

CLAS Standards Toolkit

**Office of Health
Equity**

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pennsylvania
DEPARTMENT OF HEALTH

Message from the Director of the Office of Health Equity

We have seen significant changes to the health landscape both nationally and within Pennsylvania. We continue to grapple with the opioid epidemic, Lyme disease, chronic disease, and other afflictions within the commonwealth, on top of the effects of the COVID-19 pandemic.

Amid an ever-changing political landscape, health disparities persist throughout Pennsylvania and the nation. For many years, residents in rural and urban areas across the state have been dying prematurely and living with a poor quality of life due to social, economic and environmental factors (social determinants of health).

[The State of Health Equity in Pennsylvania Report in 2019](#) revealed the ways in which a myriad of factors contributes to the superior health outcomes of some communities and poor health outcomes suffered by others. The mechanisms through which housing, education, transportation, poverty and recreation influence health were examined. The critical role of the environments in which we live, learn, work and play were also highlighted to show their impact on life expectancy. Based on the findings in this report, it became evident that Pennsylvania needs to take action *now* to address these inequities in our environments, and one way of doing so is to make sure our health services are culturally and linguistically appropriate.

As noted in the report, people who experience discrimination in the health care setting are less likely to seek medical help when necessary or follow provider recommendations on lifestyle changes, medications or follow-up appointmentsⁱ. Additionally, many studies about perceptions of racial and ethnic discrimination have shown associations with poor physical and mental health status.ⁱⁱ In one study, those who spoke a language other than English, in particular, were more likely to report discrimination, regardless of race or ethnicity.ⁱⁱⁱ Moreover, a study from the [CDC](#)^{iv} All of these statistics^{iv}, especially for already marginalized populations, show the importance of culturally competent care, especially for already marginalized populations.

This toolkit is intended to be a clarion call to those who aspire for Pennsylvania to be something to be proud of; a state in which everyone has the same right and opportunity to achieve the highest level of health and quality of life. Increasing health equity and reducing health disparities will not be easy, but nothing worthwhile and lasting ever is. We hope this toolkit will be a resource and catalyst for change, dialogue and most of all action.

With much appreciation to everyone who helped make this toolkit a reality!

David Saunders

David Saunders
Director, Office of Health Equity

Introduction

BACKGROUND

The National intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals, health and health care organizations to implement culturally and linguistically appropriate services.^v These standards help take into account cultural health beliefs, preferred languages, health literacy levels, and communication needs, all while making your services more respectful, understandable, effective and equitable., health and health care organizations to implement culturally and linguistically appropriate services.^{vi} These standards help take into account cultural health beliefs, preferred languages, health literacy levels, and communication needs, all while making your services more respectful, understandable, effective and equitable.

PURPOSE

The purpose of this toolkit is to enable organizations to provide resources to implement the National CLAS Standards and improve health equity. This toolkit was originally developed for internal use in the Fall 2018 to advance the National CLAS Standards initiative of the Pennsylvania Department of Health (DOH). Since then, there have been a variety of updates to keep up with the changing times. The Office of Health Equity was charged with increasing awareness of CLAS Standards within the commonwealth, and this toolkit is one of several ways that the office and DOH are ensuring Pennsylvania stays at the forefront of health equity across the state. This toolkit is designed to support individuals who work in organizations, both specific to healthcare and not, who wish to implement the National CLAS Standards within their programs and initiatives. Aims to strengthen health professionals and organizations by providing information on how to implement specific standards within the scope of your role or grade level.

INTENDED AUDIENCE

This toolkit can be used in a variety of public health settings and was created by the [Office of Health Equity \(OHE\)](#) within DOH. All members of the health and health care community can benefit from the framework offered by the CLAS Standards. The following is a partial list of audiences of the CLAS Standards and how each type of audience might utilize them^{vii}:

- **Accreditation and Credentialing Agencies:** to assess and compare health care facilities, health and human service organizations, and providers who offer culturally and linguistically appropriate services and ensure quality for diverse populations. Institutions such as The Joint Commission and the National

Committee for Quality Assurance have made great strides in implementing policies and standards to help ensure these quality services.

