



Medical Board of California
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Licensed Physicians from Mexico Pilot Program
(LPMPP) First Annual Progress Report

Sergio Aguilar-Gaxiola, MD, PhD

Professor of Clinical Internal Medicine

Founding Director, Center for Reducing Health Disparities (CRHD)

University of California, Davis, School of Medicine

Physician Shortage Background

AB1045: Licensed Physicians from Mexico Pilot Program

- In 2002, the then CA Governor approved Assembly Bill 1045, Licensed Physicians from Mexico Pilot Program (LPMPP)
- This project is mandated by the Business and Professions Code (BPC) section 853, Department of Consumer Affairs
- In California, for 3-years 30 licensed physicians from Mexico are allowed to practice in nonprofit community health centers in medically underserved areas
- The LPMPP project attempts to address a national physician shortage with qualified doctors from Mexico that meet the cultural and linguistic needs of California's underserved Latino/a community

California's Primary Care Physicians Workforce Challenges

- The primary care physicians' workforce is unevenly distributed across the state
- Some primary care physicians do not accept Medi-Cal patients
- Primary care physicians are not as racially/ethnically and linguistically diverse as the California's population
- Many physicians are likely to retire within the next decade, particularly in rural areas.
- Forecasts suggest that insufficient numbers of primary care physicians will enter the workforce to replace those who retire

Source: Coffman, 2019

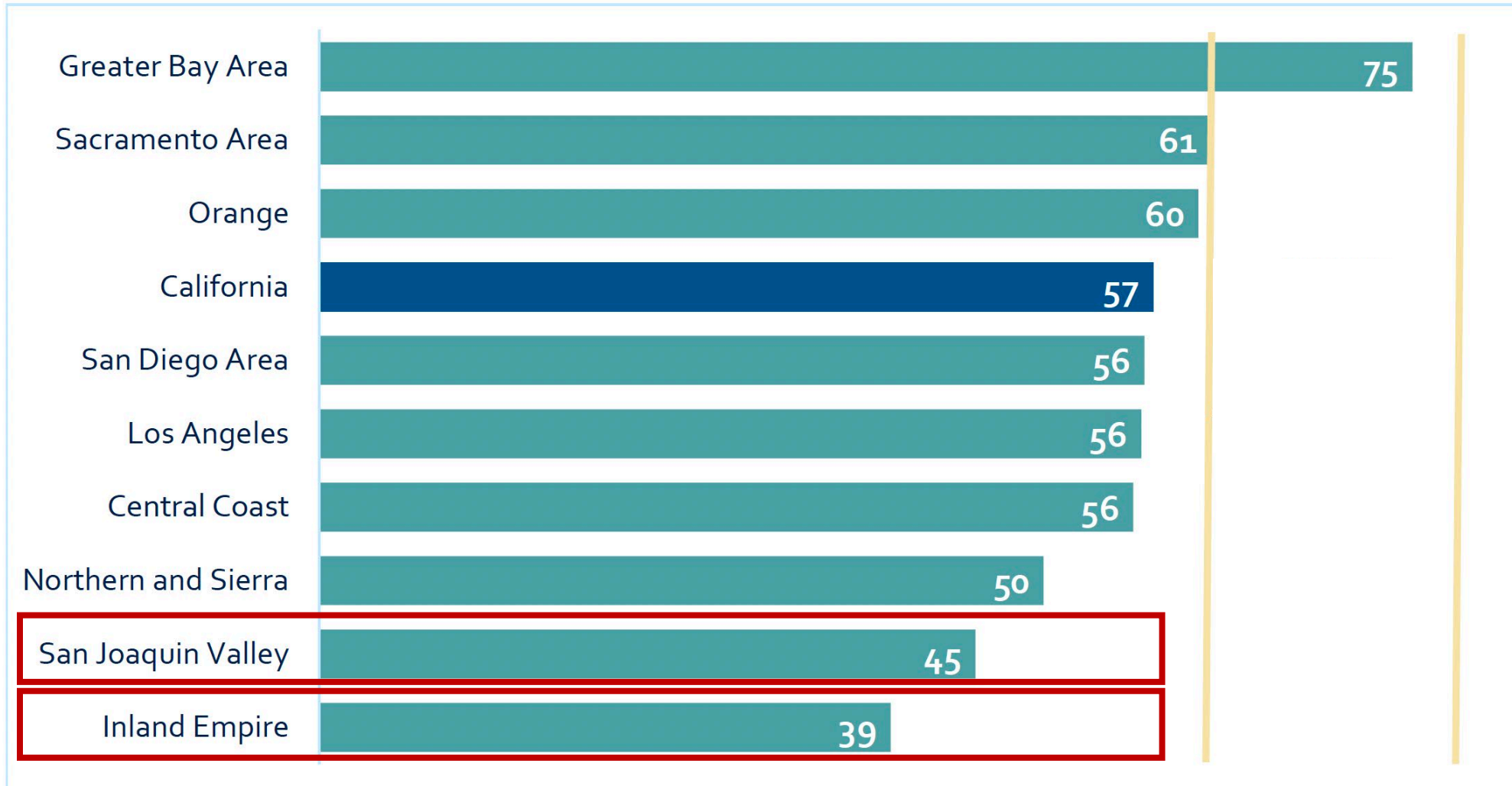
Health/Mental Health Inequities: The “Treatment Gap”

Between 50 to 95% of people with serious mental disorders have not received appropriate mental health care in the previous year

Why the Treatment Gap?

- Multiple Barriers
 - 1) Individual level (e.g., stigma)
 - 2) Community Level (e.g., lack of available and access to culturally and linguistically appropriate services)
 - 3) Systemic Level (e.g., lack of social and economic resources and poor living conditions)
- Lack of engagement in behavioral healthcare

Active Patient Care Primary Care Physicians per 100,000 Population, by Region of California, 2015

