



EQUITY FOR ALL



ACKNOWLEDGMENTS

Published by Kaiser Permanente, the Coalition of Kaiser Permanente Unions and the Alliance of Health Care Unions

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What Is *Hank*?

Hank is an award-winning journal named in honor of Kaiser Permanente's visionary co-founder and innovator, Henry J. Kaiser.

HANK'S MISSION: Highlight the successes and struggles of the Labor Management Partnership, which is jointly led by Kaiser Permanente and the Partnership unions and recognized as a model operating strategy for health care.

Hank is published a few times a year for the Partnership's 160,000+ workers, managers, physicians and dentists. All of them are working to make Kaiser Permanente the best place to receive care and the best place to work — and in the process are making health care history.

For a list of unions belonging to the Coalition of Kaiser Permanente Unions, please visit UnionCoalition.org. For a list of unions belonging to the Alliance of Health Care Unions, please visit AHCUnions.org.

For information about the management and union co-leads advancing partnership in your region, please visit LMPartnership.org.

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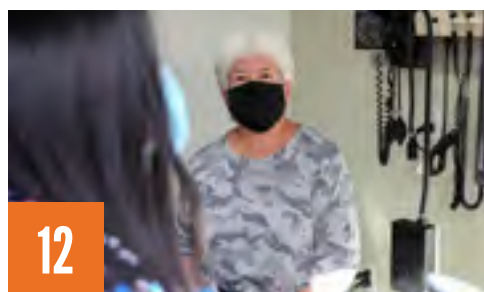
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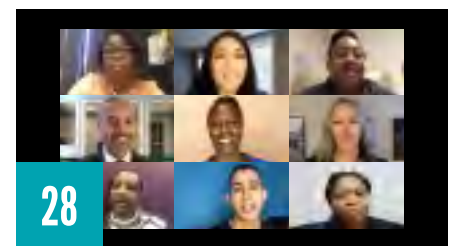
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Meeting the Moment

Partnership advances equity amid pandemic

THIS PAST YEAR has been filled with pain and loss, from COVID-19 to the killing of George Floyd.

These crises have been immense and intense. But thanks to the tireless efforts of our entire workforce, we at Kaiser Permanente have responded to meet the moment of today's historic challenges.

This issue looks at how our Labor Management Partnership has addressed systemic racism amid the pandemic, advancing equity in care and in the workplace.

Kaiser Permanente and the Partnership unions believe in equity and inclusion for all, and are committed to delivering affordable, high-quality care and service. As we move along on our journey to equity for all, we're highlighting examples of this work across our Partnership.

Our cover story focuses on unit-based teams working to minimize health care disparities for the most vulnerable among us, from improving maternal-child health to treating diabetes and

high blood pressure. You'll also find resources to foster workforce and health equity.

Read about teams cultivating an inclusive workplace. See how physicians play a key role in partnership, and how our education and training resources are expanding opportunities for employees to advance their careers.

Try our puzzles and games to explore elements of equity. View our SuperScrubs comic for a thought-provoking take on the topic. And don't miss our back cover for an inspirational quote from our chairman and CEO, Greg A. Adams.

Let's build on these examples and commit to actions we can take to advance equity and partnership. Kaiser Permanente, and the members and communities we serve, will be better for it. **HANK**

Stepping up: Alyssa Silva, a medical assistant student, performs a blood pressure check at a drive-up hypertension clinic in Northern California. The clinic is an example of how Kaiser Permanente is meeting the moment.

PHOTO BY: Tracy Silveria





COVER STORY

EQUITY FOR ALL

Teams answer the call to address care gaps

“**EVERYONE MUST PUT** on their leadership hat. It doesn’t relate to title or overall responsibility — it’s what you control and influence from where you stand,” said Ronald Copeland, MD, senior vice president and chief equity, inclusion and diversity officer, at the National Equity, Inclusion, and Diversity Virtual Conference Series in October.

The Labor Management Partnership is designed to foster leaders at every level, to encourage everyone to use their voice and add their ideas to solving the challenges at hand. As our nation and our organization seek new ways to advance equity and diversity — including equity in health care — doing the right thing has never been more important.