- **Community-Based Organizations:** to promote quality health care for diverse populations and to assess and monitor care and services being delivered. The potential advocate audience is broad and includes legal services, consumer education agencies, faith-based organizations, and other local, regional, or national nonprofit organizations that address health and health care issues.
- **Educators:** to incorporate cultural and linguistic competency into their curricula and to raise awareness about the impact of culture and language on health and health care services. This audience would include educators from academic institutions, state health professional licensing agencies, and educators from legal and social service professions.
- **Governance and Leadership:** to draft consistent and comprehensive laws, regulations, and contract language. This audience would include federal, state, tribal, and local governments. The audience would also include the individuals within organizations who are responsible for developing regulations and contracts, as well as the leadership responsible for decision making regarding regulations and contracts.
- **Health Care and Service Providers:** to incorporate cultural and linguistic competency into the delivery of quality health care and services. This audience would include clinicians, practitioners, and service delivery organizations across health and allied health disciplines, including behavioral health.
- **Health and Health Care Staff and Administrators:** to implement culturally and linguistically appropriate services throughout an organization, at every point of contact. This audience would include employees, contractors, and volunteers serving throughout the organization.
- **Patients/Consumers:** to understand their right to receive accessible and appropriate health and health care services and to evaluate whether providers can offer them.
- **Public Health Workforce:** to implement cultural and linguistic competency into the provision of public health services. This audience would include those involved in the behavioral health, emergency medical services, environmental health, epidemiology, and global health.
- **Purchasers:** to promote the needs of diverse consumers of health benefits, and leverage responses from insurers and health plans. This audience would include government and employer purchasers of health benefits.

STATEMENT ON RACISM AS A PUBLIC HEALTH ISSUE

When creating this CLAS toolkit, it became overwhelmingly apparent that racism, both implicit and explicit, affects health services in multiple, intersecting ways. Pennsylvania Secretary of Health Dr. Rachel Levine addressed this issue stating that, “In Pennsylvania, health disparities exist in many different areas including chronic disease rates, infant and maternal mortality, and rates of sexually transmitted infections with Black/African Americans bearing a disproportionate burden of negative health outcomes^{viii}. These health disparities are not the result of individual behavior, but rather the consequence of structural racism and systems of oppression that create unequal distribution of resources and determine whether someone is able to achieve their highest level of health.”



STANDING TOGETHER AGAINST RACISM

As Secretary Dr. Levine communicates above, Black, Indigenous, and other people of color (BIPOC) are those directly harmed by the implications and effects of racist policies and structures.¹ However, non-BIPOC or white people may be indirectly harmed or burdened by the effects of the legacy of racist policies and structures, like segregation. Racism and discrimination, like that perpetuated by segregation, prevent us from experiencing the breadth of diversity that exists within our larger communities and denies those facing oppression of their human rights, to be treated and respected as human. But this does not have to continue. To build a healthy Pennsylvania for *all*, the vision of our department, we must care about one another enough to continuously educate and hold ourselves accountable, even if we are not the ones directly harmed by these structures. In accordance with this notion, the Office of Health Equity has decided to include a number of resources related to racism as a public health issue in this toolkit. Understanding the experiences that BIPOC go through and the traumatic effects that racism can have on a person’s health are key components of becoming more culturally appropriate, competent, and humble. This toolkit is a great place to start.

¹ For more information on how BIPOC have disproportionate health outcomes due to structural racism and systems of oppression, visit the Office of Health Equity’s [2019 State of Health Equity Report](#).

CLAS TOOLKIT FAQ

How to Use this Toolkit?