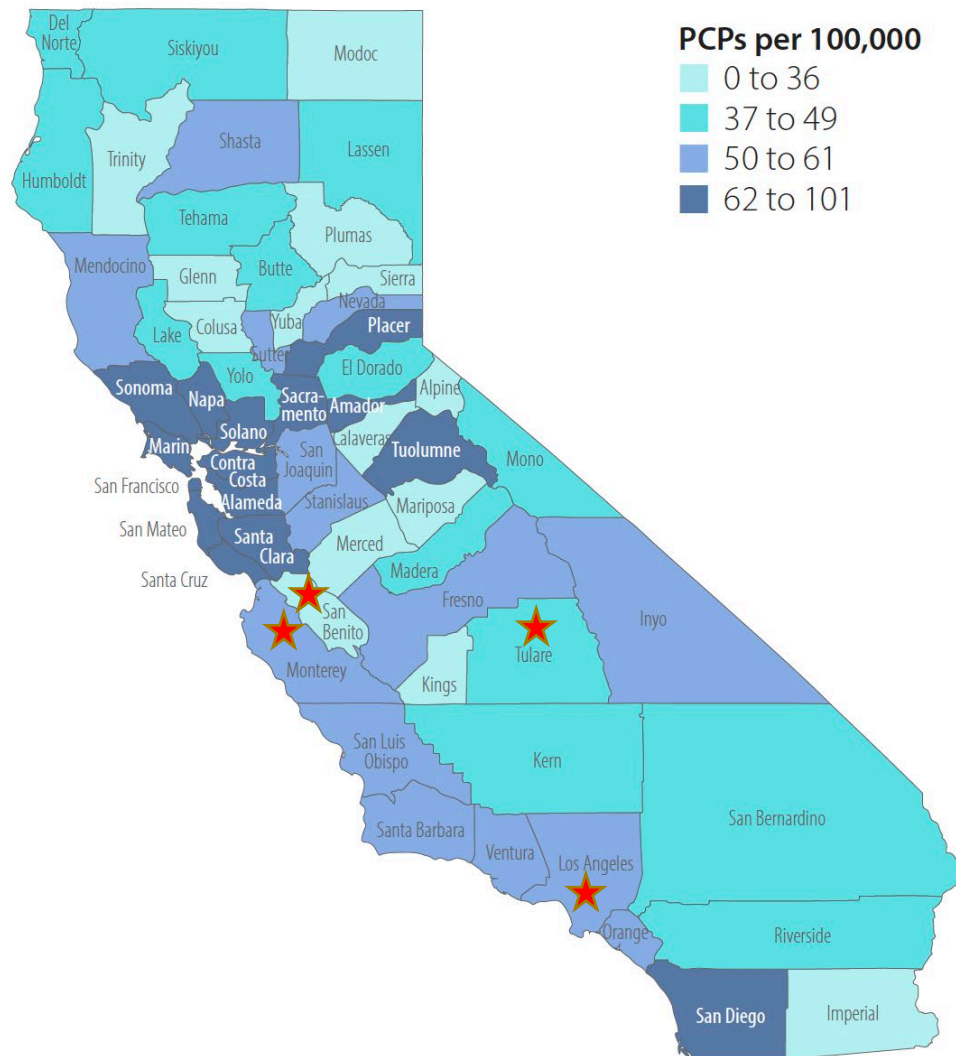


Source:
Coffman, 2019

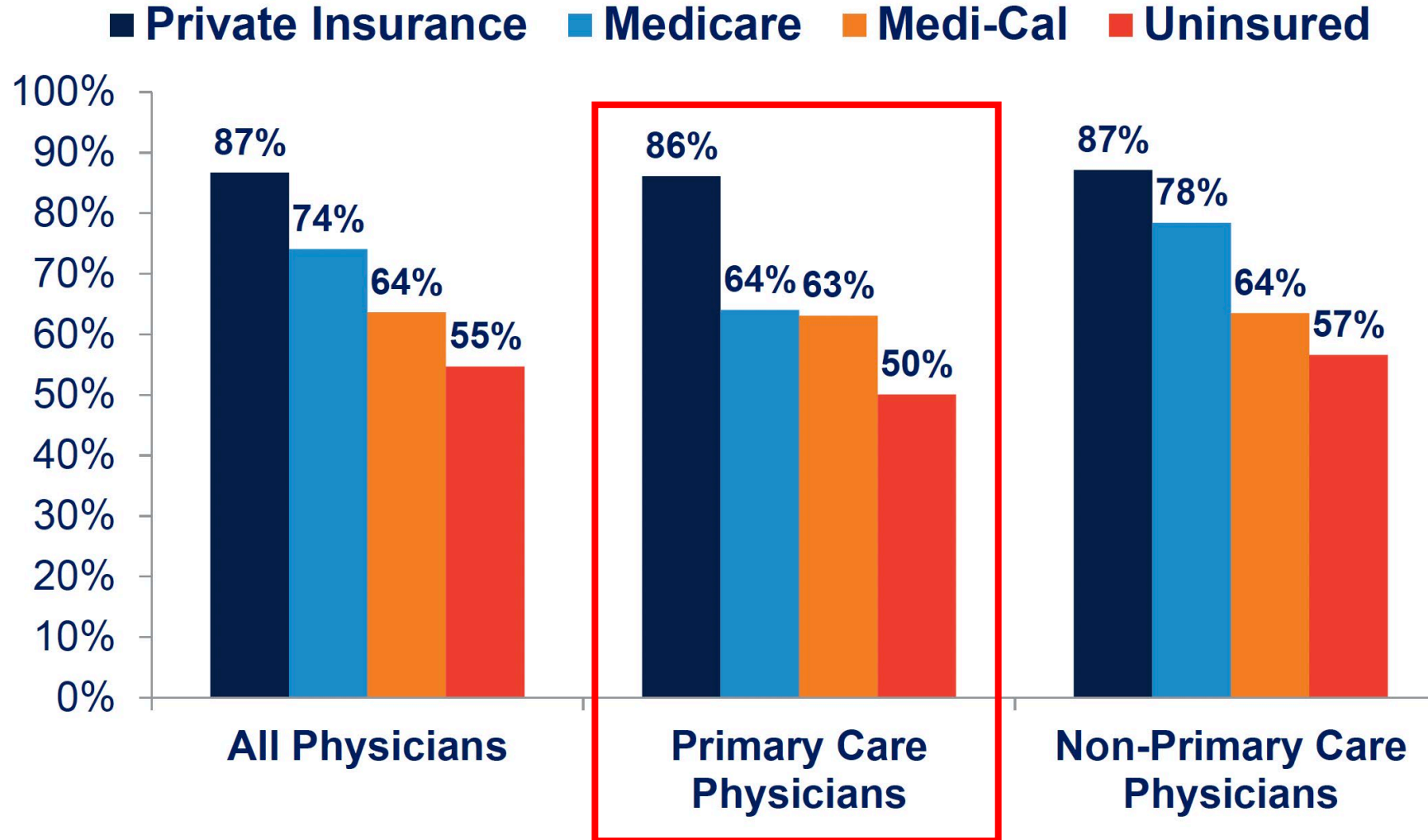
Primary Care Physicians/Specialists per 100,000 Population, by Region of California, 2020



Primary Care MDs per 100,000 Population, by County, 2020

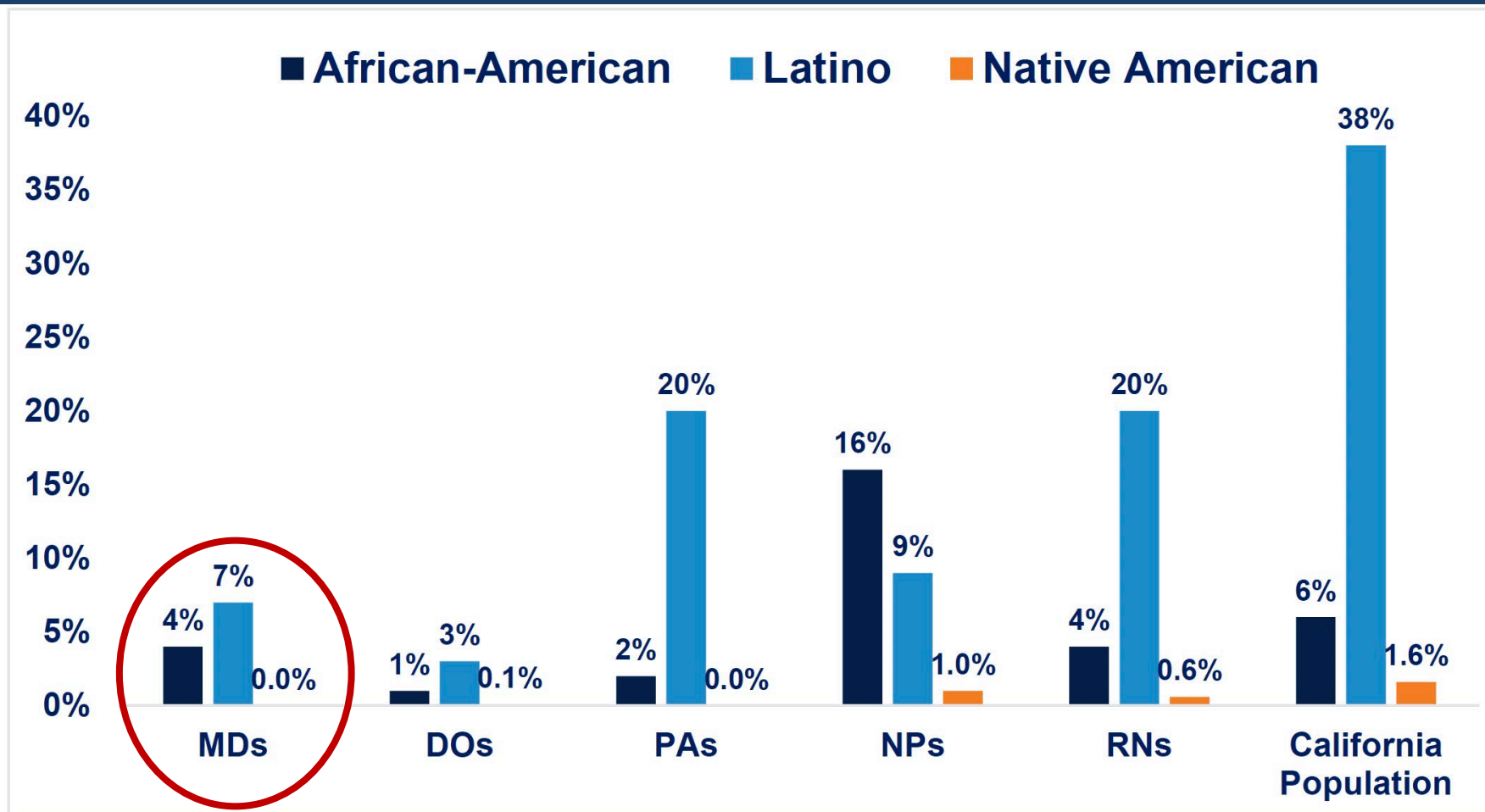


California Physicians with Any Patients by Payer, 2015



Source:
Coffman, 2019

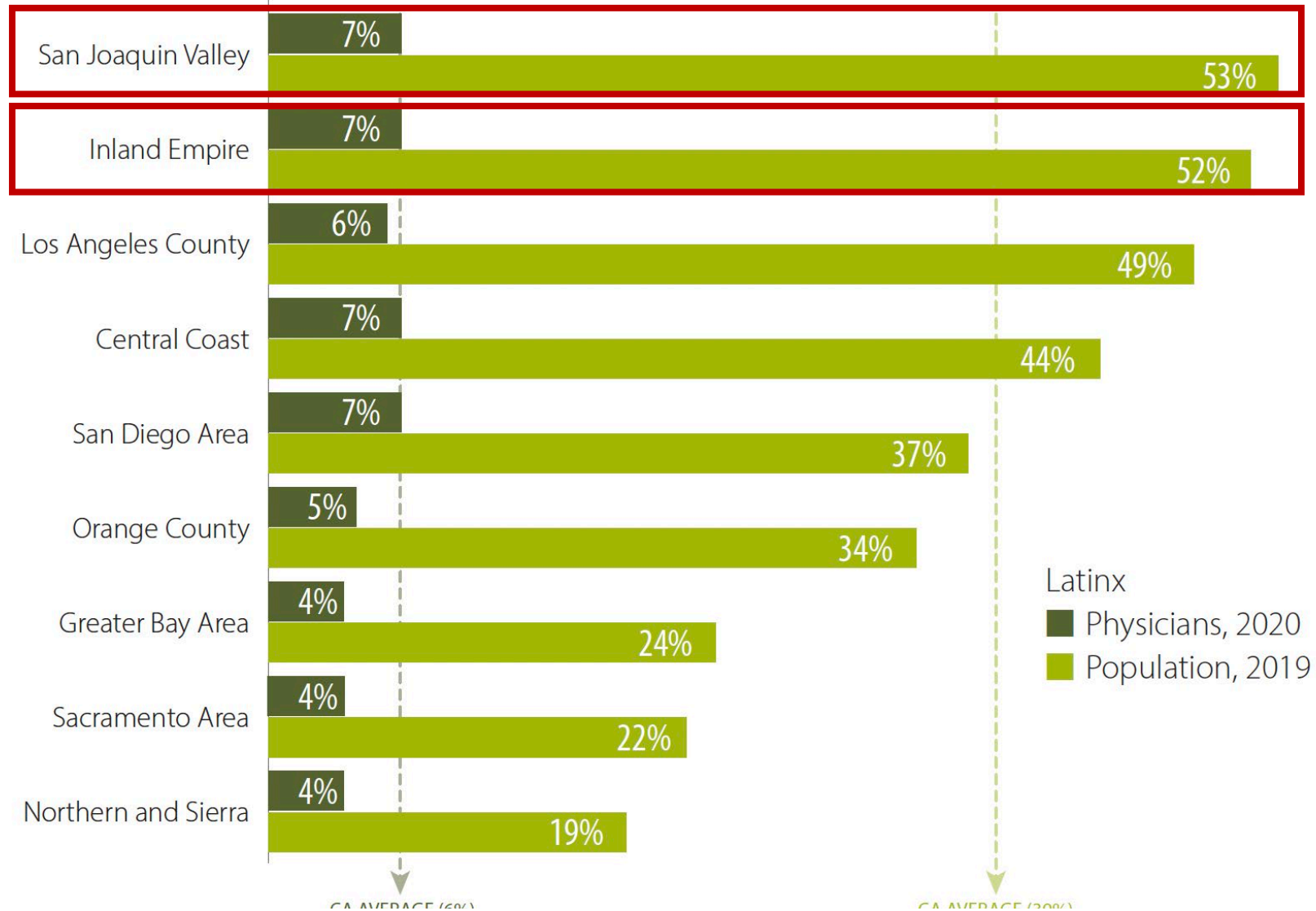
Graduates of MD, DO, PA, NP, and RN Training Programs by Race/Ethnicity, California, 2015



