

Scoring Instructions: Clinicians Cultural Sensitivity Survey (CCSS-29)

Direction of scoring: all CCSS scales are scored so that higher scores indicate higher frequency of the labeled domain, which means that higher scores sometimes indicate better processes (e.g., *greater sensitivity to complementary and alternative medicine*) and sometimes indicate worse processes (e.g., *discrimination due to race/ethnicity*). The scores thus convey the meaning based on how the questions were asked.

Scoring: No item reversals are needed to create the summary scales. Scale scores for each respondent are calculated as the mean of their responses to the corresponding non-missing items (i.e., item responses are averaged, not summed). This results in scale scores with a possible range of 1-5 and allows individual scale scores to be calculated whenever at least one item per scale has a valid response. Two domains, *prescription medications* and *spirituality*, consist of single items due to dropping items that did not meet psychometric criteria.

Missing data: for the three group-specific measures (2 for those with limited English proficiency and 1 for immigrants), scores are calculated only for those who “skipped in” to the section, thus the sample size will be smaller for these scales.

Scoring the CCSS-29: Scale Names, Direction of Scoring, Item Numbers, and Definitions

DOMAIN Scale	Item Numbers	Definition
For all respondents		
SENSITIVITY TO CULTURAL BELIEFS AND PRACTICES		
Complementary and alternative medicine (+)	1, 2	Doctors asked if patient used alternative medicines (1) and if patient used traditional or home remedies (2)
Mind-body connections (+)	3, 4	Doctors asked if patient’s personal life was affecting their health (3) and how patient’s health was affecting their life (4)
Causal attribution of health problem (+)	5, 6	Doctors seemed interested in what patient thought might be causing health problem (5) and really listened to what patient thought was causing health problem (6)
Preventive care (+)	7, 8	Doctors talked to patient about ways to stay healthy (7) and the importance of preventing health problems before getting sick (8)
Family involvement (+)	9, 10	Doctors asked if patient wanted to include a family member or a friend during a visit (9) and if patient wanted to talk to a family member or friends before making a treatment decision (10)
Modesty (+)	11, 12	Doctors took a few moments to put the patient at ease before examination (11) and made patient feel comfortable enough to talk about health concerns that might be embarrassing (12)
Use of prescription medications (+)	13	Doctors asked if patient might have concerns about taking prescription medications (13)
Spirituality (+)	14	Doctors asked if patient had any religious or spiritual beliefs that might influence their health or health care (14)
DISCRIMINATION		

**Scoring the CCSS-29: Scale Names, Direction of Scoring,
Item Numbers, and Definitions**

DOMAIN Scale	Item Numbers	Definition
Discrimination due to education (-)	15, 16	Doctors made negative assumptions about patient's level of education (15) and assumed patient would not understand their explanations (16)
Discrimination due to race/ethnicity (-)	17, 18	Doctors paid less attention to patient (17) and discriminated against patient because of their race or ethnicity (18)
Staff discrimination due to race/ethnicity (-)	19, 20	Office staff discriminated against patient (19) and made negative assumptions about patient because of their race/ethnicity (20)
For persons with limited English proficiency		
Sensitivity to language needs (+)	21, 22, 23	Doctors asked what language patient wanted to speak in (21) and if patient needed an interpreter (22); office staff asked if patient needed an interpreter (23)
Discrimination due to language needs (-)	24, 25, 26	Doctors discriminated against patient (24), office staff ignored patient (25), and office staff discriminated against patient because patient does not speak English very well or fluently (26)
For immigrants		
Sensitivity to immigrant status (+)	27, 28, 29	Doctors took into account how being an immigrant might affect patient's health (27), that being an immigrant might make patient feel tense or isolated (28), and that as an immigrant, patient may be less familiar with the U.S. health care system (29)

*+ indicates high score is better processes; – indicates high score is worse processes