- This toolkit offers resources to incorporate the federal CLAS principles and practices into all aspects of organizational activities. The CLAS standards are categorized into four sections, Click on each area to learn how to incorporate the following CLAS categories within the scope of your work: [Principle Standard](#); [Governance, Leadership, and Workforce](#); [Communication and Language Assistance](#); and [Engagement, Continuous Improvement, and Accountability](#).
- These resources will help to implement policies and fully equip staff to follow the standards. Different ways of implementing CLAS Standards include training staff, recruiting a representative workforce, creating and supporting a designated CLAS position, or offering comprehensive language assistance.

Why Should your Organization Implement these Standards?

- It's the Law:
 - Title VI of the Civil Rights Act of 1964 prohibits any program receiving federal financial assistance from discriminating on the basis of race, color or national origin (now also interpreted to include discrimination on the basis of limited English proficiency).^{ix}
 - Includes organizations that receive funds from Medicaid and Medicare programs
 - Protect your organization from liability
- Improve Service to Clients and Stakeholders:
 - Increase client/stakeholder satisfaction
 - Create an open line of communication with clients/stakeholders
 - Improve client/stakeholder understanding and consent of health-related topics
- Improve Overall Business:
 - Better allocate funds due to improved data collection
 - Improve effectiveness of treatment plans for clients/stakeholders
- Reduce overall health disparities in PA

CLAS Standards:^x

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 services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-read 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.

PRINCIPLE STANDARD

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.*

Ways to use these resources to advance the standards:

- *Use these resources as a baseline of training; at a minimum staff should be familiar with these topics*

Topic	Description	Link
Improving Cultural Competency for Behavioral Health Professionals	From the Office of Minority Health, the Think Cultural Health E-Learning Program is intended to help behavioral health professionals (including social workers) increase their cultural and linguistic competency. Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds.	Think Cultural Health
LGBTQ and HIV/AIDS Communities Awareness and Sensitivity	The mission of the Persad Center is to improve the well-being of LGBTQ communities.	LGBTQ Awareness and Sensitivity
People with Disabilities	Leading Healthcare Practices & Training: Defining & Delivering Disability Competent Care (Webinar)	Disability-Competent Care -- What Is It and Why Is It Important? Webinar
Racism as a Public Health Issue	This kick-off webinar of APHA's Advancing Racial Equity series examined racism and its historic and	Racism: The Ultimate Underlying Condition

Topic	Description	Link
	present-day impact on health and well-being.	
Sexual and Gender Minorities	Advancing Effective Communication, Cultural Competence, and Patient- and Family Centered Care for LGBT Community (Field Guide)	Joint Commission Field Guide
Sexual and Gender Minorities	Affirmative Care for Transgender & Non-Conforming People	Affirmative Care
Sexual and Reproductive Health	Access Matters works to innovate, empower, and equalize access to sexual and reproductive health care for teens and adults in need.	Training Catalog
Stratis Health: Culture, Care, Connection - Culture care connection	This Minnesota Web site is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their efforts to provide culturally competent care. The site provides resources to help organizations meet the Office of Minority Health's national standards on Culturally and Linguistically Appropriate Services (CLAS), including information on cultural competence concepts, health topics, ethnicities, stakeholder organizations, and resources that reflect the needs of Minnesota's diverse populations.	Culture Care Connection
TRAIN PA: Cultural Competence	External trainings developed by Pennsylvania's DOH group. There are five cultural competence trainings, lasting one hour	TRAIN PA

Topic	Description	Link
	each. (Search for "PA-DOH: Cross-Cultural Communication")	

GOVERNANCE, LEADERSHIP, AND WORKFORCE

Does your organization...