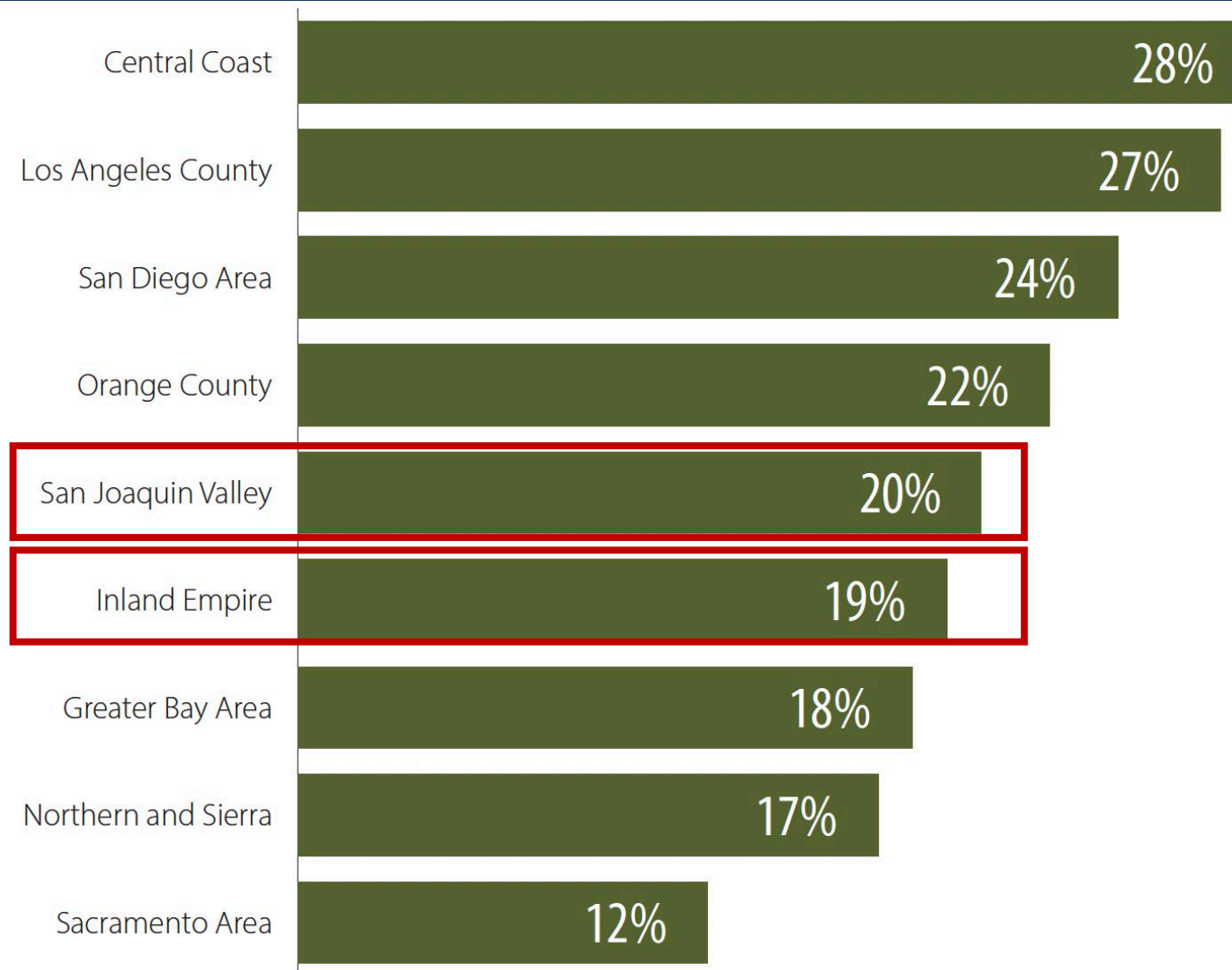
Source: Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Integrated Post-secondary Education Data System, American Association of Colleges of Nursing, California Board of Registered Nursing, U.S. Census Bureau.

Source:
Coffman, 2019

Latino/a physicians and population, by region, 2020



Spanish-speaking physicians, by region, 2020



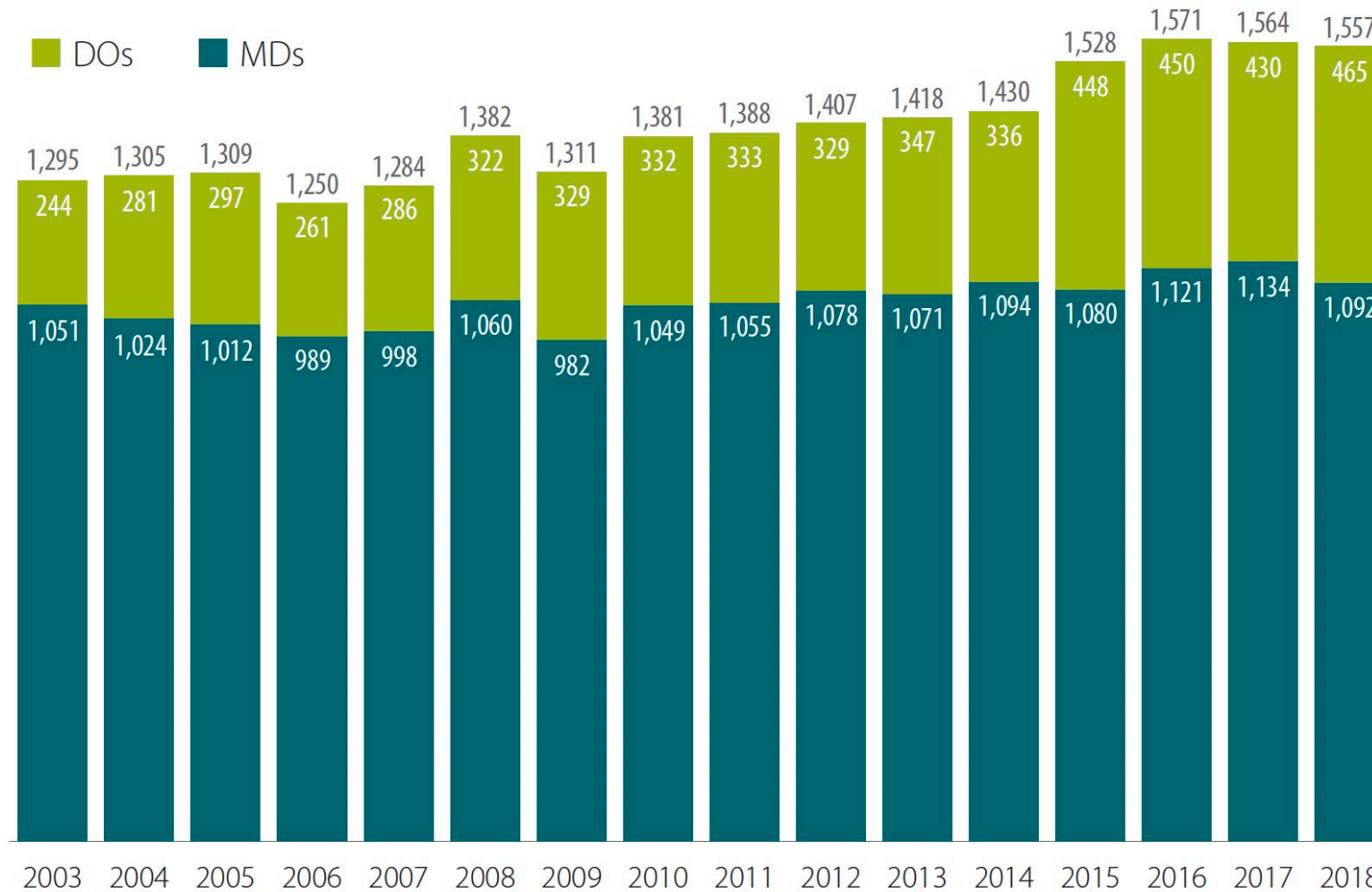
California Future Health Workforce Commission, 2019



Source:
<http://www.futurehealthworkforce.org>

“A major contributing factor to **California’s primary care physician shortage** is **insufficient numbers of physicians completing residency training in primary care to replace those who retire**. Despite growing primary care needs, **California ranks 32nd** in the nation at **9.5 primary care residents per 100,000 population**, compared to New York, which ranked first. From 1997 to 2012 the annual number of physicians graduating from primary care residency in California steadily declined. In 2018, 1,708 first-year residents entered primary care residency programs. **California will need to graduate an estimated 337 additional primary care residents per year from 2025 to 2030, an increase of 20%, to alleviate current and projected shortages...**”

Medical school graduates, by degree, California 2003-2018



Licensed Physicians from Mexico Pilot Program (LPMPP)

AB1045: LPMPP Project Evaluation

Measures

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 Conceptual Model: Linking Instruments and Outcomes

Licensed Physicians
from Mexico
Pilot Program



Additional Factors
- Number and
characteristics of
clinic physicians, staff
and patients

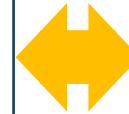
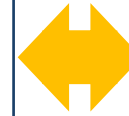
ORGANIZATIONAL & CLINIC OUTCOMES

Administrative and Working Environment (Interpersonal relations) (#3a & 3b)

- **Orderliness:** Clinic processes and standardization, work pressure and pace, impact of COVID-19 on physician practices
- **Safety Culture:** Communication about error, communication openness, staff training
- **Openness to Change:** Organizational learning, empowerment to improve efficiency, and leadership priorities
- **Collegiality:** Collective efficacy and teamwork
- **Staff Satisfaction:** Meaning in work and job satisfaction

Delivery of Culturally and Linguistically Appropriate Services (#5)

- **Organizational Implementation of CLAS Standards:** Organizational leaders, physicians, and staff perceptions
- **Encounters by Limited English-Speaking Patients (#6)**
- **Organizational Implementation of CLAS Standards:** Patient perceptions



PHYSICIAN OUTCOMES

Agenda Item 6

Adaptability of Physicians (#2)

- **Performance:** Knowledge of CA Medical Standards, alignment with workplace standards, cultural competence behaviors, cultural awareness and sensitivity
- **Efficacy:** Professional self-efficacy
- **Burnout:** Emotional exhaustion, depersonalization, personal accomplishment, and involvement
- **Wellbeing:** Psychological distress



PATIENT OUTCOMES

Quality of Care (#1)

- **Healthcare Effectiveness Data and Information Set:** Quality of care measures (Table 6b) and health outcomes and disparities (Table 7)
- **Coordination of Care:** Patient care tracking and follow-up & information exchange with other settings
- **Diagnostic Safety:** Time availability, testing and referrals, and provider and staff communication around diagnosis
- **Overall Ratings:** Patient safety and quality (inc. list of issues)

