staff Rating**

| Q# | 8 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, senior leaders have…*** | |
| 66 | …worked to recruit employees that reflect the patient community. *Note: This may include potential employees with certified bilingual or multilingual skills* | **2.23** |
| 65 | …taken steps to track the demographic characteristics of all organizational staff. *Examples: race, ethnicity, nationality, nativity, primary or preferred language, gender, and sexual orientation* | **2.13** |
| 67 | …worked to establish diverse candidate pools by recruiting employees through minority professional fairs, job boards, publications, and other specialized media or networks. | **2.12** |
| 68 | …worked to advance a diverse leadership and governance structure. | **2.10** |
| 61 | …taken steps to show that the diverse cultural perspectives of staff are welcomed and valued. | **2.09** |
| 62 | …assessed whether staff provide high-quality culturally competent services. | **2.00** |
| 64 | …monitored the retention of staff that provide high-quality culturally competent services. | **1.89** |
| 63 | …recognized or promoted staff that provide high-quality culturally competent services. | **1.86** |

## WORKFORCE TRAINING

**CLAS Standard 4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**2.11**

2022
Average Staff Rating

| Q# | 19 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, staff have received adequate training on…*** | |
| 48 | …serving patients who speak little or no English? | **2.36** |
| 49 | …the importance of communicating with patients in plain language instead of using technical terms? | **2.32** |
| 51 | …finding out when patients need an interpreter? | **2.27** |
| 50 | …ways to check whether patients understand instructions? *Examples: The teach-back or the "show-me" methods* | **2.25** |
| 42 | …how to ask patients about their racial/ethnic background in a culturally appropriate way? | **2.18** |
| 45 | …approaching patients with cultural humility? *Examples: Commitment to self-assessment and learning, minimizing power imbalances that affect patients, and strengthening partnerships* | **2.18** |
| 46 | communication policies at the organization? *Example: Language assistance procedures* | **2.18** |
| 44 | …interacting with patients from diverse cultural and spiritual backgrounds? | **2.17** |
| 47 | …the impact of miscommunication on patient safety? | **2.17** |
| 52 | …how to work with interpreters effectively? | **2.16** |
| 43 | …how to ask patients about their health care values and beliefs? | **2.10** |
| | ***During the last 12 months…*** | |
| 58 | …the organization has created opportunities for staff to volunteer in the patient community. | **2.07** |
| 54 | ...supervisors have encouraged staff to get patients more involved in their health care decisions. | **2.04** |
| 53 | ...supervisors have provided useful feedback to staff on how to improve communication skills. | **2.00** |
| 60 | Training from the organization has helped staff communicate better with patients. | **1.97** |
| 57 | … the organization has scheduled continuing education or professional development trainings on delivering culturally and linguistically appropriate care during work hours. | **1.93** |
| 56 | …supervisors have been recognized based on their ability to make staff feel supported. | **1.90** |
| 59 | … the organization has asked staff and/or patients for feedback to improve training. | **1.89** |
| 55 | ...supervisors have encouraged staff to talk with patients about cultural and spiritual beliefs that might influence their health care. | **1.76** |

## LANGUAGE ASSISTANCE POLICIES

**CLAS Standard 5:** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

**2.53**

2022
Average Staff Rating

| Q# | 12 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, how often did staff…*** | |
| 3 | …ask patients what language they prefer using when the patients registered or scheduled appointments? | **2.71** |
| 2 | …collect race and ethnicity information from patients? | **2.60** |
| 6 | …have easy access to information on what language patients speak? *Examples: Language identification flash cards or "I speak…" cards* | **2.58** |
| 7 | …have easy access to information on whether patients need an interpreter? | **2.53** |
| 5 | …ask patients if they would like help filling out organizational forms? | **2.42** |
| 4 | …ask patients if they need an interpreter when the patients registered or scheduled appointments? | **2.38** |
| | ***During the last 12 months, how often were the following statements true?*** | |
| 10 | Patients were charged for using interpreters. | **2.84** |
| 8 | The organization established or maintained contracts to be able to provide in-person, over-the-phone, or video remote interpretation services. | **2.76** |
| 9 | Patients who needed an interpreter were offered one. | **2.74** |
| 12 | It was easy to arrange for an interpreter when needed. | **2.47** |
| 11 | Staff members were encouraged to use trained medical interpreters to discuss informed consent with patients with limited English proficiency. | **2.21** |
| 13 | The organization tracked how long I waited for interpreters. | **1.49** |

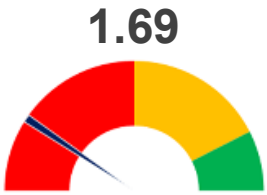
## LANGUAGE ASSISTANCE PROMOTION

**CLAS Standard 6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

| Q# | 3 items (from highest to lowest) | 2022 Average Staff Rating |
|---|---|---|
| | ***In general, the organization…*** | |
| 16 | …uses culturally and linguistically appropriate written notifications to inform patients about the availability of language assistance services. *Examples: Clearly displayed notification signs that have been translated, as well as translated forms, flyers, or brochures* | **2.37** |
| 15 | …has a plan for informing patients about the availability of no-cost language assistance. | **2.35** |
| 17 | …uses culturally and linguistically appropriate verbal notifications to inform patients about the availability of language assistance services. | **2.35** |

## LANGUAGE ASSISTANCE QUALITY

**CLAS Standard 7:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.




| Q# | 8 items (from highest to lowest) | 2022 Average Staff Rating |
|---|---|---|
| | ***Rate how much you DISAGREE or AGREE with the statements:*** | |
| 18 | Effective medical interpretation requires specialized training. | **2.24** |
| 19 | A patient's family member or friend can usually interpret as effectively as a trained medical interpreter. | **1.82** |
| 20 | The organization routinely assesses the competence and skills of its interpreters. *Examples: Active listening skills, translational skills, and understandable speech delivery* | **1.77** |
| | ***Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a…*** | |
| 25 | …patient's child (under age 18)? | **2.01** |
| 22 | …interpreter over the phone (telephonic interpreter)? | **1.68** |
| 21 | …trained medical interpreter? | **1.50** |
| 24 | …patient's adult friend or family? | **1.44** |
| 23 | …bilingual staff member who is untrained in interpretation? | **0.94** |