- *Reflect the cultural diversity of the community?*
- *Have written policies and procedures that support cultural diversity training and promotion of best practices?*

CLAS STANDARDS:

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

Ways to use these resources to advance the standards:

- *Train staff in CLAS*
- *Recruit a workforce representative of community served*
- *Create and support a designated CLAS position*

Topic	Description	Links
CLAS Standards Training	The Hawaii Office of Health Equity provides a free online training that focuses on cultural competency, diversity, and health equity, and provides an overview of the National CLAS Standards; Participants who pass a ten-question exam can obtain certification that can be used for accreditation entities that require annual training	Slideshow Certification Exam

Topic	Description	Links
Health Literacy	The AHRQ Health Literacy Universal Precautions Toolkit, second edition, can help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels.	Health Literacy Universal Precautions Toolkit
Improving Cultural Competency for Behavioral Health Professionals	From the Office of Minority Health, the Think Cultural Health E-Learning Program is intended to help behavioral health professionals (including social workers) increase their cultural and linguistic competency.	Improving Cultural Competency
People with Disabilities	This series is intended for interested providers and health care professionals, front-line staff with health plans and provider practices, and other stakeholders. It introduces and explores the many uses of the Disability-Competent Care (DCC) model. The DCC model is a resource for providers, health plans, and healthcare organizations to enhance capacity to integrate care for adults with disabilities.	Disability-Competent Care Webinar Series
Serving Diverse Communities in the Workplace	Participants will learn about some of the current critiques to using cultural competence principles and how cultural humility can be supplemented to create a more accepting,	Serving Diverse Communities

Topic	Description	Links
	welcoming, and reflective working environment.	
Sexual and Gender Minorities	Glossary of terms to use and not to use when talking with and about Lesbian, Gay, Bisexual, and Queer individuals	GLAAD LGBTQ References
Sexual and Gender Minorities	Glossary of terms to use and not to use when talking with and about Transgender individuals	GLAAD Transgender Reference

COMMUNICATION AND LANGUAGE ASSISTANCE

Does your organization...

- *Provide training in CLAS delivery to members at all levels and disciplines?*
- *Provide timely professional interpreter services, at no cost, to all LEP clients, including those who use ASL?*
- *Offer all LEP or deaf/hard of hearing clients verbal and written notices about their right to language assistance services?*
- *Provide deaf/hard of hearing clients and clients with disabilities a copy of your bureau or office's disability access notice?*
- *Offer written materials in languages that target the diverse cultural groups in your service area/population?*
- *Clearly display images or post signage visibly that shows inclusivity for the diverse cultural groups including LGBTQ and people with disabilities in your service area/population?*

CLAS STANDARDS:

1. *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. *Inform all individuals of the availability of language assistance services clearly and in the preferred language, verbally and in writing.*
3. *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*
4. *Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*

Ways to use these resources to advance the standards:

- *Offer comprehensive language assistance services*
- *Require interpreters' skills to be certified or assessed*
- *Use advanced technology for interpretation services*

Topic	Description	Links
American Community Survey	The U.S. Census Bureau released the "2009-2013 American Community Survey" in October 2015. This provides information on "languages spoken at home" and "ability to speak English for the Population	Census

Topic	Description	Links
	5 Years and Over" for the U.S. as a whole.	
Health Literacy	Online trainings developed by the PA Health Literacy Coalition	Health Literacy
Health Literacy	A resource that includes goals and action steps towards improving health literacy	National Action Plan
Health Literacy and Public Health	This training introduces the concept of health literacy, provides strategies for considering literacy when creating public health messages for the general public and provides strategies for considering literacy in direct public health services to the public.	Health Literacy & Public Health: Introduction (Part 1) Strategies for Addressing Low Health Literacy (Part 2)
Health Literacy Training for Physicians, Nurses, and Health Care Extenders	This link assists physicians, nurses, and health care extenders obtain relevant information for improving knowledge, skills and attitudes in health literacy in their chosen field.	Health Literacy
Health Literacy Training for Public Health Professionals	The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice,	Health Literacy Course