“Action matters more than passion, and impact matters more than intent,” Dr. Copeland said. “It’s great to say, ‘I want everybody to achieve equity and inclusion,’ but we have to do the actions that make that occur.”

Read on to discover inspiring actions taken by 4 unit-based teams from across the organization. Together, their commitment to achieving equitable outcomes in maternal-child health, and in treating diabetes and high blood pressure, is reshaping what culturally sensitive care looks like for thousands of our members and patients. **HANK**

ARTICLE BY: Sherry Crosby | **PHOTO BY:** Clement Britt

Mother knows best: Kaiser Permanente Mid-Atlantic pediatric nurse LaTisha Thompson has breastfed daughter Teigen Roberts for the health benefits for her baby and herself.



TAKE ACTION: FOSTERING WORKFORCE AND HEALTH EQUITY

Kaiser Permanente is committed to systemic change to achieve equity and inclusion for our frontline workers, managers, physicians, members and the communities we serve. Learn more about KP's equity efforts:

- + [Belong@KP](#) [KP intranet]. National Equity, Inclusion, and Diversity is launching an enterprisewide program to foster inclusion and social justice in everything we do.
- + [Building Racial Equity Into the Drug Development System](#). Kaiser Permanente's Institute for Health Policy is hosting a 2-part virtual forum examining racial equity in how drugs are developed.
- + [Annual National Equity, Inclusion, and Diversity Conference](#) [KP intranet]. View recorded sessions from the 43rd Annual NEID Conference.



MID-ATLANTIC STATES

A HEALTHY START

ARTICLE BY: Sherry Crosby | PHOTOS BY: Clement Britt

Giving Black moms and babies good beginnings

LaTISHA THOMPSON has nothing but positive things to say about breastfeeding her 1-year-old daughter, Teigen Roberts.

“It was a no-brainer for me,” says Thompson, an on-call pediatrics nurse at Kaiser Permanente’s Capitol Hill Medical Center in Washington, D.C. “I decided to do it because of the benefits that breastfeeding gives to my baby and me.”

Indeed, breastfeeding has many [health benefits for babies and mothers](#). But Thompson stands

out among African American mothers, who are less likely to nurse their children than women of other racial and ethnic groups because of cultural beliefs that formula is more filling than breast milk. Many Black moms also lack family support and access to breastfeeding resources.

“It’s a national problem,” says Lori Franklin, RN, a lactation consultant and member of UFCW Local 400 who is working to close the gap with her colleagues at the regional Newborn Care Center in the Mid-Atlantic States.

Learning from moms

To better understand the challenges African American women face, the Level 4 unit-based team surveyed 45 Black moms as part of a “voice of the customer” project in January 2019.

The results were revealing.

“They were looking for prenatal education,” says labor co-lead Francesca Klahr, RN, a lactation consultant and UFCW Local 400 member. “We went back to the drawing board, and when we offered it, they came.”

The team doubled the number of prenatal breastfeeding classes and partnered with ob-gyn nurses to encourage African American women to enroll. The response was dramatic.

The percentage of Black mothers taking prenatal breastfeeding classes jumped from 3% to 15% between September 2018 and September 2019.

Kathleen Fulp, a mother of 2, joined the class after experiencing initial difficulty nursing her firstborn child, Savannah, now 2 years old. She’s glad she did. “I probably would have given up had I not had support.”

Such enthusiasm spells success for Nia Williams, clinical operations manager and the team’s management co-lead.

“We can empower and encourage our African American moms to push through, and that has been really successful.” **HANK**

Baby bonding: Mid-Atlantic team efforts have helped increase breastfeeding rates for Black moms such as LaTisha Thompson (left, with daughter Teigen Roberts) and Kathleen Fulp (below, with husband Donald, daughter Savannah and son Ellington).



‘I probably would
have given up had
I not had support.’

—KATHLEEN FULP, mother



NORTHERN CALIFORNIA

PRESSURE DROP

ARTICLE AND PHOTOS BY: Tracy Silveria

Drive-up hypertension clinic puts patients on road to recovery

Reaching out: Vallari Shukla, MD (above), and other physicians collaborated with Coalition union members to host 2 Northern California health fairs for African American patients with high blood pressure.