## TRANSLATED MATERIALS & SIGNAGE

**CLAS Standard 8:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

2022
Average Staff Rating

| Q# | 6 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, how often were the following statements true?*** | |
| 27 | The organization posted culturally and linguistically appropriate signage in its service area. | **2.56** |
| 26 | The organization distributed user-friendly guides on community resources to patients. | **2.39** |
| 28 | The organization sought feedback from the community about whether its media materials were culturally and linguistically appropriate. | **2.23** |
| | ***During the last 12 months, how often were the following statements true?*** | |
| 30 | It was easy to request translated documents. | **2.34** |
| 29 | There was a process for materials to be translated into other languages that were not readily available. | **1.90** |
| 31 | Staff noticed that patients had difficulty filling out organizational forms. | **1.90** |

32 Why did patients have difficulty filling out organizational forms?

d. Other: 195 (49.1%)

Representative sampling: *i) A lot of our patients do not know how to read or write…even in their language…That is where our staff assists. ii) Felt embarrassed to ask for help. Once asked they agreed to the help. iii) I have seen some patients to have poor eyesight, and other patients that have difficulty reading and/or writing, leaving them unable to fill out forms or leave their own signatures. iv) often enough we work in a fast-paced environment where we can also be understaffed, front reps can briefly describe form that needs to be signed but no further details. v) Patient speaks Mixteco which is not a written language so required assistance to complete a Spanish language form.*

a. Too long: 127 (32.0%)
b. Too difficult: 93 (23.4%)
c. Wrong languages: 49 (12.3%)

## QUALITY OF AVAILABLE RESOURCES

**CLAS Standard 9:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

**2.41**

2022
Average Staff Rating

| Q# | 9 items (from highest to lowest) | |
|---|---|---|
| | ***In general, during the last 12 months, the organization…*** | |
| 33 | …has evaluated how well it meets written goals for effective communication. | **1.95** |
| | ***Overall, during the last 12 months, how would you rate…*** | |
| 39 | …the organization's informed consent forms? | **2.56** |
| 34 | …the organization's efforts to help patients access community resources (e.g., assistance with medications, nutrition, insurance, legal aid, etc.)? | **2.52** |
| 38 | …the availability of translated documents and forms at the organization? | **2.48** |
| 37 | …the signs and maps at the organization? | **2.47** |
| 35 | …the cultural appropriateness of the organization's patient education materials? | **2.46** |
| 36 | …the understandability of the organization's patient education materials? | **2.41** |
| 41 | …the organization's interpretation services? | **2.35** |
| 40 | …the signs informing patients that free language assistance is available? | **2.31** |

## ORGANIZATIONAL ASSESSMENTS

**CLAS Standard 10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

**2.03**

2022
Average Staff Rating

| Q# | 7 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, senior leaders have…*** | |
| 69 | …conducted a routine self-assessment or audit of organizational policies, procedures, and practices to evaluate its implementation of the CLAS standards. | **2.13** |
| 70 | …sought feedback from patients on how the organization can improve its delivery of culturally and linguistically appropriate services. | **2.06** |
| 72 | …utilized the results of organizational self-assessments to revise its policies and practices to better provide culturally and linguistically appropriate services. | **2.06** |
| 71 | ...received reports describing the organization's progress toward its communication goals. | **2.05** |
| | ***During the last 12 months, supervisors have…*** | |
| 73 | ...monitored whether staff communicated effectively with patients. | **2.08** |
| 75 | ...used staff feedback to improve communication within the organization. | **1.96** |
| 74 | ...asked for staff suggestions on how to improve communication within the organization. | **1.94** |

## PATIENT ASSESSMENTS

**CLAS Standard 11:** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

**2.30**

2022
Average Staff Rating

| Q# | 12 items (from highest to lowest) | |
|---|---|---|
| | *During the last 12 months, it has been organizational policy to document…* | |
| 77 | …a patient's language preference. | **2.48** |
| 76 | …a patient's race and ethnicity. | **2.46** |
| 78 | …a patient's need for interpreters. | **2.31** |
| 86 | …a patient's physical limitations. | **2.31** |
| 80 | …a patient's need for assistance with filling out forms. | **2.30** |
| 81 | …a patient's barriers to communication. *Note: This may include a communication plan with patients and their families upon discharge.* | **2.30** |
| 79 | …a patient's ability to understand important documents. | **2.28** |
| 85 | …a patient's cognitive barriers. | **2.26** |
| 82 | …a patient's desire and motivation to learn. | **2.23** |
| 87 | …a patient's need for transportation assistance. | **2.23** |
| 84 | …a patient's emotional barriers. | **2.22** |
| 83 | …a patient's cultural and religious beliefs. | **2.15** |

## COMMUNITY ASSESSMENTS

**CLAS Standard 12:** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

**2.18**

2022
Average Staff Rating

| Q# | 8 items (from highest to lowest) | |
|---|---|---|
| | ***In general, during the last 12 months, the organization…*** | |
| 89 | …has worked with local community and advocacy groups to collect information about new and emerging populations. *Note: This may include make up of community and history* | **2.20** |
| 88 | …has had a plan for routinely assessing the needs and assets of its service community. | **2.18** |
| | ***During the last 12 months, the organization has used community needs and assets data to…*** | |
| 91 | …evaluate the accessibility of health services within the community. | **2.22** |
| 94 | …improve the delivery of culturally and linguistically appropriate services. | **2.19** |
| 95 | … inform staff about resources for patients that are available in the community. | **2.19** |
| 90 | …track the literacy and education levels of its patient community. *Note: This may include assessing language needs of patients to guide the development of translated materials* | **2.18** |
| 92 | …generate profile reports of its various service community populations. | **2.15** |
| 93 | …identify and report on potential disparities in care or services to community leaders and stakeholders. | **2.13** |

## COMMUNITY ENGAGEMENT

**CLAS Standard 13:** Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

**2.14**

2022
Average Staff Rating

| Q# | 11 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, the organization has…*** | |
| 98 | …worked to build alliances and coalitions between different community partners to improve the delivery of culturally and linguistically appropriate services. | **2.25** |
| 97 | …charged an individual or committee to conduct outreach and maintain ties to community partners. | **2.18** |
| 99 | …shared data and findings with community partners to improve service delivery. | **2.17** |
| 100 | …involved community representatives in its planning processes. | **2.16** |
| 96 | …implemented written plans for developing relationships with the patient communities it serves. | **2.09** |
| | ***During the last 12 months, the organization has…*** | |
| 102 | …community partners to promote health literacy. | **2.19** |
| 101 | …community partners to place staff in neighborhoods where they can educate patients on how to access social services and available care. | **2.18** |
| 103 | …community partners to educate adults and youth about mental health. | **2.13** |
| 105 | …schools to establish volunteer or internship program opportunities in mental health services. | **2.08** |
| 104 | …schools to educate students about mental health careers. | **2.07** |
| 106 | …faith organizations to advance mental health. | **1.96** |

