



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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SECRETARY'S DIRECTIVE 19-01

**REAFFIRMING THE DEPARTMENT OF HEALTH'S COMMITMENT TO
DIVERSITY, INCLUSION, AND CULTURAL HUMILITY**

WHEREAS, the Washington State Department of Health (DOH) recognizes that diversity, inclusion, and cultural humility in our workforce are essential to achieving our vision and mission and to supporting our efforts to increase equity within the agency and be an employer of choice; and

WHEREAS, Washington is an incredibly diverse state, and our department must be reflective, inclusive, and respectful of that diversity at every level of the agency; and

WHEREAS, the communities who experience the greatest health disparities are those who have been historically marginalized and underrepresented in our workforce. Achieving a workplace that is representative of those communities can increase access to resources and programs, improve health outcomes, and promote health equity; and

WHEREAS, DOH recognizes that as we build a workforce that represents and reflects the communities we serve, there are many factors we need to address and overcome, including historical oppression, institutional racism, discrimination, societal norms, and individual biases; and

WHEREAS, historically, oppression has been reinforced through laws, policies, and public health practices to intentionally discriminate against marginalized communities.^{i,ii,iii} These practices have influenced societal norms and are perpetuated through discriminatory institutional and structural practices; and

WHEREAS, these practices have influenced the foundation of workplace norms and continue to impact internal policies and practices. DOH recognizes our agency is no different than others in this respect; and

WHEREAS, on an individual level, our perspectives have also been shaped by societal norms, our own experiences, and the environments that surround us. This informs how we make decisions, interact with others, and the biases—both conscious and unconscious—that we hold; and

WHEREAS, bias can affect workplace culture, lead to microaggressions, and negatively impact the health, well-being, and productivity of employees. We know that where we work influences our health, and the employees most negatively affected are often those who are part of historically marginalized groups; and

WHEREAS, historically marginalized groups report experiencing discrimination in the workplace more frequently than in any other aspect of their daily lives. When applying for jobs, 56 percent of Black Americans, 33 percent of Latinos, 31 percent of Native Americans, 27 percent of Asian Americans, and 20 percent of LGBTQ+ people have experienced discrimination. Similarly, 57 percent of Black Americans, 32 percent of Latinos, 33 percent of Native Americans, and 25 percent of Asian Americans, and 22 percent of LGBTQ+ people have experienced discrimination in pay or promotion opportunity;^{iv} and

WHEREAS, data regarding employment discrimination is more limited for individuals with disabilities, but existing data shows a large disparity in employment. In 2017, only 19 percent of persons with a disability were employed compared to 66 percent of the U.S. population without a disability;^v and

WHEREAS, DOH employees who identify as people of color, Native American/Alaska Native, LGBTQ+, differently-abled, or are veterans have experienced microaggressions and bias in the workplace because of this aspect of their identity; and

WHEREAS, we recognize that although we cannot change the oppressive and discriminatory practices of the past, we have control over the workplace culture we create both today and in the future. And while efforts have been made to create equal opportunity for the people most affected by systems that perpetuate inequity, substantial work remains; and

WHEREAS, our agency has the responsibility and opportunity to promote equity through changes to internal policies, procedures, systems, and practices.

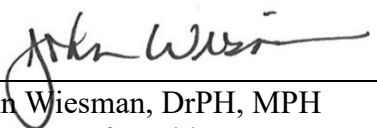
NOW, THEREFORE, I, John Wiesman, Secretary of Health for the Washington State Department of Health, reaffirm my commitment and that of DOH leaders, including the Executive Team and the Agency Leadership Team, to foster an environment that supports diversity, inclusion, and cultural humility, and to proactively address and dismantle oppressive systems and practices in the workplace.

I therefore direct that our entire agency commits to:

1. Becoming a culturally humble agency by:
 - a. Interrupting microaggressions as they occur in our workplace—whether they are intentional or unintentional—and use these as opportunities to educate, learn, grow, listen, and respond with respect.
 - b. Embracing respectful dialogue and courageous conversations about racism, privilege, white fragility, and oppression.
 - c. Increasing our institutional and personal understanding of tribal sovereignty, colonialism, and historical trauma.
 - d. Encouraging opportunities for ongoing training and learning in the areas of diversity, inclusion, cultural humility, oppression, and equity.
 - e. Recognizing cultural humility as a continuous journey of self-awareness and reflection.
2. Striving to achieve a workforce that is representative and reflective of the diversity of Washington State, at all levels of the agency, by:
 - a. Ensuring leadership, management, and supervisors adhere to DOH Recruitment Policy 07.050 and implement “Hiring Best Practices,” including the requirement to complete implicit bias training.