APARNA GULATI, MD, was growing alarmed. Many African American patients with high blood pressure were missing their doctors' appointments.

"Due to COVID-19 fears, many of our patients weren't coming in for even a blood pressure check," said Dr. Gulati, medical director of Chronic Conditions Management for the Greater Southern Alameda County area in Northern California. "African Americans are at the highest risk for all kinds of morbidity due to hypertension."

Nationally, more than 40% of African Americans have high blood pressure — a rate much higher than other racial and ethnic groups.

Like providers across Kaiser Permanente, Dr. Gulati is working to reduce the disparity. In November, she and her team collaborated with Coalition union members to host 2 free blood pressure fairs for African American patients with hypertension.

Cashier service receptionists, members of OPEIU Local 29, called nearly 2,000 patients to notify them about the event. Lab workers from SEIU-UHW also provided their services.

“Many of our patients have critical needs,” said receptionist Alexis Machado, who worked at both events. “They might have slipped through the cracks if they hadn’t shown up. They all seemed happy to be here and get their preventative screenings taken care of right then. It was very rewarding for me.”

Meeting patients’ needs

In all, 500 African American patients drove up to receive blood pressure checks. Flu shots, lab tests, mammograms and colorectal cancer screening kits also were available.

“We can both get our blood pressure checked without getting out of the truck,” said Kaiser Permanente member Tanya Leno, as she and husband William Leno drove through the outdoor event.

Organizers were thrilled with the turnout — and results. About 25% of patients with high blood pressure didn’t have it under control and needed their medication adjusted. They also received follow-up appointments.

“We used the opportunity to teach patients the importance of measuring blood pressure and keeping it controlled, investing in a blood pressure machine, and following up with their physician,” said Dr. Gulati. “Coming from a physician, it tends to stick more, and will hopefully increase awareness.” **HANK**



BY THE NUMBERS

Northern California drive-up health fair services included:

- + **500** blood pressure checks conducted
- + **130** colorectal cancer screening kits distributed
- + **100** blood pressure medicines adjusted
- + **50** mammogram screenings completed
- + **45** emergency blood draws for diabetes performed

SOUTHERN CALIFORNIA

DECREASING DIABETES DISPARITIES

ARTICLE BY: Sherry Crosby | PHOTOS BY: Sandy Huffaker

Personalizing care improves outcomes for Latino patients

Customizing care: Medical assistant Guadalupe Pantoja (above and far right), a member of OPEIU Local 30, takes readings from patient Mary Hart (above) at Kaiser Permanente Rancho San Diego, as part of her Southern California team's efforts to tailor care for Latino patients with diabetes.

WHEN IT COMES to addressing health care disparities, medical office assistant Anna Jenkins thinks her unit-based team is up to the challenge.

“I can go to my UBT members and say, “This is a care gap. Give me your feedback. Give me your ideas,”” says Jenkins, an OPEIU Local 30 member and labor co-lead for the Rancho San Diego Primary Care team. “Our administration listens to us. They’re very open to letting us try it our own way.”

The Level 5 team is leveraging Labor Management Partnership principles and tools to communicate, coordinate and customize care for Latino patients with diabetes. The approach has led to better health outcomes and improved service for a group disproportionately impacted by diabetes.

The unit-based team has increased the number of Latino patients ages 65 to 75 whose blood sugar levels are under control, according to recent clinical quality measures.

“That partnership between management and labor is important,” says Silvia Hernandez, RN, medical office administrator and the team’s management sponsor. “This teamwork helps us to improve patient care and quality with excellent member satisfaction.”

Adapting approaches

Key to the team’s success is partnering with Complete Care Management, a specialized strike force that monitors the health of patients who struggle to control chronic conditions, such as diabetes and high blood pressure.

To better support her Latino patients, care manager Lily Thamiz, RN, has adapted her approach. She books longer appointments

for Spanish-speaking patients who need interpreters, refers others to bilingual diabetes education classes, and relies on phone calls to connect with those short on time.