## CONFLICT AND GRIEVANCE RESOLUTION

**CLAS Standard 14:** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

**2.13**

2022
Average Staff Rating

| Q# | 12 items (from highest to lowest) | |
|---|---|---|
| | ***During the last 12 months, staff have…*** | |
| 110 | …communicated well with patients over the phone. | **2.60** |
| 109 | …shown that they care about communicating effectively with diverse populations. | **2.28** |
| 112 | …known whom to call if they have a problem or suggestion. | **2.27** |
| 107 | …communicated with one another respectfully. | **2.25** |
| 108 | …communicated with one another effectively to ensure high quality care. | **2.25** |
| 113 | …spoken openly with supervisors about any miscommunications. | **2.14** |
| 111 | …needed more time to communicate well with patients. | **0.93** |
| | ***During the last 12 months, supervisors have…*** | |
| 114 | ...intervened if staff were not respectful towards patients. | **2.21** |
| | ***During the last 12 months, the organization has…*** | |
| 115 | …implemented a timely conflict and grievance resolution process for patients. | **2.27** |
| 118 | …designated a point-of-contact (person or office) for community members to provide complaints and feedback. | **2.25** |
| 117 | …tracked communication-related complaints. | **2.24** |
| 116 | …ensured that its conflict and grievance resolution process is culturally and linguistically appropriate. *Examples: visible signage and understandable notifications encouraging patients to submit feedback, and translated grievance forms* | **2.23** |

## REPORTING AND ACCOUNTABILITY

**CLAS Standard 15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

**2.13**

| Q# | 4 items (from highest to lowest) | 2022 Average Staff Rating |
|---|---|---|
| | ***During the last 12 months, the organization has…*** | |
| 119 | …informed community members about its efforts to promote wellness in their neighborhoods. | **2.18** |
| 120 | …strategized with community partners on how to report on its progress toward making services more culturally and linguistically appropriate. | **2.14** |
| | ***During the last 12 months, senior leaders have…*** | |
| 122 | …convened community advisory boards to discuss their progress towards making services more culturally and linguistically appropriate. | **2.09** |
| 121 | …convened community forums to discuss their progress towards making services more culturally and linguistically appropriate. | **2.07** |

Table 3. Items Scored in the "Red" Range, low to high

| CLAS Standard | Q # | Assessment Question | Average Item Score |
|---|---|---|---|
| 14 | 111 | During the last 12 months, staff have needed more time to communicate well with patients. | **0.93** |
| 7 | 23 | Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a bilingual staff member who is untrained in interpretation? | **0.94** |
| 7 | 24 | Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a patient's adult friend or family? | **1.44** |
| 5 | 13 | During the last 12 months, how often were the following statements true? The organization tracked how long I waited for interpreters. | **1.49** |
| 7 | 21 | Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a trained medical interpreter? | **1.5** |
| 7 | 22 | Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with an interpreter over the phone (telephonic interpreter)? | **1.68** |
| 4 | 55 | During the last 12 months, supervisors have encouraged staff to talk with patients about cultural and spiritual beliefs that might influence their health care. | **1.76** |
| 7 | 20 | Rate how much you DISAGREE or AGREE with the statements: The organization routinely assesses the competence and skills of its interpreters. *Examples: Active listening skills, translational skills, and understandable speech delivery* | **1.77** |
| 7 | 19 | Rate how much you DISAGREE or AGREE with the statements: A patient's family member or friend can usually interpret as effectively as a trained medical interpreter. | **1.82** |
| 2 | 130 | During the last 12 months, senior leaders have rewarded staff and departments that work to improve communication. | **1.83** |
| 3 | 63 | During the last 12 months, senior leaders have recognized or promoted staff that provide high-quality culturally competent services. | **1.86** |
| 4 | 59 | During the last 12 months, the organization has asked staff and/or patients for feedback to improve training. | **1.89** |
| 3 | 64 | During the last 12 months, senior leaders have monitored the retention of staff that provide high-quality culturally competent services. | **1.89** |

Table 3 (continued). Items Scored in the "Red" Range, low to high

| CLAS Standard | Q # | Assessment Question | Average Item Score |
|---|---|---|---|
| 8 | 31 | During the last 12 months, how often were the following statements true? Staff noticed that patients had difficulty filling out organizational forms. | **1.9** |
| 8 | 29 | During the last 12 months, how often were the following statements true? There was a process for materials to be translated into other languages that were not readily available. | **1.9** |
| 4 | 56 | During the last 12 months, supervisors have been recognized based on their ability to make staff feel supported. | **1.9** |
| 4 | 57 | During the last 12 months, the organization has scheduled continuing education or professional development trainings on delivering culturally and linguistically appropriate care during work hours. | **1.93** |
| 10 | 74 | During the last 12 months, supervisors have asked for staff suggestions on how to improve communication within the organization. | **1.94** |
| 9 | 33 | In general, during the last 12 months, the organization has evaluated how well it meets written goals for effective communication. | **1.95** |
| 13 | 106 | During the last 12 months, the organization has faith organizations to advance mental health. | **1.96** |
| 10 | 75 | During the last 12 months, supervisors have used staff feedback to improve communication within the organization. | **1.96** |
| 4 | 60 | During the last 12 months: Training from the organization has helped staff communicate better with patients. | **1.97** |

## Summary of Findings

In this section, we report on findings from the *CLAS Organizational Assessment for Staff*. The *CLAS Organizational Assessment for Staff* examines the extent to which health organizations are implementing the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* from the US Office of Minority Health within the US Department of Health and Human Services (2013). As part of the evaluation of the LPMPP, staff from each of the four participating health centers were invited to complete the assessment to establish baseline scores for this report. We summarize the findings below.

According to the Summary of Average Staff CLAS Standard Scores **(Table 2)**, the four participating health centers collectively scored in the "yellow" range for nearly all of the CLAS Standards at baseline. The highest score was for CLAS Standard 5 ("Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services"). It is also CLAS Standard 5 that received the highest average item scores, which was for item 10 (2.84; "Patients were charged for using interpreters", with a higher score indicating that this was a rare occurrence) and item 8 (2.76; "The organization established or maintained contracts to be able to provide in-person, over-the-phone, or video remote interpretation services.")

