

Culturally and Linguistically Appropriate OHS Practice

ASSP Puget Sound Chapter
Meeting on January 19, 2022





Today's Learning Opportunities

01

Introduce relevant Culturally and Linguistically Appropriate Services (CLAS) standards

02

Describe how the CLAS standards relate to improved inclusion, diversity, equity, and accessibility in the workplace

03

Discuss related social determinants of health via the Total Worker Health (TWH) paradigm.



Self-Introduction

- + Dr. Morgan Bliss, CIH, CSP
- + #IndustriousHygienist
- + Faculty @ Central Washington Uni
- + Published article on this topic with Mandi Kime in ASSP's *Professional Safety Journal* in December 2021



Why use the CLAS Standards?

Established by the U.S. Department of Health & Human Services - Office of Minority Health (or equivalent standards in other countries)



Background Information

- + Occupational health and safety (OHS) professionals are considered to be a healthcare occupation, per the U.S. BLS
- + OHS professionals collect data from and analyze conditions in workplaces, which can be considered a form of preventive healthcare
- + Communication and problem-solving skills are paramount



Intro to CLAS Standards

- + Relevant Culturally and Linguistically Appropriate Services (CLAS) standards are about governance, leadership, the workplace, communication, language assistance, continuous improvement, and accountability
- + The INSHPO (2017) OHS professional capability framework briefly mentions the need for organizations to adapt “[...] to account for variations in regulations, histories and cultures as they pertain to OHS practice”

Intro to CLAS Standards

CLAS standards are focused on reducing health disparities and improving health equity through respect and responsiveness

Consider use of CLAS standards as part of inclusion, diversity, equity, and accessibility (IDEA) efforts and evidence-based practices in OHS

Principal CLAS Standard

- + “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.”

Principal CLAS Standard

Quality

Equity

Respect

Responsiveness
to diverse
cultures

Provide info in
preferred
languages

Reduce health
disparities

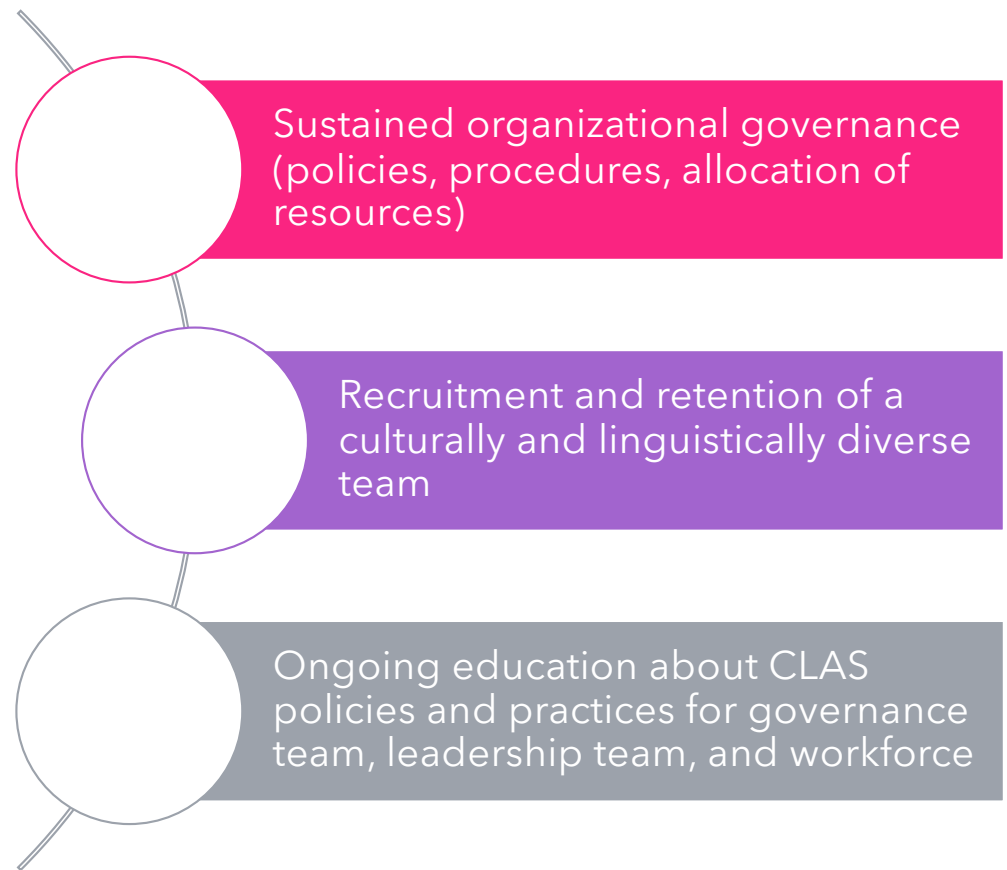
Relation to Psychological Safety

- + A psychologically safe workplace, per Edmondson (2019), is a workplace where people are “comfortable sharing concerns and mistakes without fear of embarrassment or retribution”
- + And “a workplace that is truly characterized by inclusion and belonging is a psychologically safe workplace”