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

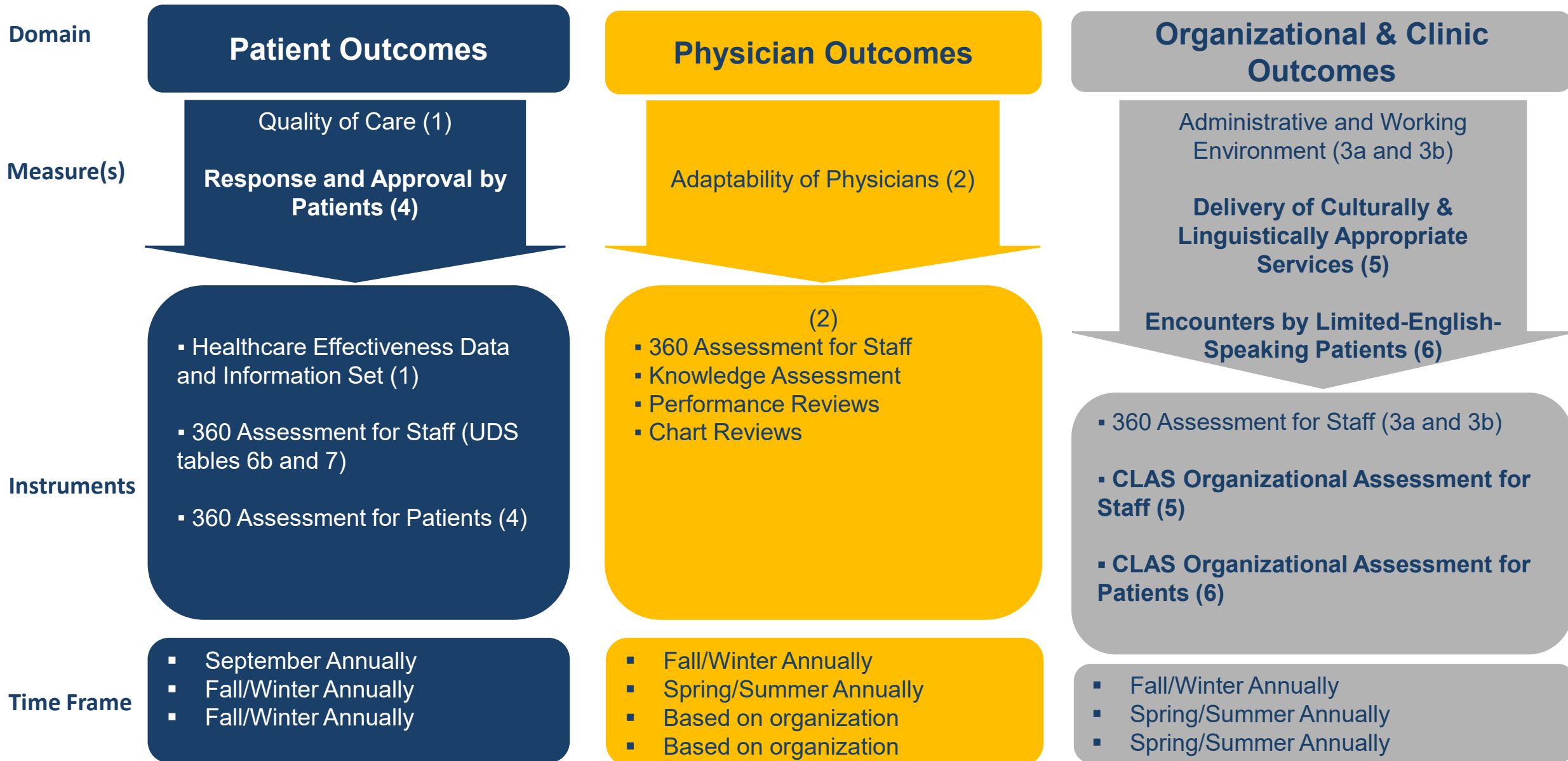
- **AHRQ Consumer Assessment of Healthcare Providers and Systems**

Time

BRD- 18



LPMPP Evaluation Framework



LPMPP Participating Community Health Centers

Community Health Center	# of LPMPP Physicians
AltaMed Health Services	6
Altura Centers for Health	5
Clínica de Salud del Valle de Salinas	11
San Benito Health Foundation	5
Total	27

3rd Annual Progress Report

Submitted on August 1, 2024

360 Assessment for Patients: Aggregate Findings

- 2nd and final round of data collection for this instrument
- Based on the Consumer Assessment of Healthcare Providers (CAHPS®) Clinician & Group Survey (CG-CAHPS)
- Aims to boost scientific understanding of patient experience and to advance the delivery of safe, patient-centered care
- Four domains:
 1. Accessibility of Care
 2. Communication with Providers
 3. Care Coordination
 4. Interactions with Staff

360 Assessment for Patients (continued)

- 360 Assessment for Patients (2022)
 - Race/Ethnicity
 - 88% Hispanic or Latino
 - 7% were white
 - 5% identified as other races
 - Age and Gender
 - 36% 34 years old or younger
 - 72% Women
 - Patient Experience
 - Patients consistently report positive experiences:
 - 82% find appointment access timely
 - 94% are satisfied with staff interactions
 - 96% of patients find their provider's explanations clear
 - 98% feel respected during their visits
 - Challenges with video appointments and ongoing efforts to support patients in navigating these technologies

CLAS Organizational Assessment for Staff: Aggregate Findings

- 3rd and final round of data collection for this instrument
- Based on the Communication Climate Assessment Tool created by Matthew Wynia and colleagues
- The assessment covers the extent to which healthcare services provided are:
 - Effective
 - Equitable
 - Understandable
 - Respectful quality care and services
 - Responsive to:
 - diverse cultural health beliefs and practices
 - Preferred languages
 - Health literacy
 - Other communication needs

CLAS Organizational Assessment for Staff (continued)

- CLAS Organizational Assessment for Staff (2023)
 - 397 of 1,415 surveys; 28% response rate
 - Race/Ethnicity
 - 82% Hispanic or Latino
 - 13% White
 - 2% Asian
 - Age and Gender
 - 40% between 25 and 44 years old
 - 82% Women
 - Patient Experience
 - Clinics are making commendable progress in offering culturally and linguistically appropriate services.
 - Clinics are integrating culturally sensitive care into their missions
 - Clinics are also engaging effectively with their communities
 - Commitment of clinics to adapting to the diverse needs of their communities
 - Encourages further development in training and policies

Qualitative Data

- Qualitative Data
 - Highlights LPMPP's positive impact and vast support
 - Interviews and focus groups reveal high levels of satisfaction with the culturally and linguistically attuned care provided by LPMPP physicians
 - Implementation challenges identified although emphasizes the proactive efforts of the program in addressing these areas

What Comes Next?

LPMPP Evaluation: What Comes Next? (continued)

- 360 Assessment for Staff (Complete)
 - Measure 2: Adaptability of Physicians
 - Measure 3a and 3b: Impact on Working & Administrative Environment in Nonprofit Community Health Centers and Impact on Interpersonal Relations with Medical Licensed Counterparts in Health Centers
- 360 Assessment for Patients (Complete)
 - Measure 4: Response and Approval by Patients
- CLAS Organizational Assessment for Staff (Complete)
 - Measure 5: Impact on Cultural and Linguistical Services (Culturally and Linguistically Appropriate Services [CLAS])
- CLAS Organizational Assessment for Patients (Complete)
 - Measure 6: Impact on Limited-English-Speaking Patient (LEP) Encounters

LPMPP Evaluation: What Comes Next?

- Knowledge Assessment (Complete)
 - Measure 2: Adaptability of Physicians
- Health Effectiveness Data and Information Set (In progress)
 - Measure 1: Quality of Care
- Chart Reviews (In progress)
 - Measure 2: Adaptability of Physicians
- Performance Reviews (In progress)
 - Measure 2: Adaptability of Physicians
- Qualitative Data Collection (Complete)
 - All measures

LPMPP Evaluation: What Comes Next?

- Comparisons of Round 1 and Final Rounds of Data Collection
 - 360 Assessment for Staff (In-progress)
 - 360 Assessment for Patients (In-progress)
 - CLAS Organizational Assessment for Staff (In-progress)
 - CLAS Organizational Assessment for Patients (In-progress)
 - Knowledge Assessment (In-progress)
- Submit Interim Final Report (December 2024)
- Submit Final Evaluation Report (March 2025)

Acknowledgments

Leadership and patients from:

- Altura Centers for Health, Tulare County
- Clínica de Salud del Valle de Salinas, Monterey County
- Clínicas del Camino Real, Ventura County
- San Benito Health Foundation, San Benito County

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AB 1045 Licensed Physicians from Mexico Pilot Program 3rd Annual Progress Report – August 2024

Summary

The third annual progress report for the Licensed Physicians from Mexico Pilot Program (LPMPP) by the University of California, Davis Center for Reducing Health Disparities (CRHD) provides a detailed analysis of patient and staff experiences at four participating Community Health Centers (CHCs)/Federally Qualified Health Centers (FQHCs): AltaMed Health Services, Altura Centers for Health, Clínicas de Salud del Valle de Salinas, and San Benito Health Foundation. The report includes evaluations from both the 360 Assessment for Patients and the CLAS Organizational Assessment for Staff, supplemented by qualitative insights.

For the 360 Assessment, 88% of respondents were Hispanic or Latino, 7% were white, and 5% identified as other races. About 36% of respondents were 34 years old or younger. Women made up 72% of the respondents. The data collected reflects excellent patient satisfaction. Patients consistently report positive experiences: 82% find appointment access timely, 90% appreciate on-time starts, and 94% are satisfied with staff interactions. Additionally, 96% of patients find their provider's explanations clear, and 98% feel respected during their visits. Despite some challenges with video appointments, primarily related to patient digital literacy rather than clinic procedures, the report highlights ongoing efforts to support patients in navigating these technologies.

Most of the respondents for the CLAS Organizational Assessment identify as Hispanic or Latino (82%), 13% White, and 2% Asian. 40% are between 25 and 44 years old. 82% of respondents were female. The findings indicate that clinics are making commendable progress in offering culturally and linguistically appropriate services. While there is always room for growth, many clinics are already integrating culturally sensitive care into their missions and engaging effectively with their communities. The report encourages further development in training and policies and notes the commitment of clinics to adapting to the diverse needs of their communities.

Qualitative feedback highlights the program's positive impact and vast support for its continued expansion and sustainability. Interviews and focus groups reveal high levels of satisfaction with the culturally and linguistically attuned care provided by LPMPP physicians. While the report acknowledges some implementation challenges, it also emphasizes the proactive efforts of the program in addressing these areas.

In summary, the findings demonstrate the program's substantial positive impact on patient care and organizational practices. The enthusiastic support from respondents and high patient satisfaction reflects positively on LPMPP's impact.

Licensed Physicians from Mexico Pilot Program
3rd Annual Progress Report

University of California, Davis
Center for Reducing Health Disparities
Licensed Physicians from Mexico Pilot Program

August 2024

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Introduction

The University of California, Davis Center for Reducing Health Disparities (hereafter called CRHD) is pleased to present the third annual progress report for the Licensed Physicians from Mexico Pilot Program (LPMPP). The report provides an in-depth analysis of the 360 Assessment for Patients and the Culturally and Linguistically Appropriate Services (CLAS) Organizational Assessment for Staff, evaluating patient experiences and organizational implementation of culturally and linguistically appropriate services. This report also outlines the progress of the qualitative portion of the program evaluation. The analysis details the baseline results from the four participating Community Health Centers (CHC)/Federally Qualified Centers (FQHCs; AltaMed Health Services, Altura Centers for Health, Clínicas de Salud del Valle de Salinas, San Benito Health Foundation), highlighting areas of success and opportunities for improvement.