Only one CLAS Standard average score was in the "red" range: CLAS Standard 7 ("Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors should be avoided"). In the *CLAS Organizational Assessment for Staff,* CLAS Standard 7 was measured according to items that asked how often untrained or trained medical interpreters were used. The participating health centers scored in the "red" range on items where staff indicated that they often used a patient adult friend or family member as an interpreter or indicated that they often used a bilingual staff member who is untrained in interpretation as an interpreter. Furthermore, the participating health centers scored in the "red" range on items where staff indicated that they rarely used trained medical interpreters or medical interpreters over the phone. Other items included in the CLAS Standard 7 score pertained to whether or not organizations routinely assessed the competence and skills of their interpreters as well as staff attitudes toward using untrained interpreters during patient encounters. The low score as it relates to using untrained interpreters for CLAS Standard 7 is notable here, given how staff scored their health centers highly for establishing or maintaining contracts to provide interpretation services in-person, over-the-phone, or on video.

The detailed results of this report show average scores for each of the individual items in the *CLAS Organizational Assessment for Staff*. In the Items Scored in the "Red" Range **(Table 3)**, we list all of the 22 assessment questions on which the health centers scored in the "red" based on the staff responses. The item that scored the lowest was from the question, "During the last 12 months, staff have needed more time to communicate well with patients." With a score of 0.93, staff on average indicated that this was often an issue. Of the 22 assessment questions, items for CLAS Standard 7 appeared most often in the list (6 out of 22 items), followed by CLAS Standard 4 (5 out of 22 items; "Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis").

Although the health centers scored in the "yellow" range for most of the CLAS Standards at baseline, there are still opportunities for improvement. This includes ensuring the competence of interpreters used during patient encounters (CLAS

Standard 7) as well as providing training in culturally and linguistically appropriate policies on an ongoing basis (CLAS Standard 4). The items used in the *CLAS Organizational Assessment for Staff* represent actionable steps that health organizations can take to bolster their delivery of culturally and linguistically appropriate services to patients.

# Measure 6: Impact on Limited English-Speaking Patient Encounters

## Introduction and Methods

***About the CLAS Organizational Assessment for Patients***

For the purposes of evaluating the LPMPP's impact on limited-English-speaking patient encounters, CRHD deployed the *CLAS Organizational Assessment for Patients*. The assessment covers the extent to which health centers participating in the LPMPP have provided effective quality care and services that are responsive to the preferred languages of patients. The assessment also examines whether health centers delivered understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of patients. In this report, we describe the baseline results of the *CLAS Organizational Assessment for Patients* for the four health centers participating in the LPMPP.

Protocols were followed to protect the confidentiality of the patient respondents.

***Methodology***

Procedure

The CLAS Organizational Assessment for Patients was administered from January through May 2022 to a convenience sample of patients at the health centers participating in the LPMPP. The assessment takes approximately 10 minutes for respondents to complete. 691 patients were approached and invited to complete the assessment, 527 patients consented to the assessment, and 517 of those who consented had completed the assessment, representing a 98.1 percent completion rate. The patients represented 27 clinics across the four health centers participating in the LPMPP. Protocols were followed to protect the confidentiality of the patient respondents.

A majority of the patients surveyed at the four CHCs were seen for Family or Internal Medicine services at 68.4% (353). When asked how many visits a patient had in the

past year, the most common response was 2 to 3 times with 28.8% (149), followed closely by 3 to 5 times at 25% (129). More than one-third of patients identified their physical health and mental health as being ‘Good’ with 38.7% (200) and 41.8% (216), respectively. Patients overwhelmingly identified as Hispanic or Latino at 91.7% (474), and more specifically as Mexican or Mexican American with 77.2% (399). Nearly 95% (94.2%, 487) of patients identified as straight or heterosexual, and 76% (393) identified as a female / woman.

A Clinical Research Coordinator (CRC) administered the assessment to each participating patient in their preferred language of either Spanish or English. 73 percent (377) of assessments were completed in Spanish, and 27 percent (140) were completed in English. The CRC asked the questions aloud and recorded the patient’s responses by entering the data into an electronic survey platform. A very small number of assessments were completed on paper, and only when electronic completion was unavailable.

Instrument

The CLAS Organizational Assessment for Patients is meant to be an informational needs assessment for health care providing organizations. The CLAS Organizational Assessment for Patients comprised 55 items that are pertinent to the National CLAS Standards. Many of the items have been designed to ask about actionable implementation strategies related to the CLAS Standards.

The items ask about the frequency to which health centers engaged in actions that were responsive to the needs of limited-English-speaking patients. Each item on the assessment is scored on a four-point scale, from 0 (Never) to 3 (Always). In general, actions are rated more positively if patients reported a greater frequency on the items. Some items may be reverse scored such that a greater frequency of an item is reflected less favorably for health centers. Patients also had the option of answering "Not Sure" or "Not Applicable" or "Decline to Answer" on survey items.

## Results

For each item, we report the percent of patients answering "always." For a detailed distribution of the answers selected by the patients, please see Appendix 3, which includes the number of respondents answering, “Not Sure,” “Not Applicable” or “Decline to Answer.”

## *CLAS Organizational Assessment – Patient Version*

Table 4. Opportunities to Celebrate (11 items)

| Q# | Assessment Question | 2022 Patient Scores Percentages (%) |
|---|---|---|
| | ***Section 1: About this Clinic…*** | |
| 5 | Was it easy to ask questions at the clinic? | **94.4%** |
| 17 | Did you feel welcome at the clinic? | **94.4%** |
| 8 | Could you understand the people at the front desk? | **94.2%** |
| | ***Section 2: About the Health Care Providers at this Clinic…*** | |
| 28 | Did you understand your provider's instructions? | **93.8%** |
| 23 | Did providers explain things in a way that made sense to you? | **93.6%** |
| 21 | Did providers pay attention to what you said? | **93.2%** |
| 22 | Did providers treat what you said as important? | **93.2%** |
| 30 | Did providers ask if you had any questions? | **92.6%** |
| | ***Section 3: About Your Visit…*** | |
| 32 | Did you know how to take your medicine? | **92.1%** |
| 38 | Did you feel like all of your health care needs were addressed (including physical, emotional, and social)? | **91.1%** |
| | ***Section 4: Overall…*** | |
| 45 | Have you been happy with the care you have received at the clinic? | **90.5%** |

