

## Memorandum

To: Select Health Providers

From: Peggy Vickery, Director of Network Management

Date: August 1, 2011

Subject: Culturally and Linguistically Appropriate Services

As a health plan focused on coordinating care for our community's most vulnerable citizens, Select Health of South Carolina has an uncommon appreciation for the need to provide culturally and linguistically appropriate services to our members. As part of that commitment, we are assessing our provider network's ability to deliver culturally appropriate care to our First Choice members, and we need your help with this initiative.

Attached you'll find a provider assessment tool and appendix. Please provide answers to each of the questions based on the providers in your practice and the patient populations that you serve.

The questions in the assessment tool are adapted from the National Health Law Program's *Access Questionnaire for Managed Care Contractors that Receive Federal Funding*. The assessment tool is designed to gather linguistic information from our provider network including the languages spoken by the practitioner and office staff, language services offered through the practice, and the general description of population groups served by the practice office.

Please send the completed assessment to Jill Lemay, Senior Cultural Competency Coordinator, via fax at 843.569.7228 or email at [jillian.lemay@selecthealthofsc.com](mailto:jillian.lemay@selecthealthofsc.com). Deadline for completion is October 28, 2011.

Thank you in advance for your participation in this important project.

Please return the completed form to Jill Lemay at [jillian.lemay@selecthealthofsc.com](mailto:jillian.lemay@selecthealthofsc.com) or 843.569.7882 (fax).

## Practice & Provider Overview Information

Practice name \_\_\_\_\_ Tax ID# \_\_\_\_\_

**Please answer the following for each provider in your practice.**

(1) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(2) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(3) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(4) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(5) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

*To fill out information for additional providers in your practice, please use the Provider Network Assessment Addendum.*

**Please answer the following for the office support staff in your practice.**

Office support staff	Fluent non-English languages spoken
Physician assistants	
Nurses	
24-Hour emergency staff	
Front desk personnel	
Other:	
Other:	

## Interpreter Services

- No Are family and friends used to interpret medical visits?  
 Yes If yes, under what circumstances? \_\_\_\_\_
- 
- No Are minors used to interpret medical visits for their parents?  
 Yes If yes, under what circumstances? \_\_\_\_\_
- 
- No Are interpreter services provided during medical visits?  
 Yes If yes, please select all points of contact that apply:  
 Check-ups    Immunizations    Specialty care visits    Pharmacy    DME    Follow-up visit    Telephone consultation

## Patient Care

- No Medical caregivers have been given written guidelines regarding working with patients from other religions, cultures or language backgrounds. If yes, please explain. \_\_\_\_\_  
 Yes
- 
- No Medical caregivers have been taught specific strategies for taking an accurate history and physical on culturally and linguistically diverse patients.  
 Yes
- 
- No These strategies are followed on a consistent basis.  
 Yes
- 
- No Medical caregivers use lists of possible alternative medications or other measures which specific patient groups might use.  
 Yes
- 
- No Medical caregivers use lists of community leaders who might be helpful in assisting patients from each culture.  
 Yes
- 
- No Medical caregivers are aware of the types of medications, procedures, and/or medical approaches which might be forbidden by cultural and/or religious laws. This awareness is verified via: \_\_\_\_\_  
 Yes
- 
- No Medical caregivers know the dietary and eating habits of patient groups and take these into account when giving patients a special diet or advice concerning food to favor or to avoid. This information is provided via: \_\_\_\_\_  
 Yes

Please complete the chart below:

Patient groups in your service area	Forms provided in the native language of this group	Signs provided in the native language of this group	Patient education materials provided in the native language of this group	Interpreters provided for this group	Customer satisfaction forms are provided in the primary language of patient
Latino/Spanish-speaking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Other <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Other <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Other <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Other <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Other <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following statements refer to the quality of on-site interpreters.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes | They are easily accessible to our patients.         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | The volunteer interpreters are knowledgeable in medical terminology.  |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes | The majority are professional medical interpreters. | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | The volunteer interpreters receive an orientation/training in medical interpreting.   |
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes | The majority are volunteer interpreters.            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | The volunteer interpreters receive compensation (i.e. extra vacation time, yearly bonus, etc.) for performing these services. |

Please return the completed form to Jill Lemay at [jillian.lemay@selecthealthofsc.com](mailto:jillian.lemay@selecthealthofsc.com) or 843.569.7882 (fax).

## Practice & Provider Overview Information

Practice name \_\_\_\_\_ Tax ID# \_\_\_\_\_

**Please answer the following for each provider in your practice.**

(6) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(7) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(8) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(9) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(10) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(11) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(12) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_



## Practice & Provider Overview Information

(13) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(14) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(15) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(16) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(17) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(18) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(19) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(20) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

## Practice & Provider Overview Information

(21) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(22) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(23) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(24) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(25) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(26) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(27) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_

(28) Name \_\_\_\_\_ Provider type (OB, PCP, etc.) \_\_\_\_\_

Fluent, non-English languages spoken \_\_\_\_\_

Race/Ethnicity:  Black/African American  White/Caucasian  Hispanic/Latino  
 Native American  Native Hawaiian/other Pacific Islander  Middle Eastern/North African  Asian  
 Decline  Other \_\_\_\_\_