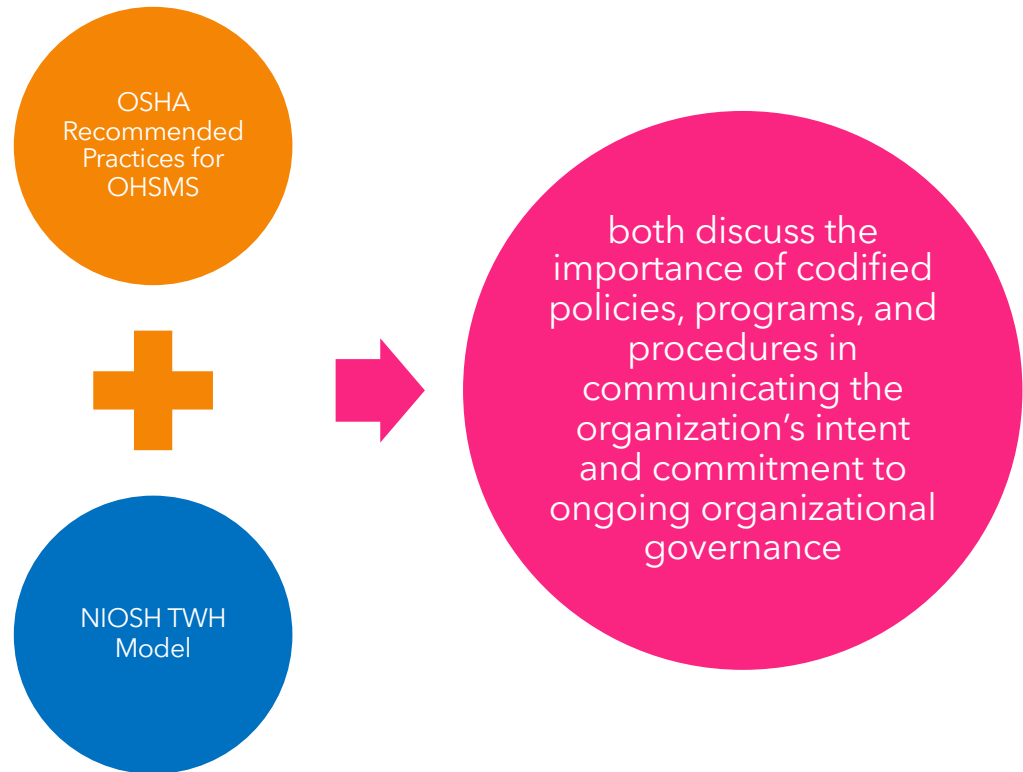
Relation to Psychological Safety



CLAS Standard about Governance, Leadership, & Workforce



Relation to OHSMS & TWH



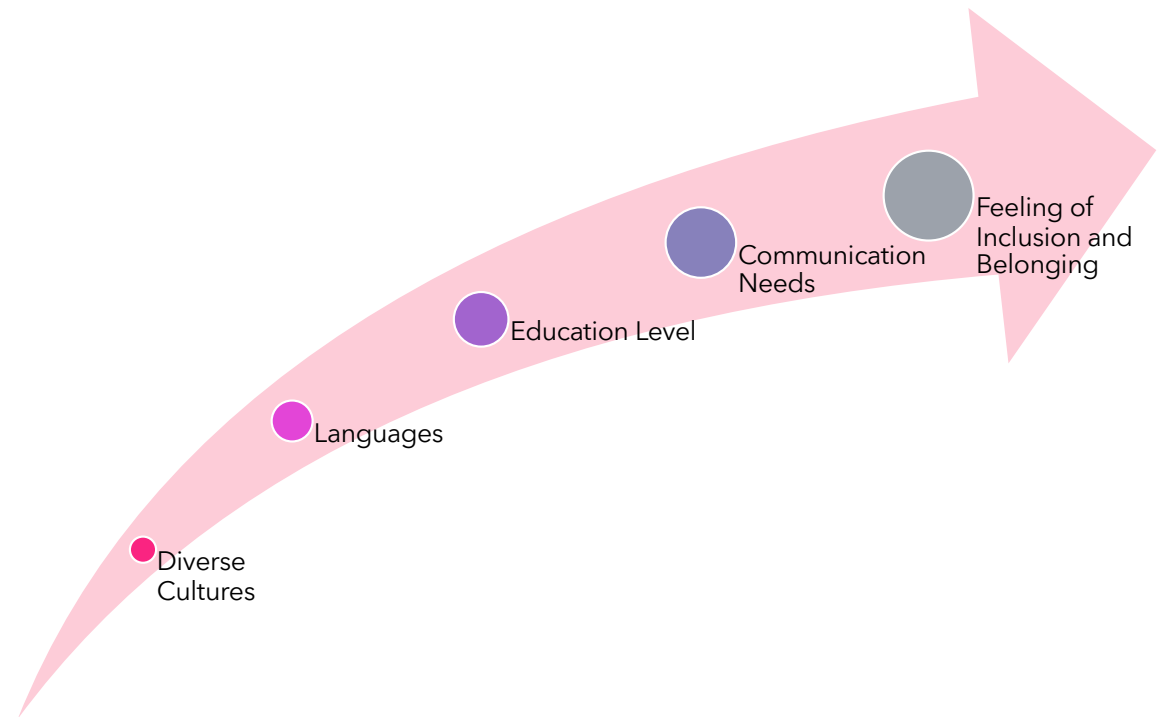
CLAS Standard about Communication & Language Assistance

- + This is where OHS professionals can make a significant impact
- + Offer language assistance to individuals with limited English proficiency or other communication needs, at no cost to them
- + Also “ensure the competence of individuals providing language assistance”
- + Provide materials and signage “in the language commonly used by the populations”

Worker Training (and Signage)

- + Per the U.S. Department of Labor (2010), training “must be presented in a manner that employees can understand”
- + Must instruct workers “using both a language and a vocabulary” that is understood by workers

Make Efforts to Understand & Increase Psychological Safety



CLAS Standard for Engagement, Continuous Improvement, & Accountability

management
accountability

continuous