Topic	Description	Links
	education, and research of public health.	
Immigrants and Refugees	International Institute of Minnesota is a social service organization that serves people in transition and promotes the welfare of all nationalities and races.	International Institute of Minnesota
Implicit Bias	A resource to increase health equity and address implicit bias	Implicit Bias Resource Guide
Language Access Plan	A language access plan can help ensure that an organization provides high quality and appropriate language services. A language access plan can also help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance. This Guide from the Center for Medicare and Medicaid Services identifies ways that providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.	Guide to Developing a Language Access Plan
PA Data	Enterprise Data Dissemination Informatics Exchange (EDDIE) is an interactive health statistics dissemination web tool where you can create customized data tables, charts and maps for various health related data.	Enterprise Data Dissemination Informatics Exchange (EDDIE)

Topic	Description	Links
PA Data	PA State Data Center is Pennsylvania's official source of population and economic statistics	PA State Data Center
Pennsylvania Language Map	A breakdown of non-English language use throughout the commonwealth by county and municipality.	Language map by municipality
People with Disabilities	Section 508 requires that all governmental website content be accessible to people with disabilities. This applies to Web applications, Web pages, and all attached files on the Internet, as well as the Internet. If you are a governmental organization, you must follow this section of the Rehabilitation Act of 1973.	Section 508
People with Disabilities	As part of the National Center on Health, Physical Activity, and Disability (NCHPAD), the Center on Disability at the Public Health Institute (COD-PHI) has developed these Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity.	Guidelines for Disability
PROPIO Interpreter Service	Most commonly used interpreter service by the Pennsylvania Department of Health. An interpreter is responsible for ensuring that everything that is said is communicated accurately in the other language.	Homepage
Refugees, Immigrants and Migrant/Seasonal Farmworkers	This class is designed to assist librarians and others who work with diverse	From Beyond Our Borders: Providing Multilingual and

Topic	Description	Links
	<p>populations in locating health information. The resources presented are selected for their emphasis on providing culturally relevant information in the preferred language of the population. Background information on refugees and immigrants in the U.S. and their unique health issues will be presented. Participants will have the opportunity to become familiar with the features and scope of several Internet resources.</p>	<p>Multicultural Health Information</p>
<p>TRAIN PA</p>	<p>External trainings developed by Pennsylvania's DOH group. There are five cultural competence trainings, lasting one hour each. (Search for " PA-DOH: Cross-Cultural Communication ")</p>	<p>TRAIN PA</p>
<p>TRAIN PA</p>	<p>Health Equity Learning Bundle: This learning bundle, developed by the Public Health Foundation, provides frontline professionals with the knowledge to better understand health equity and approaches that can help address related challenges.</p>	<p>TRAIN PA</p>

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

Does your organization...

- *Have a plan to identify CLAS needs for underserved populations?*
- *Collect client satisfaction data to inform culturally and linguistically appropriate service delivery?*
- *Participate in partnerships with other agencies that target the diverse cultural groups in your service area/population?*

CLAS STANDARDS:

1. *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*
2. *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*
3. *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.*
4. *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.*
5. *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*
6. *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*
7. *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*

Ways to use these resources to advance the standards:

- *Improve collection of race, ethnicity, sexual orientation, gender identity, and language data*
- *Conduct organizational assessments*
- *Incorporate CLAS into mission, vision, and strategic plans*

Topic	Description	Links
Health Equity in Funding Announcements	Guidance for Integrating Health Equity Language into Funding Announcements February 2018. This guide,	Integrating in Funding

Topic	Description	Links
	developed by the Association of State and Territorial Health Officials, is to serve as a resource for state and territorial health agencies that are considering incorporating health equity requirements into their funding announcements.	
PA Data	EDDIE is an interactive health statistics dissemination web tool where you can create customized data tables, charts and maps for various health related data.	EDDIE
PA Data	PA State Data Center is Pennsylvania's official source of population and economic statistics	Data
People with Disabilities	As part of NCHPAD, the COD-PHI has developed these Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives to assist in the updating of community health programs and policies to be inclusive of the needs of people with disabilities. The guidelines were generated based upon previously recommended guidelines and structured input and review from a panel of national experts.	Guidelines for Disability Inclusion
Race and Ethnicity Data Collection Standards	This classification from the federal Department of the Interior, Office of Civil Rights provides a minimum standard for maintaining, collecting, and presenting	Federal Race and Ethnicity Reporting Standards