Qualitative Updates

Through a collaborative effort between the CRHD and the UC Davis School of Medicine Office of Research (SOMOR) Evaluation Unit, the qualitative component of the evaluation now includes other groups of interest (e.g., physicians, patients, and staff); where the previous phase of the qualitative evaluation focused on interviewing FQHC leadership. The scheduling and the approach of the focus groups at each of the FQHC’s has also been adapted to meet the dynamic needs of these sites, including clinic relocations, timing of interviews to minimize impact on clinic operations, and interview modalities. Table 1 provides an overview of the qualitative data collection activities by audience group from April 2024 to July 2024.

Table 1. Data Collection Activities by Audience Group

Audience Group	No. of Interviews/Focus Groups
LPMPP Physicians Focus Group	3
Non-LPMPP Physicians Focus Group	2
Staff Focus Group	1
Administrator (second wave) Interviews	1

To date, focus group guides (see Appendix A, B, and C) have been developed, translated into Spanish, and piloted among LPMPP physicians and patients with this preferred language. Additionally, two bilingual CRHD notetakers have been trained to assist the moderator in all Spanish-language data collection and note summaries. Two LPMPP physician focus groups and one interview have been conducted, with participants representing the four FQHCs.

Preliminary findings indicate a high dedication and commitment among LPMPP physicians to see the program continue and succeed. Most participants underscored the need to both increase and expand the program to meet the needs of the populations served. They also provided insights to strengthen the program’s sustainability and suggestions to improve the feasibility and

acceptability for future participating LPMPP physicians. In-person focus groups with patients have been scheduled for the fall with participating clinic sites.

Focus group guides have also been created for non-LPMPP physicians and clinic staff. Two focus groups with non-LPMPP physicians have already taken place, and short interviews are planned for the future to ensure more physicians can participate confidentially. Preliminary findings from these groups suggest approval of LPMPP counterparts, citing high quality of care and high satisfaction among patients served, particularly for language and cultural congruency. Clinic staff focus groups have been scheduled and will aid in understanding the fit of LPMPP physicians in the work setting and its potential impact on the FQHC system.

The administrator interview guide has been modified for the second round of interviews, which began in July 2024. Only one interview has been conducted, and preliminary findings are not yet available.

In the coming months, qualitative focus groups and interviews will continue to be conducted among these groups to allow for final comprehensive reporting (a report on the qualitative findings will be included in the final report expected on March 31, 2025). Data collection scheduling and approach will be adapted to the specific needs and contexts of each collaborating FQHC site, ensuring that this approach remains flexible and responsive.

360 Assessment for Patients

About the 360 Assessment for Patients

The 360 Assessment for Patients is based on the Consumer Assessment of Healthcare Providers (CAHPS®) Clinician & Group Survey (CG-CAHPS), developed by the Agency for Healthcare Research and Quality (AHRQ). CG-CAHPS aims to boost scientific understanding of patient experience with healthcare as part of a larger effort to advance the delivery of safe and patient-centered care.

The 360 Assessment for Patients asks patients to report their experiences with providers and staff in primary and specialty care settings. The assessment includes questions about getting timely appointments, how well providers communicate with patients, providers' use of information to coordinate patient care, office staff, and patients' provider rating.

This report describes the baseline results of the CLAS Organizational Assessment for the four FQHCs participating in the LPMPP.

Methodology

Procedure

The 360 Assessment for Patients was administered from July 2022 through March 2024. The data collection period was extended due to staffing challenges. Patient data collection requires surveyors who recruit patients and record responses. The process entails coordinating with clinics and their respective workloads and calendars, which can lead to a more extended data collection period.

Patients from all four FQHCs participated in the 360 Assessment, and it took approximately 10 minutes per survey to complete. In total, 580 patients participated.

Instrument

The 360 Assessment for Patients covers four broad domains of the patient experience: 1) accessibility of care; 2) communication with providers; 3) care coordination; and 4) interactions with staff. The core items apply to various medical practices, including primary and specialty care and different patient populations. This report analyzes a curated selection of survey items representing the four aspects of the patient experience.

Demographic Information

Most respondents identify as Hispanic or Latino (88%). The second most populous group is White, representing 7% of the patient population. The age demographics are more evenly distributed, with the largest group being 25–34-year-olds (23%), and the smallest being 18–24-year-olds (13%). Women were more inclined to participate in the survey, comprising 72% of the respondents (see Appendix D).

Findings

Summary of Findings

The results from the survey highlighted strong performance in several areas. Appointment accessibility was highly rated, with 82% of patients finding timely appointments and 90% noting punctual starts. Staff interactions were also overwhelmingly positive, with 94% of respondents finding staff helpful and respectful. Patients also reported excellent communication with providers, with 96% understanding their explanations and 98% feeling respected. There is also a notable high level of continuity in care, with 89% of patients seeing their regular provider and rating their visits 9 out of 10 overall. While video appointments had some challenges, clinics provided clear instructions to assist patients. Overall, the assessment reflects exceptional provider communication and patient satisfaction.

Appointment

Patients were asked to answer a series of questions regarding their appointment experience. Based on the feedback, patients have been able to find appointments as soon as they need, and the appointments start on time. Both factors are directly related to adequate clinical staffing, which the LPMPP physician’s supplement. There is room for improvement regarding following up on patient testing results.

Question:	Yes responses
Was that recent visit as soon as you needed?	82%
Did your most recent visit start on time?	90%
Was your most recent visit for an illness, injury, or condition that needed care right away?	44%
During your most recent visit...did this provider order a blood test, x-ray, or other test for you?	41%
Did someone from this provider's office follow up to give you those results?	40%
Thinking about your most recent visit...did you talk to staff from this provider's office?	82%

Office Staff

Overall, patients reported being extremely satisfied with the staffing at the clinics.

Question:	Yes responses
Was the staff from this provider's office as helpful as you thought they should be?	94%
Did the staff from this provider's office treat you with courtesy and respect?	94%

Provider Communication

Patients are close to being unanimously satisfied with provider care. Providers are reported to be respectful towards patients and active listeners. Based on the survey, they also share adequate and relevant medical information with their patients.

Question: During your most recent visit...	Yes responses
Did this provider explain things in a way that was easy to understand?	96%
Did this provider listen carefully to you? (you may select "N/A" if necessary for test result visit)	92%
Did this provider show you respect for what you had to say? (you may select "N/A" if necessary for test result visit)	98%
Did this provider spend enough time with you?	96%
Did this provider have the medical information they needed about you?	96%

Appointment Format

Based on survey responses, patients still primarily seek medical care in-person. Over 84% of respondents reported having in-person visits. The least common appointment format is phone visits.

Question:	Yes responses
Was your most recent visit with this provider in-person, a video visit, or by phone?	See below

In-Person



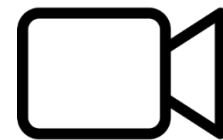
84%

Phone



14%

Video



2%

Video Appointments

Patients seem to face some difficulty with video appointments. However, it is important to note that this may be likely due to a lack of digital literacy and unrelated to the processes within clinics. Clinics provided most of their patients with instructions on utilizing the video conferencing software.

Question: During your most recent visit...	Yes responses
Did this provider's office give you all the instructions you needed to use video for this visit?	94%
During your most recent visit was the video easy to use?	70%
During your most recent visit were you and this provider able to hear each other clearly?	75%
Did you need instructions from this provider's office about how to use video for this visit?	53%

Patients' Rating of the Provider

Question:	Yes responses
For this visit, what was your provider's specialty?	See below

Family Medicine



64%

OB/GYN



20%

Pediatrics



17%

The results from these two questions are notably positive. Patients can see their usual providers, which is important for continuity of care, consistency, and comfort. Most patients also rate their visit highly, with an overall score of 9 out of 10.

Question:	Yes responses
Is this the provider you usually talk to if you need a check-up, want advice about a health problem, or get sick or hurt?	89%
Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit?	9 out of 10

CLAS Assessment for Staff

About the CLAS Organizational Assessment for Staff

Disparities in health care are widely considered a major public health concern across the United States (National Academies of Sciences, Engineering, and Medicine, 2024). Studies have shown, however, that the delivery of culturally and linguistically appropriate services (CLAS) is essential in reducing health disparities (Betancourt et al., 2003). This is especially true in light of the fact that minoritized populations have worse health outcomes (National Academies of Sciences, Engineering, and Medicine, 2024). Whereas the lack of cultural competence and sensitivity among healthcare professionals may exacerbate disparities

In 2000, the US Department of Health and Human Services Office of Minority Health (OMH) announced the publication of the National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care in the Federal Register (U.S. Department of Health and Human Services, Office of Minority Health, 2000). The OMH released an Enhanced version of the CLAS Standards which increased from 14 to 15 Standards to guide health-providing organizations across the country to improve the quality of their services (U.S. Department of Health and Human Services, Office of Minority Health, 2016). 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 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 and the National Quality Forum (Wynia et al., 2010). To evaluate the LPMPP's impact on cultural and linguistic services at participating health centers, CRHD has administered the CLAS Organizational Assessment for Staff. The assessment covers the extent to which the four FQHCs participating in the LPMPP have provided effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This report describes the baseline results of the CLAS Organizational Assessment for the four FQHCs participating in the LPMPP.

Methodology

Procedure

The CLAS Organizational Assessment was first administered from February through May 2023 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 staff, 397 individuals completed the CLAS Organizational Assessment (Response Rate of 28%), representing 26 clinics across the four participating FQHCs. Most respondents (52%) comprised clinical staff, such as physicians, nurses, and other providers. Meanwhile, 33 percent of respondents included administrative staff and managers. Over 81 percent of respondents reported having regular contact with patients as part of their job.

Instrument

The CLAS Organizational Assessment is meant to be an informational needs assessment for healthcare-providing organizations. The CLAS Organizational Assessment is comprised of 15 sections that represent each of the National CLAS Standards. Each item from the assessment has been specifically assigned to one of the 15 CLAS Standards. Many items have been designed to ask about actionable implementation strategies related to the CLAS Standard. This was done in accordance with the US Department of Health & Human Services' Blueprint for Advancing and Sustaining CLAS Policy and Practice resource (U.S. Department of Health and Human Services, Office of Minority Health, 2013).