Table 5. Opportunities for Continued Improvement (15 items)

| Q# | Assessment Question | 2022 Patient Scores Percentages (%) |
|---|---|---|
| | ***Section 1: About this Clinic…*** | |
| 5 | Could you understand the clinic's signs and maps? | **88.6%** |
| 14 | Were the clinic's forms easy for you to fill out? | **88.0%** |
| 16 | Did you understand the clinic's informed consent forms? | **87.8%** |
| 7 | Was information in the waiting areas helpful? | **86.8%** |
| 4 | Could you find your way around the clinic? | **81.6%** |
| | ***Section 2: About the Health Care Providers at this Clinic…*** | |
| 27 | Did you have enough time to talk with your provider? | **89.4%** |
| 24 | Did providers involve you in decisions about your health care? | **87.0%** |
| 25 | Did providers at the clinic try to understand your culture? | **76.8%** |
| 20 | Did providers know what language you preferred using? | **75.6%** |
| | ***Section 3: About Your Visit…*** | |
| 31 | Did you understand your main health problems? | **89.6%** |
| 36 | Did you understand what clinic staff told you if you had a question? | **88.8%** |
| 35 | Was it easy to reach someone at the clinic if you had a question? | **82.4%** |
| | ***Section 4: Overall…*** | |
| 43 | Did the clinic communicate well with patients? | **89.9%** |
| 46 | Did you feel comfortable with recommending this clinic to a family member or friend? | **89.4%** |
| 42 | Has the clinic served your community well? | **84.7%** |

Table 6. Opportunities for Improvement (17 items)

| Q# | Assessment Question | 2022 Patient Scores Percentages (%) |
|---|---|---|
| | ***Section 1: About this Clinic…*** | |
| 9 | Did clinic staff ask about your preferred language for your visits? | **59.4%** |
| 15 | Did the clinic staff offer to help you fill out the forms? | **58.8%** |
| 18 | Did clinic staff come from your community? | **57.3%** |
| 19 | Were you allowed to have a family member or friend accompany you if you wanted? | **53.8%** [a] |
| 11 | Did it seem easy for the clinic to get an interpreter when needed? | **48.5%** |
| 13R | Did providers pay attention to what you said? | **46.8%** |
| 10 | Did providers ask if you had any questions? | **43.9%** |
| 12 | Did the clinic use a trained medical interpreter for your visits? | **33.5%** |
| | ***Section 2: About the Health Care Providers at this Clinic…*** | |
| 26 | Could you talk to your providers about home remedies? | **38.7%** |
| 29 | Did providers ask you to repeat their instructions? | **36.9%** |
| | ***Section 3: About Your Visit…*** | |
| 37 | Did clinic staff help connect you to resources (financial aid, food, and safety) in the community? | **65.4%** [b] |
| 34 | Did providers treat what you said as important? | **44.3%** |
| 39 | Did you know whom to call if you wanted to complain? | **42.7%** |
| 33 | Did you take educational materials (instructions, pamphlets, brochures) home from the clinic? | **34.2%** |
| | ***Section 4: Overall…*** | |
| 40 | Has the clinic worked to understand the needs of the community? | **52.0%** |
| 44 | Did the clinic ask you for feedback about your care? | **50.9%** |
| 41 | Has the clinic partnered with leaders in your community to improve the quality of its services? | **30.9%** |

**Notes:** a = Few participants responded "Always" due to COVID policies.
b = Please refer to Appendix 3 for the proportion of respondents answering, "Not Applicable."

## Summary of Findings

In this chapter, we report on findings from the *CLAS Organizational Assessment for Patients*. The *CLAS Organizational Assessment for Patients* examines the extent to which health organizations are implementing the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* from the US Office of Minority Health within the US Department of Health and Human Services (2013). As part of the evaluation of the LPMPP, patients from each of the four participating health

centers were invited to complete the assessment to establish baseline scores for this report. We summarize the findings in the sections below.

As shown in **Table 4.** Opportunities to Celebrate, the four participating health centers collectively scored in the "green" range on 11 items. Five (5) items pertained to their experiences with their specific provider, three (3) pertained to the policies and practices of the clinic that the patients encountered, two (2) pertained to the patient's visit at the clinic, and one (1) pertained to their experiences overall.

Of all the items in the assessment, patients were most likely to endorse the "always" response on item 5 asking "Was it easy to ask questions at the clinic?" (Always = 94.4%), as well as on item 17 asking "Did you feel welcome at the clinic?" (Always = 94.4%). Patients were most likely to endorse the "always" response on item 28 regarding their health care providers ("Did you understand your provider's instructions?";Always = 93.8%), item 32 regarding them visit ("Did you know how to take your medicine?" ; Always = 92.1%), and item 45 regarding their experiences overall ("Have you been happy with the care you have received at the clinic?; Always = 90.5%)

According to **Table 6.** Opportunities for Improvement, the four participating health centers collectively scored in the "red" range for 17 items. Eight (8) items pertained to the policies and practices of the clinic that the patients encountered. Four (4) of the items pertained to the patient's visit at the clinic. And two (2) of the items pertained to their experiences overall and another two (2) pertained to their experiences with their specific provider.

Of all the items in the assessment, patients were least likely to endorse the "always" response on item 41, which asked, "Has the clinic partnered with leaders in your community to improve the quality of its services?" (Always = 30.9%). Patients were least likely to endorse the "always" response on item 12 regarding their clinic ("Did the clinic use a trained medical interpreter for your visits?"; Always = 33.5%), item 29 regarding their health care providers ("Did providers ask you to repeat their instructions?"; Always = 36.9%), item 33 regarding their visit ("Did you take educational materials (instructions, pamphlets, brochures) home from the clinic?"; Always = 34.2%), and item 41 regarding the overall section (described previously).

The summary of our findings shows that there are still opportunities for improving patient encounters with regard to delivering culturally and linguistically appropriate care. The items used in the *CLAS Organizational Assessment for Patients* represent actionable steps that the partner health centers for the LPMPP can take to bolster the quality of care offered to their patients.