- b. Initiating institutional changes and enforcing practices to recruit, interview, hire, and promote diversity, focusing initially on visible diversity.
 - c. Aligning with Results WA goals to increase representation of people of color and individuals with disabilities in leadership positions.
 - d. Recruiting and appointing culturally, racially, and ethnically diverse managers and leaders.
 - e. Ensuring any education requirements and/or required credentials in job recruitments are truly necessary qualifications for a position. Additionally, a person's lived experience will be considered in lieu of education requirements, where appropriate.
 - f. Encouraging hiring managers to consider the benefit of dual-language skills in all positions to improve access for Washingtonians with limited English proficiency.
 - g. Initiating and promoting inclusive strategies to retain workforce diversity in race, ethnicity, color, sex, national origin, religion, sexual orientation, gender identity, gender expression, age, veteran status, and disability status.
 - h. Ensuring access to succession planning, mentoring opportunities, and other resources for members of historically marginalized groups.
3. Addressing the structural inequities at DOH that impact the agency's efforts to be inclusive of the diversity of Washington and meaningfully serve all communities, by:
 - a. Ensuring a focus on diversity, inclusion, cultural humility, anti-oppression, and equity in agency decisions and the allocation of resources.
 - b. Ensuring the voices and perspectives of underrepresented communities are reflected in our priorities.
 - c. Evaluating the impact of internal DOH policies, practices, and procedures on equity.
 - d. Taking steps to become an anti-racist institution with the vision of full participation and decision making, and restored relationships.
 - e. Prioritizing environmental changes needed to transform the workplace into a welcoming and responsive environment for staff and customers with disabilities.
 - f. Listening to the experiences of staff in the workplace and responding with action to make changes to exclusionary or discriminatory practices.
 - g. Assessing and correcting inequities throughout the agency structure in terms of leadership positions, promotion opportunity, and compensation.
 4. Monitoring the agency's progress on achieving the intent of this directive, by:
 - a. Utilizing existing data on groups who have been historically marginalized and remain underrepresented at DOH and develop strategies to increase representation and retention.
 - b. Utilizing qualitative data sources to evaluate representation and inclusion of communities often left out of traditional data sources.

This directive will be updated as new strategies and opportunities emerge to promote diversity, inclusion, and cultural humility.



John Wiesman, DrPH, MPH
Secretary of Health

March 28, 2019
Date

ⁱ In July 1972, an Associated Press story about the Tuskegee Study caused a public outcry that led the Assistant Secretary for Health and Scientific Affairs to appoint an Ad Hoc Advisory Panel to review the study. The panel had nine members from the fields of medicine, law, religion, labor, education, health administration, and public affairs. The panel found that the men had agreed freely to be examined and treated. However, there was no evidence that researchers had informed them of the study or its real purpose. In fact, the men had been misled and had not been given all the facts required to provide informed consent. The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. The advisory panel found nothing to show that subjects were ever given the choice of quitting the study, even when this new, highly effective treatment became widely used.

Centers for Disease Control and Prevention, “U.S. Public Health Service Syphilis Study at Tuskegee Timeline,” last updated December 22, 2015, available at: <https://www.cdc.gov/tuskegee/timeline.htm>.

ⁱⁱ The drug war began to escalate in the early 1980s and the number of people incarcerated for drug use has increased drastically over the past two decades. In New York in 1980, a drug crime was the most serious conviction offense of 11 percent of the state’s prisoners. By 1993, that fraction had risen to 44 percent. This holds true in many other states, and is evidence that the “war on drugs” is increasing prison populations exorbitantly. The discrepancy between the arrests and sentencing of minorities and whites for drug offenses are astonishing. In the same New York prisons in 1997, 95 percent of prisoners whose last and most serious conviction was for a drug offense were black or Hispanic. This clearly shows that the government is not fighting a colorblind “war on drugs”, but is fighting a war against drugs that is inherently racist.

John Dilulio, “Against Mandatory Minimums; anti-drug laws” *National Review*, May 1999.

ⁱⁱⁱ In the 1980s, Congress passed a series of laws that aimed to counter the widespread use of crack cocaine with tougher sentencing guidelines. Today, lawmakers are once again considering legislation aimed at curbing a drug crisis: opioid abuse. However, this time, the emphasis is on funding research into [a public-health crisis](#) and enabling states to deal with its consequences. To some, the contrast between the two approaches is rife with racial undertones, given that the crack epidemic disproportionately affected the black community while the opioid epidemic [predominantly affects whites](#).

Kristina Peterson and Stephanie Armour, “Opioid vs. Crack: Congress Reconsiders Its Approach to the Drug Epidemic,” *Wall Street Journal*, May 5, 2018, available online at: <https://www.wsj.com/articles/opioid-v-crack-congress-reconsiders-its-approach-to-drug-epidemic-1525518000>.