Findings

Summary of Findings

The results from the CLAS Organizational Assessment reveal overwhelmingly positive outcomes, with most responses exceeding 90%. This indicates that clinics are effectively integrating culturally and linguistically appropriate care into their mission statements and strategic plans. However, there is room for further elaboration and training. Efforts to foster cultural competence and diversity are also evident through the findings. Clinics also excel in providing interpreter services, achieving a 97% satisfaction rate for ease of arrangement. Emphasizing the use of certified interpreters for informed consent is recommended. It is also important to recognize that community collaboration rates are strong, with clinics actively engaging partners to promote health literacy and mental health awareness, achieving a 91% engagement rate. Overall, the findings indicate significant progress in delivering culturally and linguistically appropriate services.

Demographic Information

The demographics of the CLAS Assessment for Staff correspond with those of the 360 Assessment for Patients. Most of the respondents identify as Hispanic or Latino (82%), the second largest group is White (13%), and the third is Asian (2%). Most respondents are between 25 and 44 years old (40%). 82% of respondents are female (see Appendix E).

Clinic Commitment

Most staff members report that clinics include culturally and linguistically appropriate care in their mission statements, strategic plans, and policies. However, the mission could be elaborated on further, and more staff members could be trained on it.

Question:	Yes responses
The clinic's mission and/or vision states its commitment to culturally and linguistically appropriate care.	61%
The clinic's strategic plan illustrates its commitment to culturally and linguistically appropriate care.	60%
The clinic's policies, programs, and procedures are responsive to the cultural, linguistic, and health literacy needs of its patients.	62%

Clinic Leadership - Patient Communication

Overall, clinics are taking steps to improve communication with patients, indicated by responses surpassing 55%. Based on the survey results, clinics are allocating time and funding to work on patient communication. Staff also report that clinics are prioritizing meeting the needs of diverse populations.

Question: During the past 12 months, senior leaders have...	Yes responses
Taken steps to create a more welcoming environment for patients.	56%
Taken steps to promote a more patient-centered environment.	62%
Allocated resources annually to meet the cultural and linguistic needs of its patients.	61%
Made effective communication with diverse populations a priority.	64%
Rewarded staff and departments that work to improve communication.	66%

Efforts to Foster Cultural Competence and Diversity in Staffing

Staff report that clinics are taking steps to welcome diverse cultural perspectives and actively trying to serve those populations better. Many staff members report being acknowledged for providing high-quality care for diverse populations. However, the data suggest room for growth in most of the categories. In particular, enhancing recruitment efforts to establish more diverse candidate pools through professional fairs, job boards, and other specialized media or networks can significantly contribute to a more inclusive and representative workforce. This focused approach can ensure that clinics reflect the diversity of the patient community they are providing health services to and benefit from a broader range of perspectives and experiences.

Question: During the last 12 months, senior leaders have...	Yes responses
Taken steps to show that the diverse cultural perspectives of staff are welcomed and valued.	59%
Assessed whether staff provide high-quality culturally competent services.	62%
Recognized or promoted staff that provide high-quality culturally competent services.	63%
Monitored the retention of staff that provide high-quality culturally competent services.	63%
Taken steps to track the demographic characteristics of clinic staff.	61%
Worked to recruit employees that reflect the patient community.	58%
Worked to establish diverse candidate pools by recruiting employees through minority professional fairs, job boards, publications, and other specialized media or networks.	61%
Worked to advance a diverse leadership and governance structure.	62%

Initiatives to Enhance Staff Training and Community Engagement

Many staff members report having access to training on providing culturally and linguistically competent care. Based on the survey responses, clinics can improve their internal training administration, which could help address clinic-specific educational opportunities for staff members.

Question: During the past 12 months, senior leaders have...	Yes responses
Scheduled continuing education or professional development trainings on delivering culturally and linguistically appropriate care during work hours.	61%
Created opportunities for staff to volunteer in the patient community.	57%
Asked staff and/or patients for feedback to improve training.	56%
Administered trainings that helped staff communicate better with patients.	56%

Training in Culturally Competent Communication

Staff were asked about their clinics’ training on culturally competent care. 56% of staff members report senior leaders have administered trainings to improve communication. However, there is room to increase the number of staff members who participate or are aware of them.

Additionally, many staff members are not aware of the communication policies within the clinics. Clinics can also work on incorporating elements that teach cultural humility, the impact of miscommunication, and ways to check whether a patient understands them.

Question: During the last 12 months, staff have received adequate training on...	Yes responses
How to ask patients about their racial/ethnic background in a culturally appropriate way.	60%
How to ask patients about their health care values and beliefs?	57%
Interacting with patients from diverse cultural and spiritual backgrounds.	58%
Approaching patients with cultural humility.	54%
Communication policies at the clinic.	51%
The impact of miscommunication on patient safety.	59%
Serving patients who speak little or no English.	62%
The importance of communicating with patients in plain language instead of using technical terms.	59%
Ways to check whether patients understand instructions.	59%
Finding out when patients need an interpreter.	62%
How to work with interpreters effectively.	59%

Supervisors' Efforts to Enhance Staff-Patient Communication

According to survey responses, clinic supervisors could improve by providing feedback to staff members regarding communication skills, supporting staff in improving their communication and encouraging them to discuss spiritual and or cultural beliefs that affect patient care.

Question: During the past 12 months, supervisors have...	Yes responses
Provided useful feedback to staff on how to improve communication skills.	57%
Encouraged staff to get patients more involved in their health care decisions.	56%
Encouraged staff to talk with patients about cultural and spiritual beliefs that might influence their health care.	58%
Been recognized based on their ability to make staff feel supported.	57%

Language Interpretation Services and Accessibility at the Clinic

Staff report that clinics are doing an excellent job at providing patients with interpreters when necessary. They also report that arranging interpreters in such scenarios was easy. Based on the survey responses, staff members were not encouraged to utilize such services to discuss informed consent with patients, which is a fundamental element in providing high-quality care. This may be because most staff members are bilingual. However, only certified interpreters should be translating in the clinical setting. This is due to their specialized training in professional and medical terminology. In critical circumstances such as acquiring informed consent, certified interpreters must be involved.

Question: During the last 12 months, how often were the following statements true?	Yes responses
The clinic established or maintained contracts to be able to provide in-person, over-the-phone, or video remote interpretation services.	51%
Patients who needed an interpreter were offered one.	91%
Patients were charged for using interpreters.	16%
Staff members were encouraged to use trained medical interpreters to discuss informed consent with patients with limited English proficiency.	11%
It was easy to arrange for an interpreter when needed.	97%
The clinic tracked how long staff waited for interpreters.	95%

Staff Practices in Language and Cultural Assessment

Staff reports that clinics actively record patients’ demographic information, language, and interpretations preferences, making this information readily available to staff members.

Question: During the last 12 months, how often did staff...	Yes responses
Collect race and ethnicity information from patients?	92%
Ask patients what language they prefer using when the patients registered or scheduled appointments?	92%
Ask patients if they need an interpreter when the patients registered or scheduled appointments?	90%
Ask patients if they would like help filling out clinic forms?	86%
Have easy access to information on what language patients speak?	96%
Have easy access to information on whether patients need an interpreter?	92%

Clinic Practices in Informing Patients About Language Assistance

Clinics are actively informing patients of no-cost language services.

Question: In general, during the last 12 months, the clinic...	Yes responses
Has had a plan for informing patients about the availability of no-cost language assistance.	94%
Has used culturally and linguistically appropriate written notifications to inform patients about the availability of language assistance services.	94%
Has used culturally and linguistically appropriate verbal notifications to inform patients about the availability of language assistance services.	94%

Staff Perception and Utilization of Interpreters

Staff members understand effective medical interpretation. They report understanding the difference between a specialized interpreter and having a friend or family member translate. Clinics also regularly gauge the interpretation skills of their interpreters. Often, it seems that though a high percentage of staff members work with patients' children under 18, this is not an appropriate means of interpretation. Although this may be due to a patient's personal preference, clinics should attempt to encourage the use of interpreters in such scenarios.

Question:	Yes responses
Question: Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a...	Yes responses
Rate how much you DISAGREE or AGREE with the statements: Effective medical interpretation requires specialized training.	77%
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.	37%
The clinic routinely assesses the competence and skills of its interpreters.	89%
Question: Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a...	Yes responses
Trained medical interpreter?	28%
Interpreter over the phone (telephonic interpreter)?	55%
Bilingual staff member who is untrained in interpretation?	65%
Patient's adult friend or family?	60%
Patient's child (under age 18)?	56%

Frequency of Clinic Practices Regarding Patient Resources and Communication

Based on the survey results, clinics use culturally and linguistically appropriate media, signage, and forms. They also report actively working on translating materials and actively seeking feedback to improve their documents and media.

Question: During the last 12 months...	Yes responses
How often were the following statements true? - The clinic distributed user-friendly guides on community resources to patients.	69%
The clinic posted culturally and linguistically appropriate signage in its service area.	88%
The clinic sought feedback from the community about whether its media materials were culturally and linguistically appropriate.	76%
There was a process for materials to be translated into other languages that were not readily available.	89%
It was easy to request translated documents.	93%
Staff noticed that patients had difficulty filling out clinic forms.	90%

Forms and Educational Materials

Staff have notably high ratings for clinic educational materials, signs, maps, and forms. They also report being satisfied with the interpretation services overall.

Question: Overall, during the last 12 months, how would you rate...	Yes responses
The clinic's efforts to help patients access community resources?	92%
The cultural appropriateness of the clinic's patient education materials?	93%
The understandability of the clinic's patient education materials?	97%
The signs and maps at the clinic?	98%
The availability of translated documents and forms at the clinic?	96%
The clinic's informed consent forms?	97%
The signs informing patients that free language assistance is available?	96%
The clinic's interpretation services?	97%

Senior Leaders' Actions to Enhance CLAS Standards

Clinics are actively assessing, disseminating information, and collecting information on their culturally and linguistically appropriate care.

Question: During the last 12 months, senior leaders have ...	Yes responses
Utilized the results of clinic self-assessments to revise its policies and practices to better provide culturally and linguistically appropriate services.	91%
Received reports describing the clinic's progress toward its communication goals.	90%
Sought feedback from patients on how the clinic can improve its delivery of culturally and linguistically appropriate services.	91%
Conducted a routine self-assessment or audit of clinic policies, procedures, and practices to evaluate its implementation of the CLAS standards.	92%

Supervisors' Communication Oversight and Improvement Efforts

Clinic supervisors have proactively utilized staff feedback to implement meaningful changes, achieving a 90.7% success rate in enhancing clinic-wide communication practices. These efforts underscore their critical role in fostering a supportive and communicative environment for quality patient care.

Question: During the last 12 months, supervisors have...	Yes responses
Monitored whether staff communicated effectively with patients.	91%
Asked for staff suggestions on how to improve communication within the clinic.	85%
Used staff feedback to improve communication within the clinic.	90%

Documentation Policies Regarding Patient Information

Clinics have policies that encourage documenting critical patient information including race, ethnicity, language preferences, and the need for interpreters. Clinics also record other pieces of information that help provide better care such as patients’ need for transportation and religious beliefs.