Topic	Description	Links
	<p>data on race and ethnicity for all Federal reporting purposes. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies. This can be used as an example for organizations to collect race and ethnicity data of their own.</p>	
<p>Race, Ethnicity, and Language Data Collection Standards</p>	<p>From the Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health, this document is the MDPH standards for the collection of race and ethnicity data. In order to track and ultimately eliminate health disparities it is crucial to collect both broad race information and detailed ethnicity data. Race data are useful for monitoring discrimination, equality of opportunity and treatment, and indirectly, institutional racism. This resource can be used as a model for collecting this type of data.</p>	<p>MDPH Race, Ethnicity, and Language Data Collection Standards</p>
<p>Racial Equity</p>	<p>From the Praxis Project, the purpose of this assessment is for organizations or programs to reflect on the ways in which they embody health justice and racial equity in practice and to identify opportunities for growth</p>	<p>Working Principles for Health Justice and Racial Equity: Organizational Self-Assessment</p>

Topic	Description	Links
	<p>and improvement. This assessment is simply a guide to facilitate reflection and team discussions, and support actions that organizations can take to improve authentic community partnerships.</p>	
<p>Refugees, Immigrants and Migrants and Seasonal Farmworkers</p>	<p>From Beyond our Borders: Providing Multilingual and Multicultural Health Information</p> <p>This class is designed to assist librarians and others who work with diverse populations in locating health information. The resources presented are selected for their emphasis on providing culturally relevant information in the preferred language of the population. Background information on refugees and immigrants in the U.S. and their unique health issues will be presented</p>	<p>Multilingual and Multicultural Health Information</p>
<p>Role of Race and Ethnicity Data in Eliminating Disparities in Health Care</p>	<p>The National Research Council (US) Panel on DHHS Collection of Race and Ethnic Data discusses the importance of race and ethnicity data collection. This data has the potential to eliminate disparities in health and healthcare, as described in this article. The article discusses challenges, the role of this data, how to use this data (in both private and public sectors), best practices/approaches, and</p>	<p>The Role of Racial and Ethnic Data Collection in Eliminating Disparities in Health Care</p>

Topic	Description	Links
	other influential factors in collecting it.	
Sexual and Gender Minorities	Helping Families to Support Their LGBT Children	Family Support
Sexual and Gender Minorities	Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity in Health Centers: This 2016 presentation from the National LGBT Health Center details many ways in which organizations can begin to collect SOGI data in a respectful and appropriate way.	Collecting Data on Sexual Orientation and Gender Identity in Health Centers
TRAIN PA	Health Equity Learning Bundle: This learning bundle, developed by the Public Health Foundation, provides frontline professionals with the knowledge to better understand health equity and approaches that can help address related challenges.	TRAIN PA

For an overview of 2013 enhancements to the CLAS Standards, see: [“What’s New in the National CLAS Standards?”](#)

Conclusion and Acknowledgements

In conclusion, this toolkit should be used to begin and/or improve implementation of the National CLAS Standards, but it must not stop there. Cultural competency is not something that can simply be checked off a to-do list; it is a life-long process. These standards and resources will help build a more effective, meaningful, and equitable healthcare system for *all* Pennsylvanians. They will also allow an organization to properly train their staff to appropriately interact with the community they serve, as well as building an all-around stronger and more compassionate workforce. This toolkit would not be possible without the dedication and work of the Pennsylvania Department of Health's **CLAS Taskforce**, led by the **Director of the Office of Health Equity, David Saunders**.

Thank you to all the members of this taskforce for your hard work and dedication!

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