^{iv} National Public Radio, Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health, “Table 1”, *Discrimination in America: Final Summary* (January 2018), available online at: <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/01/NPR-RWJF-HSPH-Discrimination-Final-Summary.pdf>.

^v United States Department of Labor, Bureau of Labor Statistics “Economic News Release: Persons with a Disability: Labor Force Characteristics Summary,” February 26, 2019, available at: <https://www.bls.gov/news.release/disabl.nr0.htm>.

SECRETARY'S DIRECTIVE 19-01

GLOSSARY OF TERMS

Bias	Prejudice or preference toward a group over another group. Implicit or Unconscious Bias are associations we hold about groups of people without realizing it that affect our attitudes and actions. Explicit or Conscious Bias are biases we know we have and may use purposefully. ¹
Colonialism	Colonization can be defined as some form of invasion, dispossession and subjugation of a people. The invasion need not be military; it can begin—or continue—as geographical intrusion in the form of agricultural, urban or industrial encroachments. The result of such incursion is the dispossession of vast amounts of lands from the original inhabitants. This is often legalized after the fact. The long-term result of such massive dispossession is institutionalized inequality. The colonizer/colonized relationship is by nature an unequal one that benefits the colonizer at the expense of the colonized. ²
Cultural humility	Approach to respectfully engaging others with cultural identities different from your own and recognizing that no cultural perspective is superior to another. The practice of cultural humility acknowledges systems of oppression and involves critical self-reflection, lifelong learning and growth, a commitment to recognizing and sharing power, and a desire to work toward institutional accountability. ³
Discrimination	Unjust treatment of an individual or group based on their actual or perceived membership in a specific group. ⁴
Diversity	Similarities and differences among a group of people based on cultural factors such as race/ethnicity, gender identity, sexual orientation, disability status, age, educational status, religion, geography and other experiences. ⁵ Diversity can be created within organizations and groups through increased representation of underrepresented groups in decision-making positions. Diversity does not ensure nor presume equity. ⁶
Equity	Fairness and justice, focused on ensuring everyone has the opportunity to meet their full potential. Equity takes into account disadvantage experienced by groups. Equity is distinct from equality , which refers to everyone having the same treatment without accounting for differing needs or circumstances. Inequity means lack of fairness or justice and describes differences that result from a lack of access to opportunities and resources. Inequities are avoidable and different than disparities , which are differences that do not imply unfairness. ⁷
Gender expression	External manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture. Typically, transgender people seek to align their gender expression with their gender identity, rather than the sex they were assigned at birth. ⁸
Gender identity	A person's internal, deeply held sense of their gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices (see non-binary and/or genderqueer below.) Unlike gender expression (see <i>gender expression</i>) gender identity is not visible to others. ⁹

Health disparities	Health outcomes seen to a greater or lesser extent between populations. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. ¹⁰
Health equity	Health equity exists when all people can attain their full health potential and no one is disadvantaged from achieving this potential because of the color of their skin, country of origin, level of education, gender identity, sexual orientation, age, religious or spiritual beliefs, the job they have, the neighborhood in which they live, socioeconomic status and whether they have a disability. ¹¹
Historical trauma	Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. ¹² For example, American Indians experienced massive losses of lives, land, and culture from European contact and colonization resulting in a long legacy of chronic trauma and unresolved grief across generations. ¹³ Generations of families whose ancestors were Jewish Holocaust survivors or enslaved African Americans are also acknowledged as experiencing historical trauma. ¹⁴
Historically marginalized groups	Marginalized groups are individuals and families facing systemic economic, political, social, and cultural barriers, many of them embedded in local laws and norms. They are the most vulnerable among us, and disproportionately affected by crises and disruption. Marginalized communities often include rural populations, persons with disabilities (the largest minority group in the world), refugees, migrants, indigenous populations, ethnic minorities, and members of the LGBTQ+ community, among others. ¹⁵
Inclusion	An intentional effort and sets of actions to ensure authentic participation, with a true sense of belonging and full access to opportunities. ¹⁶
LGBTQ+	An abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups. ¹⁷
Microaggressions	Brief and commonplace daily verbal or behavioral indignities, whether intentional or unintentional, that are perceived as hostile, derogatory, or negative slights and insults about one’s marginalized identity. ¹⁸
Oppression	Devaluing, undermining, marginalizing, and disadvantaging people with certain social identities with the intent to benefit the dominant group. Oppression can happen at the individual, institutional, systemic, or structural levels. Individual Oppression refers to beliefs, attitudes, and actions of individuals that perpetuate oppression. Institutional Oppression refers to the ways in which institutional policies and practices perpetuate oppression. Systemic Oppression refers to how the major systems in our lives—economy, politics, education, criminal justice, health, etc.—perpetuate oppression. Structural Oppression refers to how individuals, institutions, and systems reinforce one another in ways that perpetuate oppression. ¹⁹
People of color/communities of color	Collective term for referring to non-white racial/ethnic groups. ²⁰