Question: During the last 12 months, it has been clinic policy to document a patient’s...	Yes responses:
Race and ethnicity.	96%
Language preference.	97%
Need for interpreters.	93%
Ability to understand important documents.	94%
Need for assistance with filling out forms.	94%
Barriers to communication.	94%
Desire and motivation to learn about their health.	93%
Cultural and religious beliefs.	91%
Emotional health challenges.	92%
Cognitive health challenges.	94%
Physical health challenges.	95%
Need for transportation assistance.	91%

Clinic Engagement with Community Needs and Assets

Clinics track literacy levels, health service accessibility, and stakeholder information. Every response within this sub-section of questions has an impressive positive response rate of over 90%. With this information, they create patient demographic profiles and report on disparities. Clinics also share the availability of resources within the community with staff members to improve patient care.

Question:	
In general, during the last 12 months, the clinic...	Yes responses
Has had a plan for routinely assessing the needs and assets of its service community.	93%
Has worked with local community and advocacy groups to collect information about new and emerging populations.	92%
During the last 12 months, the clinic has used community needs and assets data to...	Yes responses
Track the literacy and education levels of its patient community.	93%
Evaluate the accessibility of health services within the community.	94%
Generate profile reports of its various service community populations.	93%
Identify and report on potential disparities in care or services to community leaders and stakeholders.	93%
Improve the delivery of culturally and linguistically appropriate services.	94%
Inform staff about resources for patients that are available in the community.	93%

Collaboration with Community Partners on Health and Mental Health Initiatives

Staff have been deployed in neighborhoods to educate patients on accessing social services and promote health literacy. Clinics also have relationships with various faith and youth organizations to share further information on mental health and opportunities in the field.

Question: During the last 12 months, the clinic has worked with...	Yes responses
Community partners to place staff in neighborhoods where they can educate patients on how to access social services and available care.	90%
Community partners to promote health literacy.	91%
Community partners to educate adults and youth about mental health.	91%
Schools to educate students about mental health careers.	88%
Schools to establish volunteer or internship program opportunities in mental health services.	88%
Faith organizations to advance mental health.	86%

Clinic Engagement with Community and Partner Collaboration

Over the past year, the clinics have made significant strides in community engagement and partnership. They have implemented written plans to foster relationships with patient communities and outreach to maintain strong ties with community partners. They also share data with other organizations, which helps to uplift communities wholistically.

Question: During the past 12 months, the clinic has...	Yes responses
Implemented written plans for developing relationships with the patient communities it serves.	90%
Charged an individual or committee to conduct outreach and maintain ties to community partners.	89%
Worked to build alliances and coalitions between different community partners to improve the delivery of culturally and linguistically appropriate services.	93%
Shared data and findings with community partners to improve service delivery.	92%
Involved community representatives in its planning processes.	91%

Supervisors' Oversight of Patient Relations and Conflict Resolution

Supervisors have intervened in staff behavior and improved conflict resolution processes, ensuring cultural sensitivity and effective communication handling. They have also designated a contact for community feedback, enhancing patient operational effectiveness.

Question: During the last 12 months, supervisors have...	Yes responses
Intervened if staff were not respectful towards patients.	86%
Implemented a timely conflict and grievance resolution process for patients.	96%
Ensured that its conflict and grievance resolution process is culturally and linguistically appropriate.	96%
Tracked communication-related complaints.	97%
Designated a point-of-contact (person or office) for community members to provide complaints and feedback.	96%

Staff Communication Practices and Support

Staff have shown strong communication skills, prioritizing respectful interactions and effective communication for quality care. They have demonstrated care in communicating effectively over the phone. Acknowledging the need for more time in patient interactions, they have also proactively sought support from supervisors to address any communication challenges.

Question: During the last 12 months, staff have...	Yes responses
Communicated with one another respectfully.	91%
Communicated with one another effectively to ensure high-quality care.	93%
Shown that they care about communicating effectively with diverse populations.	95%
Communicated well with patients over the phone.	95%
Needed more time to communicate well with patients.	94%
Known whom to call if they have a problem or suggestion.	94%
Spoken openly with supervisors about any miscommunications.	90%

Community Engagement and Outreach Efforts

Clinics have effectively informed community members about their wellness initiatives and collaborated strategically with partners to report progress. Moreover, they have held community forums and advisory boards to gather feedback and discuss ongoing improvements.

Question: During the last 12 months, the clinic has...	Yes responses
Informed community members about its efforts to promote wellness in their neighborhoods.	94%
Strategized with community partners on how to report on its progress toward making services more culturally and linguistically appropriate.	92%
Convened community forums to discuss their progress towards making services more culturally and linguistically appropriate.	90%
Convened community advisory boards to discuss their progress towards making services more culturally and linguistically appropriate.	90%

Conclusion

The third annual progress report reveals valuable insights into patient experiences, highlighting both successes and areas for improvement in service delivery. Overall, patients have reported positive experiences with timely appointments, effective communication, and coordinated care, reflecting the dedication and hard work of the clinic staff. These achievements highlight the commitment to delivering high-quality care that meets patient needs efficiently.

The CLAS Organizational Assessment further illustrates the significant progress made in implementing culturally and linguistically appropriate services. Health centers have successfully aligned many of their practices with the National CLAS Standards, ensuring that patients receive care that is respectful and responsive to their cultural and language needs. Key accomplishments include the provision of interpretation services, the availability of multilingual materials, and the proactive efforts to build strong relationships with community partners to better understand and address community needs.

Despite some challenges, such as the need for increased staff diversity and enhanced training policies, the overall commitment to overcoming language barriers and improving patient interactions is evident. These efforts demonstrate a clear dedication to creating an inclusive healthcare environment that prioritizes cultural competence and patient satisfaction.

The assessment identifies areas for continued focus, encouraging further development to unlock the full potential of culturally competent care. The dedication of participating clinics is commendable, making it apparent that they are dedicated to fostering a more inclusive and welcoming healthcare environment for all patients. Through ongoing efforts and improvements,

these centers are well on their way to setting a standard for excellence in culturally and linguistically appropriate care.

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Appendix A

Non-LPMPP Physician Focus Group Guide

Area: Experience with the program

1. Share 1-2 words to describe your experience with the LPMPP physicians(s).
2. How has the experience been with the physician(s) overall?
 - a. Probe: What was done to prepare you for the arrival of these physicians?
 - b. Probe: How is the fit?

Area: Greatest area of need/determining success

3. What has been beneficial about your clinic's participation in the program, if anything?
 - a. Probe: Influence/impact on patients serviced/systems of care.
 - b. Probe: What are some of the ways you've seen change?
 - c. Probe: Have additional physicians help to alleviate patient load?
4. What have been some of the challenges or obstacles you have noticed?
 - a. What gaps do you see/exist in the program's implementation?
 - b. What gaps still exist in the clinic's ability to meet patient needs?
 - c. Have additional physicians negatively affected the system in some way?

Area: Expectations

5. What will happen if the program is not continued?
6. Based on your experience, is there a need for the program?
7. Do you have any concerns about the program continuing?

Area: Opportunity to Provide Feedback

8. Is there anything we have not yet covered that you would like to share?

Prompts:

- Quality of Care
- Working admin expectations
- Interpersonal relations
- Patient experience
- Cultural/linguistic services
- Limited English-speaking patients

Appendix B

Clinic Staff Focus Group Guide

Area: Experience with preparation and implementation

1. Share 1-2 words to describe your experience with the LPMPP program.
2. How has the experience been with the program overall?
 - a. Probe: How is the fit?
 - b. Probe: How has program implementation impacted your work?

Area: Greatest area of need/determining success

3. What has been beneficial about your clinic's participation in the program if anything?
 - a. Probe: influence/impact on patients' service/systems of care
 - b. Probe: What are some of the ways you've seen change?
 - c. Probe: Have additional physicians help to alleviate patient load?
4. What have been some of the challenges you have experienced with the program?
 - a. What gaps do you see/exist in the program's implementation?
 - b. What gaps still exist in the clinic's ability to meet patient needs?
 - c. Have additional physicians negatively affected the clinic/system in some way?

Area: Expectations

5. What are your thoughts on what will happen if the program is not continued?
6. Based on your experience, is there a need for the program?
7. Do you have any concerns about the program continuing?

Area: Opportunity to Provide Feedback

8. Is there anything we have not yet covered that you would like to share?

Prompts:

- Quality of care
- Working admin expectations
- Interpersonal relations
- Patient experience
- Cultural services
- Linguistic services
- Limited English-speaking patients

Prompts: Future Cohorts

- Timing of the cohorts
- Overlap
- Specialties
- #

Appendix C

Administrator Interview Guide

Area: Experience with preparation and implementation

In one or two words, please describe your experience with the program in the last year.

1. Please tell us about your experience working toward the implementation of the program and the process for reaching this point.
2. What is the significance/importance or meaning of this program to you?
3. How has your experience been with the program overall?
4. Were there special preparations for the Mexican physicians' onboarding?

Area: Greatest area of need/determining success

5. What are the greatest areas of need for your health organization regarding providers?
6. How do you think the Mexican physicians will influence or address these needs?
7. What are early successes you have seen in the program?
8. What have been some of the greatest challenges or obstacles of the program so far?
9. What do you hope will change or be different at the conclusion of the program?

Area: Expectations

10. Has your experience working with the program been what you expected?
11. Considering your early experiences with the program, what are your thoughts of its feasibility moving forward. What are the necessary ingredients for a program such as this?

Area: Opportunity to Provide Feedback

12. Is there anything we have not yet covered that you would like to discuss?
13. From your experience, are there other questions or topics that should be added?