# Abbreviations

| | |
|---|---|
| Altura | Altura Centers for Health |
| CDCR | Clínicas del Camino Real |
| CHC | Community Health Centers |
| CLAS | Culturally and Linguistically Appropriate Services |
| CRHD | Center for Reducing Health Disparities at UC Davis |
| CSVS | Clínicas de Salud del Valle de Salinas |
| LPMPP | Licensed Physicians from Mexico Pilot Program |
| MBC | Medical Board of California |
| SBHF | San Benito Health Foundation |

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# Appendices

## Appendix 1. CLAS Organizational Assessment - Baseline: Staff Demographic Data

(n = 397, unless otherwise noted with an asterisk [*])

| Health Center | Responses (%) |
|---|---|
| Clínicas del Camino Real | 194 (48.9%) |
| Clínica de Salud del Valle de Salinas | 106 (26.7%) |
| Altura | 82 (20.7%) |
| San Benito Health Foundation | 15 (3.8%) |

| Does your job involve direct contact with patients? | Responses (%) |
|---|---|
| Yes | 325 (81.9%) |
| No | 72 (18.1%) |

| On average, how many hours per week do you work at this clinic? | Responses (%) |
|---|---|
| 31 to 40 hours | 201 (50.6%) |
| 41 to 50 hours | 136 (34.3%) |
| 5 to 8 hours | 19 (4.8%) |
| Missing | 15 (3.8%) |
| 9 to 12 hours | 7 (1.8%) |
| 51 to 60 hours | 7 (1.8%) |
| 21 to 30 hours | 4 (1.0%) |
| 13 to 16 hours | 3 (0.8%) |
| 0 to 4 hours | 2 (0.5%) |
| Over 60 hours | 2 (0.5%) |
| 17 to 20 hours | 1 (0.3%) |

| What is your position in this clinic? | Responses (%) |
|---|---|
| Other Professional or Clinical Staff | 161 (40.6%) |
| Administrative or Clerical Staff | 96 (24.2%) |
| Other | 61 (15.4%) |
| Management | 34 (8.6%) |
| Physician (MD or DO) | 17 (4.3%) |
| Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Advanced Practice Nurse, etc. | 14 (3.5%) |
| Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN) | 14 (3.5%) |

| How long have you worked at this clinic? | Responses (%) |
|---|---|
| 5 years to less than 10 years | 95 (23.9%) |
| 10 years or more | 92 (23.2%) |
| 1 year to less than 3 years | 72 (18.1%) |
| 3 years to less than 5 years | 67 (16.9%) |
| 6 months to less than 1 year | 43 (10.8%) |

| Physicians Only: What is your specialty? (n = 17) | Responses* (%) |
|---|---|
| Family Medicine | 6 (35.3%) |
| Pediatrics | 6 (35.3%) |
| Obstetrics/Gynecology | 3 (17.6%) |
| Internal Medicine | 1 (5.9%) |
| Other | 1 (5.9%) |

## Appendix 1 (continued). CLAS Organizational Assessment - Baseline: Staff Demographic Data

| Race/Ethnicity/Origin | Responses (%) |
|---|---|
| Hispanic or Latino | 304 (76.6%) |
| White, Non-Hispanic | 45 (11.3%) |
| Asian or NHPI, Non-Hispanic | 18 (4.5%) |
| Decline to Answer | 18 (4.5%) |
| Other Race/Eth, Non-Hispanic | 11 (2.8%) |
| Black, Non-Hispanic | 1 (0.3%) |

| What is your age group? | Responses (%) |
|---|---|
| 25 to 34 years | 146 (36.8%) |
| 35 to 44 years | 87 (21.9%) |
| 18 to 24 years | 64 (16.1%) |
| 45 to 54 years | 46 (11.6%) |
| 55 to 64 years | 27 (6.8%) |
| Decline to Answer | 20 (5.0%) |
| 65 years or older | 7 (1.8%) |

| What best describes your sexual orientation? | Responses (%) |
|---|---|
| Straight or Heterosexual | 327 (82.4%) |
| Decline to Answer | 53 (13.4%) |
| Bisexual | 8 (2.0%) |
| Lesbian or Gay | 6 (1.5%) |
| Queer | 1 (0.3%) |
| Questioning / Not Sure | 1 (0.3%) |
| Another Sexual Orientation | 1 (0.3%) |

| Race/Ethnicity/Origin (Check All That Apply) | Responses* (%) |
|---|---|
| Mexican or Mexican American | 211 (53.1%) |
| Salvadoran | 6 (1.5%) |
| Spaniard | 6 (1.5%) |
| Guatemalan | 4 (1.0%) |
| Colombian | 3 (0.8%) |
| Indigenous or Native American | 3 (0.8%) |
| Purepecha | 3 (0.8%) |
| South American | 3 (0.8%) |
| Central American | 2 (0.5%) |
| Afro-Hispanic or Afro-Latino | 1 (0.3%) |
| Cuban | 1 (0.3%) |
| Mixteco | 1 (0.3%) |
| Puerto Rican | 1 (0.3%) |
| Zapoteco | 1 (0.3%) |
| Dominican; Ecuadorian; Mestizo, Mulatto, or Another Mixed Race; Arawak; Aymara; Guarani; Kwichua; Mapuche; Maya; Nahua; Quechua; Quiche; Taino; Tzotzil | 0 (0.0%) |

| What best describes your current gender identity? | Responses (%) |
|---|---|
| Female / Woman | 318 (80.1%) |
| Male / Man | 52 (13.1%) |
| Decline to Answer | 26 (6.5%) |
| Questioning / Not Sure | 1 (0.3%) |
| Transgender Man / Trans Man / Female-to-Male (FTM); Transgender Woman / Trans Woman / Male-to-Female (MTF); Genderqueer / Gender Nonconforming / Neither Exclusively Male nor Female; Another Gender Identity | 0 (0.0%) |

## Appendix 1 (continued). CLAS Organizational Assessment - Baseline: Staff Demographic Data

| What is the highest grade or level of school that you have completed? | Responses (%) |
|---|---|
| Some college or 2-year degree | 154 (38.8%) |
| High school graduate or GED | 67 (16.9%) |
| More than 4-year college degree | 62 (15.6%) |
| 4-year college graduate | 50 (12.6%) |
| Decline to Answer | 37 (9.3%) |
| Other | 25 (6.3%) |
| 8th grade or less | 1 (0.3%) |
| Some high school, but did not graduate | 1 (0.3%) |

