CULTURALLY & LINGUISTICALLY APPROPRIATE OSH PROFESSIONAL PRACTICE

By Morgan Bliss and Mandi Kime

Of interest to the future of the safety profession, the practice of OSH is considered to be a healthcare occupation. Per the U.S. Bureau of Labor Statistics (BLS, 2021), OSH specialists and technicians collect data from and analyze conditions in workplaces, which can be considered a form of preventive healthcare.

Communication and problem-solving skills are noted as important qualities for an OSH professional (BLS, 2021).

As a healthcare occupation, it is necessary for OSH professionals to be aware of the Culturally and Linguistically Appropriate Services (CLAS) Standards established by the U.S. Department of Health and Human Services Office of Minority Health (OMH, n.d.) or equivalent standards in other countries. The principal CLAS standard is: "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" (OMH, n.d.).

How can OSH professionals ensure that their practice considers CLAS standards as part of diversity, equity, inclusion and evidence-based practices? The CLAS standards are focused on reducing health disparities and improving health equity through respect and responsiveness (OMH, 2021). The International Network of Safety and Health Practitioner Organizations (INSHPO, 2017) OSH Professional Capability Framework briefly mentions the need for organizations to adapt "to account for variations in regulations, histories and cultures as they pertain to OSH practice" (p. 6). Within the position profiles, there are mentions of working with diverse cultures; however, most of the focus seems to be on the organizational culture and its maturity (INSHPO, 2017). Applying the CLAS standards to OSH practice is one method that should be considered by professionals who engage in evidence-based practice.

Applying CLAS Standards to OSH Practice

This section reviews some of the CLAS standards about governance, leadership, the workplace, communication, language assistance, continuous improvement and accountability.

Principal CLAS Standard

The principal standard for CLAS is about quality, equity, respect, responsiveness to diverse cultures and a commitment to provide health information in preferred languages so that it is understandable in order to reduce health disparities (OMH, n.d.). A psychologically safe workplace, according to Edmondson (2019), is a workplace where people are "comfortable sharing concerns and mistakes without fear of embarrassment or retribution" (p. xvi). In such a workplace, equity and respect are the expected baseline of behavior, mistakes and the resulting corrective actions are addressed via collaborative teamwork, and worker opinions are valued as a potential source of innovation. Most importantly, as Edmondson (2019) notes, "a workplace that is truly characterized by inclusion and belonging is a psychologically safe workplace" (p. 201). Edmondson (2019) also cautions that diversity efforts in hiring practices do not necessarily lead to inclusion and belonging.

Governance, Leadership & the Workplace

The CLAS standards about governance, leadership and the workforce are focused on sustained organizational governance (i.e., policies, practices and allocation of resources), recruitment and retention of a culturally and linguistically diverse team, and ongoing education about CLAS policies and practices for the governance team, leadership team and workforce (OMH, n.d.). The NIOSH (2016) guidance about Total Worker Health and OSHA (2016) guidance about effective safety and health programs both discuss the importance of codified policies, programs and procedures in communicating an organization's intent and commitment to ongoing organizational governance. Specific to 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" (p. 1) have an effect on the worker, their family and the surrounding community (NIOSH, 2016). The defining elements of the Total Worker Health approach are leadership commitment, work that is designed to eliminate or reduce safety and health hazards, support for worker engagement, worker privacy and confidentiality, and a systems approach (NIOSH, 2016).

Communication & Language Assistance

The CLAS standards about communication and language assistance are where OSH professionals can make a significant impact. These standards are about offering language assistance to individuals with limited English proficiency or other communication needs at no cost to them, and "[ensuring] the competence of individuals providing language assistance," while also providing materials and signage "in the language commonly used by the populations" (OMH, n.d., p. 1). Aspects of OSH where these standards could be applied are signage and worker training, as well as worker learning and development.

For example, the U.S. Department of Labor (DOL, 2010) reiterates the policy for OSHA about worker training that is required according to federal regulations. Such training "must be presented in a manner that employees can understand." The organization must instruct workers "using both a language and a vocabulary" that is understood by workers (DOL, 2010). By making efforts to understand the diverse cultures, languages, education level and other communication needs of workers, an OSH professional may be poised to increase psychological safety via an improved feeling of inclusion and belonging.

Engagement, Continuous Improvement & Accountability

The remainder of the CLAS standards are about management accountability, continuous improvement through ongoing assessments, collecting and maintaining demographic information
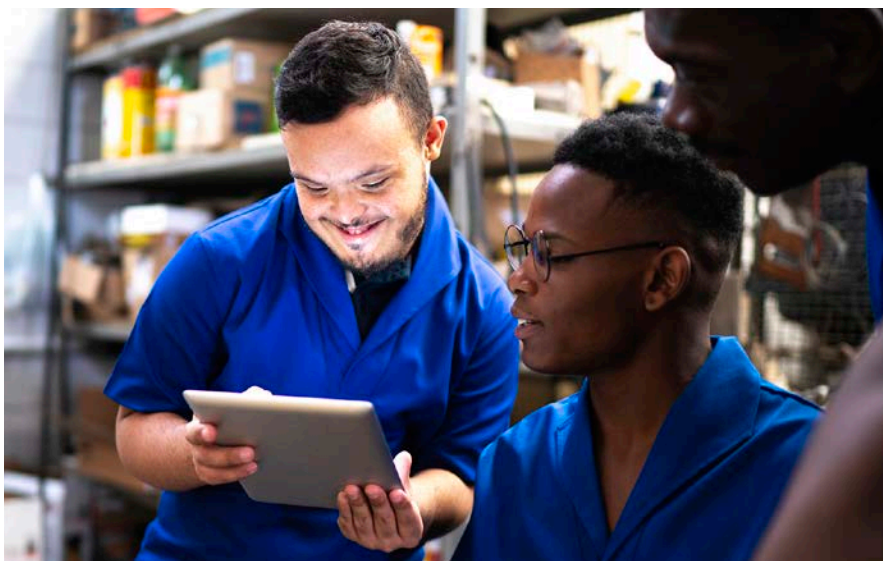
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and health equity outcomes, partnering with the local community, creating conflict and grievance resolution processes, and communicating the organization's progress with CLAS (OMH, n.d.). Many of these organizational management processes will be familiar to OSH professionals. It may be helpful to involve an industrial/occupational hygienist or other occupational health professional to assess whether implementation of the CLAS standards in an organization had a measurable impact on health equity outcomes. It may also be beneficial to involve an industrial/organizational psychologist or other diversity, equity and inclusion professional to assess whether implementation of CLAS standards had a measurable impact on advancing psychological safety, equity, quality and other work-related disparities within an organization. Additionally, this organizational shift to enhanced psychological safety via implementation of aspects of CLAS would be important information to share as part of the corporate social responsibility, sustainability or other corporate reporting related to social accountability.

Conclusion

OSH professionals are encouraged to learn more about CLAS and share their ideas about how CLAS, Total Worker Health, and other diversity, equity and inclusion efforts can improve the experience of workers. After all, if work is a social determinant of health, and OSH professionals are part of preventive healthcare, OSH professionals have an ethical duty to consider ways

to improve the quality of the services provided to workers, organizations and the surrounding community. By implementing aspects of CLAS in professional OSH practice, the profession is shifting away from assuming how people want to be treated and communicated with and shifting toward respecting their preference in treatment and communication. **PSJ**

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