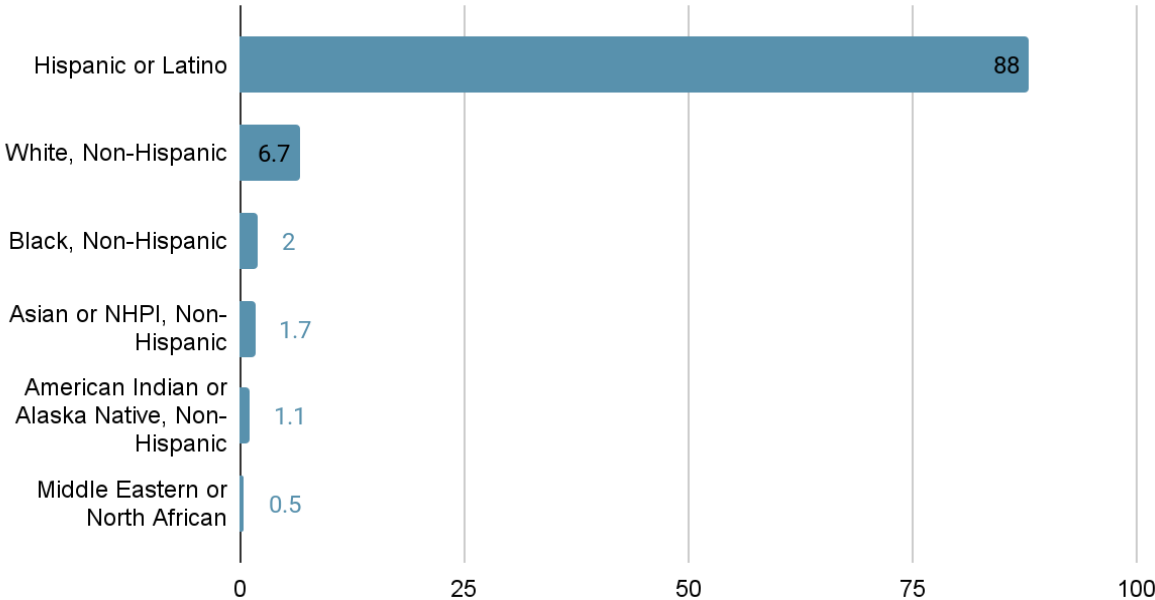
Probes:

- Quality of Care
- Working administration sustainability
- Translation
- Interpersonal relationships
- Patient Experiences
- Cultural Services
- Linguistic Services

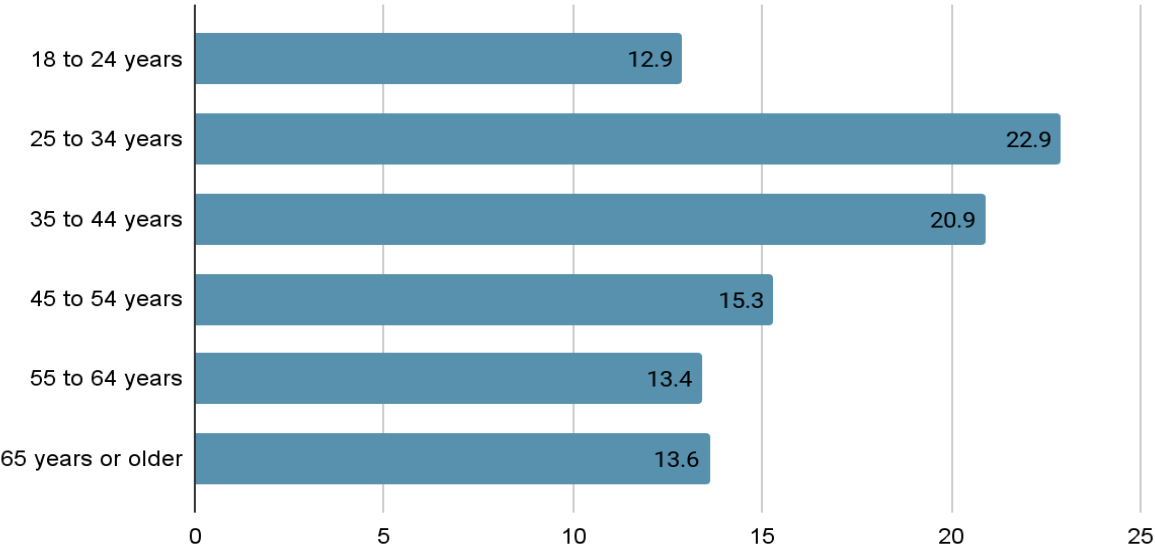
Appendix D

360 Assessment for Patients –Demographic Information

Patient Race

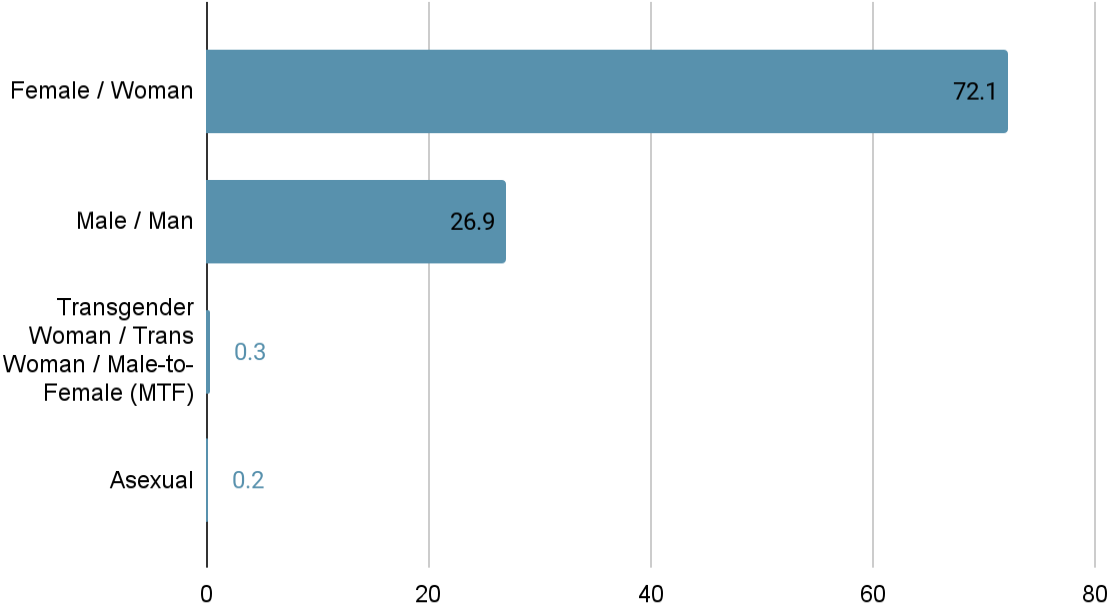


Patient Age



360 Assessment for Patients – Demographic Information
(continued)

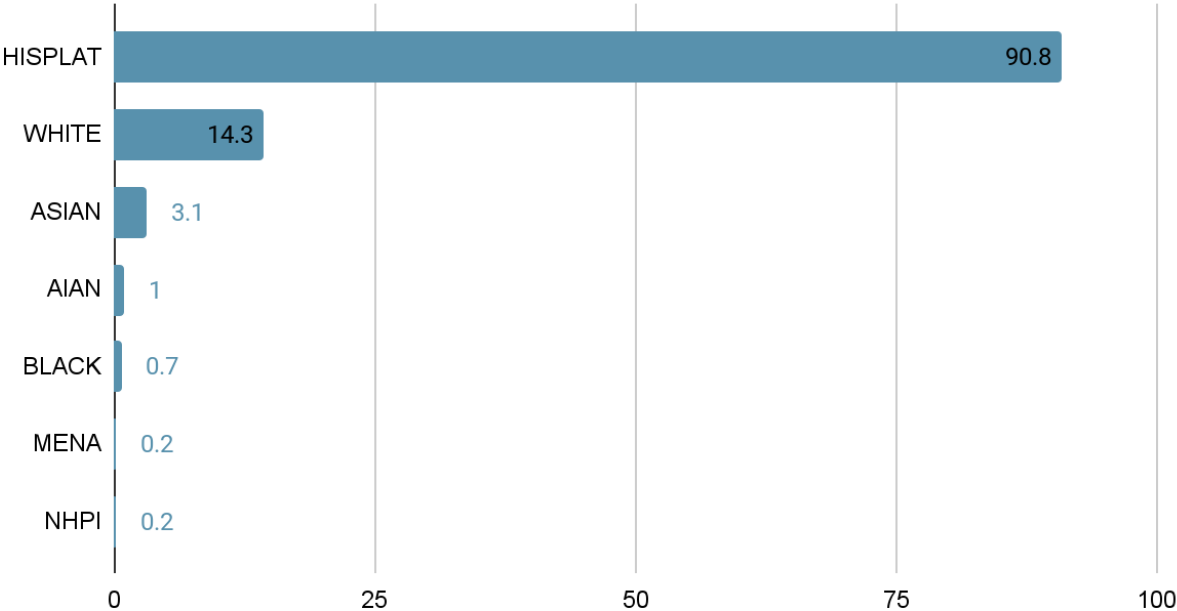
Patient Gender



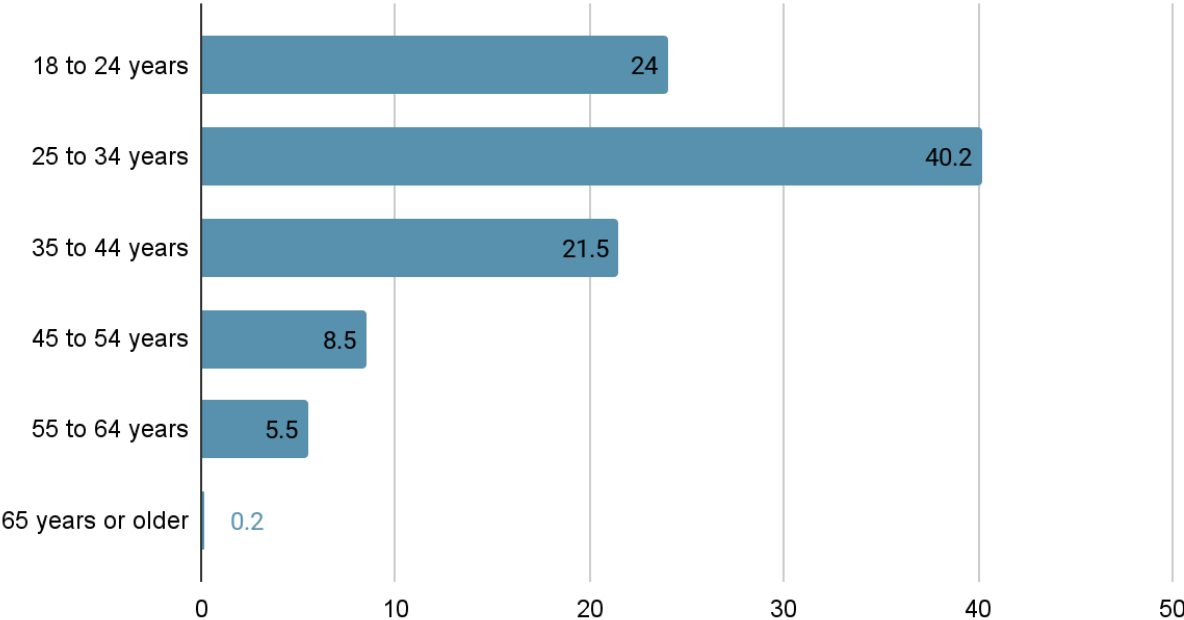
Appendix E

CLAS Organizational Assessment for Staff – Demographic Information

Respondent Race



Respondant Age



CLAS Organizational Assessment for Staff – Demographic Information (continued)

Respondant Gender