Privilege	Unearned advantage, immunity, and social power held by members of a dominant group. ²¹
Racism	<p>Racism is a system of oppression based on the socially constructed concept of race exercised by the dominant racial group (White people) over non-dominant racial groups (People of Color). Racism is a system of oppression created to justify social, political, and economic hierarchy.²²</p> <p>Anti-racism is the work of actively dismantling racism at every level, from the foundations of institutions to the attitudes and beliefs that individuals reinforce.²³</p>
Sexual orientation	Describes a person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. ²⁴
Tribal Sovereignty	<p><i>Sovereignty</i> is a legal word for the authority to self-govern. Through hundreds of treaties, the Supreme Court, presidents, and Congress have repeatedly affirmed that tribal nations retain their inherent powers of self-government.²⁵</p> <p>Tribal sovereignty refers to the fact that each tribe has the inherent right to govern itself. Before Europeans came to North America, Native American tribes conducted their own affairs and needed no outside source to legitimate their powers or actions. When the various European powers did arrive, however, they claimed dominion over the lands that they found, thus violating the sovereignty of the tribes who already were living there.</p> <p>The ways that individual tribes exercise their sovereignty vary widely, but, in general, tribal authority is used in the following areas: to form tribal governments; to determine tribal membership; to regulate individual property; to levy and collect taxes; to maintain law and order; to exclude non-members from tribal territory; to regulate domestic relations; and to regulate commerce and trade.²⁶</p>
White fragility	White fragility is a state in which even a minimum amount of racial stress becomes intolerable for white people, triggering a range of defensive moves. These moves include the outward display of emotions such as anger, fear, and guilt, and behaviors such as argumentation, silence, and leaving the stress-inducing situation. These behaviors, in turn, function to reinstate white racial equilibrium. ²⁷

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- ¹ Governor’s Interagency Council on Health Disparities, “Equity Language Guide,” approved December 6, 2018, available online at: https://healthequity.wa.gov/Portals/9/Doc/Publications/EquityLanguageGuide_Final.pdf.
- ² Racial Equity Tools, “Colonialism,” Racial Equity Tools Glossary. Available online at: <http://www.racialequitytools.org/glossary#colonialism>.
- ³ Governor’s Interagency Council on Health Disparities, op cit.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Luna Jimenéz Institute for Social Transformation, “Diversity, Equity, and Inclusion Definitions Handout.”
- ⁷ Governor’s Interagency Council on Health Disparities, op cit.
- ⁸ GLAAD, “Glossary of Terms-Transgender,” GLAAD Media Reference Guide-Transgender. Available online at: <https://www.glaad.org/reference/transgender>.
- ⁹ Ibid.
- ¹⁰ Office of Disease Prevention and Health Promotion, “Disparities,” HealthyPeople.gov: Healthy People 2020. Last updated March 26, 2019, available online at: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>.
- ¹¹ Department of Health’s definition; Health Equity Workgroup
- ¹² MYH Brave Heart, “The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration,” *Journal of Psychoactive Drugs* 35(1) (2003): 7–13.
- ¹³ MYH Brave Heart and LM DeBruyn. “The American Indian Holocaust: Healing historical unresolved grief.” *American Indian and Alaska Native Mental Health Research* 8(2) (1998): 56–78.
- ¹⁴ NV Mohatt, AB Thompson, ND Thai, and JK Tebes, “Historical trauma as public narrative: a conceptual review of how history impacts present-day health,” *Soc Sci Med* 106 (2014): 128-36, available online at: <https://doi.org/10.1016/j.socscimed.2014.01.043>.
- ¹⁵ Open Government Partnership, “Marginalized Communities,” Themes. Available online at: <https://www.opengovpartnership.org/theme/marginalized-communities>.
- ¹⁶ Governor’s Interagency Council on Health Disparities, op. cit.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ Ibid.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² Luna Jimenéz Institute for Social Transformation, op cit.
- ²³ Governor’s Interagency Council on Health Disparities, op. cit.
- ²⁴ GLAAD, op. cit.
- ²⁵ National Congress of American Indians, *Tribal Nations and the United States: An Introduction* (Washington, DC: NCAI, 2017), available online at: http://www.ncai.org/tribalnations/introduction/Tribal_Nations_and_the_United_States_An_Introduction-web-.pdf.
- ²⁶ Jeffery Lehman, ed. "Tribal sovereignty," *West's Encyclopedia of American Law, Edition 2* (Farmington Hills, MI: Gale, 2004).
- ²⁷ Robin DiAngelo, “White Fragility,” *International Journal of Critical Pedagogy* Vol 3 (3) (2011): 54-70.