## Appendix 2. CLAS Organizational Assessment - Baseline: Patient Demographic Data

(n = 517, unless otherwise noted with an asterisk [*])

| Health Center | Responses (%) |
|---|---|
| Clínicas del Camino Real | 200 (38.7%) |
| Clínica de Salud del Valle de Salinas | 186 (36.0%) |
| Altura | 110 (21.3%) |
| San Benito Health Foundation | 21 (4.0%) |

| For this visit, what was your provider's specialty? | Responses (%) |
|---|---|
| Family Medicine or Internal Medicine | 353 (68.3%) |
| Pediatrics | 104 (20.1%) |
| Obstetrics/Gynecology | 39 (7.5%) |
| Not Sure | 21 (4.1%) |

| How many times have you visited this clinic in the past year? | Responses (%) |
|---|---|
| 2 to 3 times | 149 (28.8%) |
| 3 to 5 times | 129 (25.0%) |
| 5 to 10 times | 103 (19.9%) |
| This is my first time | 78 (15.1%) |
| More than 15 times | 32 (6.2%) |
| 11 to 15 times | 26 (5.0%) |
| | |

| What is your age group? | Responses (%) |
|---|---|
| 35 to 44 years | 127 (24.6%) |
| 45 to 54 years | 110 (21.3%) |
| 25 to 34 years | 108 (29.9%) |
| 55 to 64 years | 63 (12.2%) |
| 18 to 24 years | 60 (11.6%) |
| 65 years or older | 43 (8.3%) |
| Decline to Answer | 6 (1.2%) |

| In general, how would you rate your overall physical health? | Responses (%) |
|---|---|
| Good | 200 (38.7%) |
| Fair | 161 (31.1%) |
| Excellent | 64 (12.4%) |
| Very Good | 54 (10.4%) |
| Poor | 27 (5.2%) |
| Decline to Answer | 11 (2.1%) |

| In general, how would you rate your overall mental or emotional health? | Responses (%) |
|---|---|
| Good | 216 (41.8%) |
| Fair | 99 (19.1%) |
| Excellent | 95 (18.4%) |
| Very Good | 84 (16.2%) |
| Poor | 12 (2.3%) |
| Decline to Answer | 11 (2.1%) |

## Appendix 2 (continued). CLAS Organizational Assessment - Baseline: Patient Demographic Data

| Race/Ethnicity/Origin | Responses* (%) |
|---|---|
| Hispanic or Latino | 474 (91.7%) |
| White, Non-Hispanic | 18 (3.5%) |
| Decline to Answer | 11 (2.1%) |
| Asian or NHPI, Non-Hispanic | 6 (1.2%) |
| Other Race/Eth, Non-Hispanic | 5 (1.0%) |
| Black, Non-Hispanic | 3 (0.6%) |

| What best describes your sexual orientation? | Responses (%) |
|---|---|
| Straight or Heterosexual | 487 (94.2%) |
| Decline to Answer | 26 (5.0%) |
| Lesbian or Gay | 3 (0.6%) |
| Bisexual | 1 (0.2%) |
| Queer; Questioning / Not Sure; Another Sexual Orientation | 0 (0.0%) |

| What best describes your current gender identity? | Responses (%) |
|---|---|
| Female / Woman | 393 (76.0%) |
| Male / Man | 113 (21.9%) |
| Transgender Man / Trans Man / Female-to-Male (FTM) | 3 (0.6%) |
| Decline to Answer | 8 (1.5%) |
| Transgender Woman / Trans Woman / Male-to-Female (MTF); Genderqueer / Gender Nonconforming / Neither Exclusively Male nor Female; Questioning / Not Sure; Another Gender Identity | 0 (0.0%) |

| Race/Ethnicity/Origin (Check All That Apply) | Responses* (%) |
|---|---|
| Mexican or Mexican American | 399 (77.2%) |
| Salvadoran | 13 (2.5%) |
| Mixteco | 11 (2.1%) |
| Central American | 8 (1.5%) |
| Indigenous or Native American | 8 (1.5%) |
| Guatemalan | 6 (1.2%) |
| Spaniard | 2 (0.4%) |
| Mestizo | 2 (0.4%) |
| South American | 1 (0.2%) |
| Colombian | 1 (0.2%) |
| Kwichua | 1 (0.2%) |
| Purepecha | 1 (0.2%) |
| Quechua | 1 (0.2%) |
| Zapoteco | 1 (0.2%) |
| Puerto Rican; Cuban; Dominican; Ecuadorian; Afro-Hispanic or Afro-Latino; Arawak; Aymara; Guarani; Mapuche; Maya; Nahua; Quiche; Taino; Tzotzil | 0 (0.0%) |

## Appendix 2 (continued). CLAS Organizational Assessment - Baseline: Patient Demographic Data

| What is the highest grade or level of school that you have completed? | Responses (%) |
|---|---|
| 8th grade or less | 183 (35.4%) |
| High school graduate or GED | 130 (25.1%) |
| Some college or 2-year degree | 86 (16.6%) |
| Some high school, but did not graduate | 82 (15.9%) |
| 4-year college graduate | 20 (3.9%) |
| Decline to Answer | 9 (1.7%) |
| Other | 4 (0.8%) |
| More than 4-year college degree | 3 (0.6%) |