improvement through
ongoing assessments

collecting and
maintaining
demographic
information and health
equity outcomes

partnering with the
local community

creating conflict and
grievance resolution
processes

communicating the
organization's progress

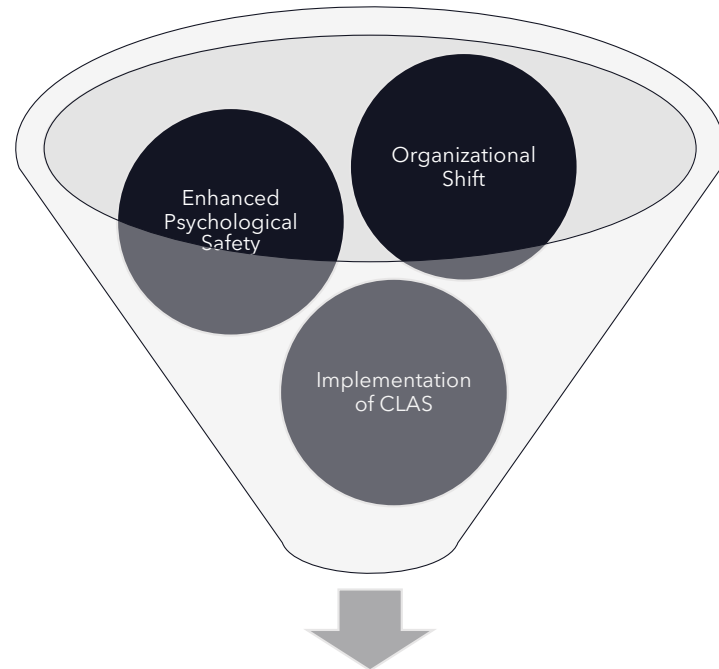
Involving Other Specialties

- + An industrial/occupational hygienist or other occupational health professional can help assess whether implementation of the CLAS standards had a measurable impact on health equity outcomes

Involving Other Specialties

- + An industrial/organizational psychologist or other diversity, equity, and inclusion professional can assess whether implementation of CLAS standards had a measurable impact on advancing psychological safety, equity, quality, and other work-related disparities within an organization

Relation to Corporate Social Responsibility



Share as part of the corporate social responsibility, sustainability, or other reporting related to social accountability.



What's the big IDEA about CLAS?