## Appendix 3. CLAS Organizational Assessment – Patient Version

**DURING THE LAST 12 MONTHS.**

### Section 1: About this Clinic

| | During the last 12 months, how often… | Never | Rarely | Often | Always | Not Sure | N/A |
|---|---|---|---|---|---|---|---|
| | | % | % | % | % | % | % |
| 4 | Could you find your way around the clinic? | 0.4% | 3.9% | 10.3% | 81.6% | 1.7% | 2.1% |
| 5 | Could you understand the clinic's signs and maps? | 1.4% | 2.5% | 2.7% | 88.6% | 0.2% | 4.6% |
| 6 | Was it easy to ask questions at the clinic? | 0.8% | 1.9% | 2.5% | 94.4% | 0.0% | 0.4% |
| 7 | Was information in the waiting areas helpful? | 1.4% | 1.5% | 3.7% | 86.8% | 1.4% | 5.4% |
| 8 | Could you understand the people at the front desk? | 0.0% | 1.9% | 4.1% | 94.2% | 0.2% | 0.6% |
| 9 | Did clinic staff ask about your preferred language for your visits? | 20.7% | 2.9% | 2.7% | 59.4% | 1.4% | 13.0% |
| 10 | Did clinic staff ask if you needed an interpreter for your visits? | 26.5% | 2.1% | 3.1% | 43.9% | 1.4% | 23.0% |
| 11 | Did it seem easy for the clinic to get an interpreter when needed? | 1.0% | 0.8% | 1.5% | 48.5% | 0.8% | 47.4% |
| 12 | Did the clinic use a trained medical interpreter for your visits? | 5.8% | 1.7% | 4.6% | 33.5% | 4.6% | 50.3% |
| 13 | Did the clinic charge you for using an interpreter?* | 46.8% | 0.2% | 0.0% | 1.0% | 1.0% | 51.1% |
| 14 | Were the clinic's forms easy for you to fill out? | 1.5% | 2.3% | 2.9% | 88.0% | 0.4% | 4.8% |
| 15 | Did the clinic staff offer to help you fill out the forms? | 17.0% | 1.0% | 4.1% | 58.8% | 0.6% | 18.6% |
| 16 | Did you understand the clinic's informed consent forms? | 1.5% | 1.9% | 2.5% | 87.8% | 2.3% | 3.9% |
| 17 | Did you feel welcome at the clinic? | 0.6% | 1.5% | 2.9% | 94.4% | 0.4% | 0.2% |
| 18 | Did clinic staff come from your community? | 2.3% | 0.6% | 0.6% | 57.3% | 38.1% | 1.2% |
| 19 | Were you allowed to have a family member or friend accompany you if you wanted? | 12.0% | 1.4% | 3.1% | 53.8% | 2.7% | 27.1% |

Asterisk (*) indicates that lower levels of "Always" responses (or greater levels of "Never" responses) are indicative of more culturally responsive care.)

## Appendix 3 (continued). CLAS Organizational Assessment – Patient Version

### Section 2: About the Health Care Providers at this Clinic

| | During the last 12 months, how often… | Never | Rarely | Often | Always | Not Sure | N/A |
|---|---|---|---|---|---|---|---|
| | | % | % | % | % | % | % |
| 20 | Did providers know what language you preferred using? | 2.9% | 4.1% | 13.5% | 75.6% | 3.1% | 0.8% |
| 21 | Did providers pay attention to what you said? | 0.8% | 2.3% | 3.1% | 93.2% | 0.6% | 0.0% |
| 22 | Did providers treat what you said as important? | 1.2% | 1.4% | 3.5% | 93.2% | 0.8% | 0.0% |
| 23 | Did providers explain things in a way that made sense to you? | 0.8% | 1.9% | 3.5% | 93.6% | 0.2% | 0.0% |
| 24 | Did providers involve you in decisions about your health care? | 4.1% | 2.1% | 2.7% | 87.0% | 4.1% | 0.0% |
| 25 | Did providers at the clinic try to understand your culture? | 4.6% | 1.4% | 1.9% | 76.8% | 8.9% | 6.4% |
| 26 | Could you talk to your providers about home remedies? | 40.0% | 2.9% | 2.7% | 38.7% | 1.0% | 14.7% |
| 27 | Did you have enough time to talk with your provider? | 3.1% | 2.7% | 4.3% | 89.4% | 0.4% | 0.2% |
| 28 | Did you understand your provider's instructions? | 0.8% | 1.4% | 3.9% | 93.8% | 0.2% | 0.0% |
| 29 | Did providers ask you to repeat their instructions? | 48.4% | 4.1% | 4.8% | 36.9% | 1.2% | 4.6% |
| 30 | Did providers ask if you had any questions? | 3.1% | 1.4% | 2.5% | 92.6% | 0.2% | 0.2% |

### Section 3: About Your Visit

| | During the last 12 months, after your clinic visits… | Never | Rarely | Often | Always | Not Sure | N/A |
|---|---|---|---|---|---|---|---|
| | | % | % | % | % | % | % |
| 31 | Did you understand your main health problems? | 1.7% | 2.9% | 4.3% | 89.6% | 1.2% | 0.4% |
| 32 | Did you know how to take your medicine? | 0.6% | 0.4% | 2.3% | 92.1% | 0.6% | 4.1% |
| 33 | Did you take educational materials (instructions, pamphlets, brochures, home from the clinic? | 49.5% | 4.4% | 8.9% | 34.2% | 0.6% | 2.3% |
| 34 | Were the educational materials easy to understand? | 0.2% | 1.4% | 2.3% | 44.3% | 0.2% | 51.6% |
| 35 | Was it easy to reach someone at the clinic if you had a question? | 3.9% | 6.8% | 5.8% | 82.4% | 0.2% | 1.0% |
| 36 | Did you understand what clinic staff told you if you had a question? | 3.9% | 1.5% | 3.1% | 88.8% | 1.9% | 0.8% |
| 37 | Did clinic staff help connect you to resources (financial aid, food, and safety in the community? | 12.0% | 2.1% | 1.9% | 65.4% | 1.0% | 17.6% |
| 38 | Did you feel like all of your health care needs were addressed (including physical, emotional, and social? | 2.1% | 1.5% | 4.8% | 91.1% | 0.4% | 0.0% |
| 39 | Did you know whom to call if you wanted to complain? | 37.3% | 1.0% | 0.4% | 42.7% | 6.6% | 12.0% |

## Appendix 3 (continued). CLAS Organizational Assessment – Patient Version

### Section 4: Overall

| | During the last 12 months, how often… | Never | Rarely | Often | Always | Not Sure | N/A |
|---|---|---|---|---|---|---|---|
| | | % | % | % | % | % | % |
| 40 | Has the clinic worked to understand the needs of the community? | 0.2% | 2.7% | 11.8% | 52.0% | 31.9% | 1.4% |
| 41 | Has the clinic partnered with leaders in your community to improve the quality of its services? | 7.4% | 0.2% | 2.1% | 30.9% | 58.4% | 1.0% |
| 42 | Has the clinic served your community well? | 0.8% | 0.8% | 4.8% | 84.7% | 8.5% | 0.4% |
| 43 | Did the clinic communicate well with patients? | 2.1% | 1.2% | 2.7% | 89.9% | 3.9% | 0.2% |
| 44 | Did the clinic ask you for feedback about your care? | 35.4% | 2.9% | 3.9% | 50.9% | 5.0% | 1.9% |
| 45 | Have you been happy with the care you have received at the clinic? | 1.2% | 1.9% | 6.4% | 90.5% | 0.0% | 0.0% |
| 46 | Did you feel comfortable with recommending this clinic to a family member or friend? | 3.7% | 1.0% | 3.1% | 89.4% | 0.6% | 2.3% |