IDEA = Inclusion, Diversity, Equity, and Accessibility

Quick Definitions

Inclusion

- All feel welcomed, respected, represented, supported, and valued to fully participate
- Intentional, ongoing effort

Diversity

- All of the ways we differ (race, ethnicity, gender, age, national origin, religion, disability, socioeconomic status, sexual orientation, education, marital status, language, etc.)

Equity

- All having the ability to fully participate, ensuring fair treatment, eliminating barriers to participation
- Fair and just treatment of all members of a community

Accessibility

- Giving equitable access to everyone along the continuum of human ability and experience



Health Equity and a Paradigm Shift in OHS

- + Per Flynn et al. (2022), persistent inequities are still present in the burden of injuries and illnesses
- + “Addressing these inequities, along with challenges associated with the fundamental reorganization of work, will require a more holistic approach that accounts for the social contexts within which occupational injuries and illnesses occur”



Health Equity and a Paradigm Shift in OHS

- + Reducing inequities will require OHS practitioners to adopt the biopsychosocial paradigm
- + “A biopsychosocial approach explores the dynamic, multidirectional interactions between biological phenomena, psychological factors, and social contexts, and can be a tool for both deeper understanding of the social determinants of health and advancing health equity” (Flynn et al., 2022)

Health Equity and a Paradigm Shift in OHS

- + “[...] making explicit the implicit connections between public health, OSH, and the social sciences more broadly will go a long way in bridging the gap between OSH and the social sciences and improving our understanding of the social dimensions of worker health and well-being.” (Flynn et al., 2022)



Cultural Safety to Achieve Health Equity

- + Curtis et al. (2019) recommended a move to cultural safety rather than cultural competency. Research was focused on health equity in medical context.
- + **Cultural Competency:** recognize the importance of sociocultural influences and tailor services to meet individual social, cultural, and linguistic needs (like CLAS!)
- + **Possible OHS-related definition of Cultural Safety:** Acknowledging the barriers to operational effectiveness arising from the inherent power imbalance between management and workers, which requires practitioners to examine themselves and the potential impact of their own culture on workplace interactions (question biases, assumptions, attitudes, stereotypes, and prejudices)



**How is work a social
determinant of health?**

Social Determinants of Health

- + Social determinants of health are conditions in our environment that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- + Economic Stability
(Employment and Work Status)
- + Education Access & Quality
- + Healthcare Access & Quality
- + Neighborhood & Built Environment
- + Social & Community Context

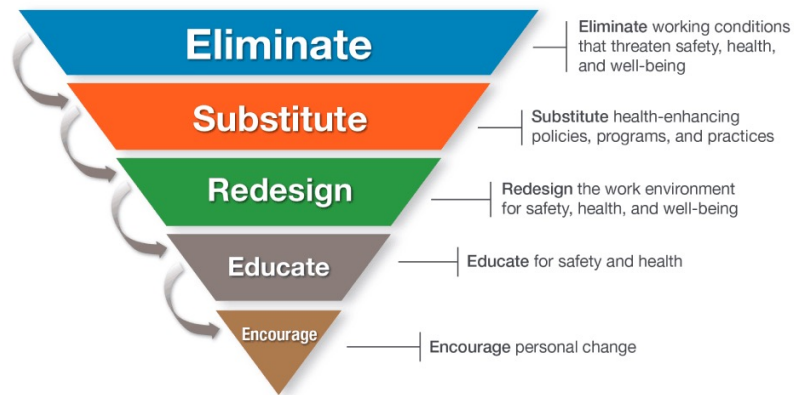
U.S. NIOSH & Total Worker Health

- + Work is recognized as a social determinant of health, wherein work influences health via the hazards from the work itself, as well as wages, work hours, workload and stress, interactions with coworkers and the leadership team, access to paid leave, and “health-enhancing work environments” influence the worker, their family, and the surrounding community

Work as a Social Determinant of Health

- + Work is also affected by other social determinants of health (education, access to healthcare, and socioeconomic status)

Hierarchy of Controls Applied to NIOSH
Total Worker Health[®]



Suggested Citation: NIOSH (2016). Fundamentals of total worker health approaches: essential elements for advancing worker safety, health, and well-being. By Lee MP, Hudson H, Richards R, Chang CC, Chosewood LC, Schill AL, on behalf of the NIOSH Office for Total Worker Health. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2017-112.

Conclusion



Conclusion



Do: Respect different preferences for how people are treated and communicated with at work

Don't: Assume how people want to be treated and communicated with in the workplace

References

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