“The only time we can talk is when they’re driving,” says Thamiz, a member of Specialty Care Nurses of Southern California, an affiliate of UNAC/UHCP. “These are solutions I’d never considered before.”

UBT members tailor treatment in other ways, too. To ensure continuity of care for Latino patients in their 60s and 70s, they standardized the steps needed to download and share data from glucose monitors. Providers use the devices to track patients’ blood sugar levels and adjust their medications. By consistently managing and sharing data, staff members guarantee they do not miss crucial patient information when communicating with one another.

“They make you feel like you really matter,” says Mary Hart, 71, a Latina patient who has diabetes. “They really show their concern for your health.” **HANK**

‘This teamwork helps us to improve patient care and quality with excellent member satisfaction.’

—**SILVIA HERNANDEZ, RN**, medical office administrator and the team’s management sponsor



HAWAII

MAKING MOMENTS MATTER

ARTICLE BY: Jennifer Bellisario | PHOTO BY: Sandy Huffaker

Helping patients with diabetes transition from hospital to home

TIMING IS EVERYTHING when it comes to empowering patients to take control of their health.

For members of Hawaii's Patient Support Services team, that means contacting patients with diabetes right after hospitalization.

"One of the most impressionable times to work with a diabetes patient is immediately following discharge," explains Shelley Kikuchi, the team's management co-lead.

By reaching out to patients during those "moments that matter," the team has increased the number of diabetes patients with blood sugar levels under control. Their practices have proven so effective they are now part of routine treatment for patients with diabetes regionwide.

"The close follow-up with patients helps us better manage their medication and support their healthy lifestyle choices," says Alana Busekrus, RN, the team's labor co-lead and a certified diabetes care and education specialist

who is a member of the Hawaii Nurses and Healthcare Professionals (HNHP) union.

To help patients manage diabetes, the team monitors their blood sugar levels, orders lab tests, adjusts medications and offers advice on nutrition and exercise. These interventions are important because Native Hawaiians and Pacific Islanders are among those at higher risk of diabetes, a serious chronic disease.

Overcoming obstacles

But achieving success wasn't easy.

Early efforts to provide post-discharge care proved labor intensive and fell short of regional goals for controlling patients' blood sugar levels, recalls Anna Sliva, RN, a care manager with the team and an HNHP member.

Health outcomes improved after unit-based team members standardized the discharge process in 2019. Nurses collaborate with Transitional Care clinical pharmacists to identify high-risk diabetic patients before they leave the hospital. Care managers follow up by showing patients how to use glucose monitors to track their blood sugar levels.

Results were significant. Within 3 months after discharge, 30% of patients lowered A1c blood sugar levels by at least 0.5 percentage points. And within 6 months, 50% of patients lowered A1c levels by at least 1 percentage point.

"Thanks to our team's excellent work," says Kikuchi, "the 'moments that matter' discharge workflow has become a standard part of our practice, benefiting some of our most vulnerable diabetic patients." **HANK**



HUMANS OF PARTNERSHIP

“ WHEN I WAS APPROACHED

in 2011 to provide case management services for Gender Health, I was open to it. It was a new service for our region that really aligned with my belief system. Gender Health is a department that provides services to our transgender, gender-diverse and nonbinary members. Every patient deserves access to respectful and affirming care. We receive about 100 new referrals a month. My role is to help folks receive the health care they need. When patients have to repeat their story multiple times and deal with the bias and discrimination of people who are not aware or educated about this patient group, it's devastating. It's been heartbreaking to hear people's stories and struggles, but heartwarming when I know I've helped a patient. One day gender diversity will not only be respected, but celebrated in the way it's deserved. ”

— **RAELEAN HENDRICKSON**,
lead Gender Health case manager,
SEIU Healthcare 1199NW (Washington)





BUILDING BRIDGES

ARTICLE BY: Sherry Crosby

Teams look inward to achieve inclusive and equitable care

SPURRED BY NATIONWIDE PROTESTS against racism and social injustice, unit-based team members are launching cultural competency projects aimed at delivering more equitable outcomes for their patients by looking closely at their own beliefs.

Mid-Atlantic psychotherapist Erin Seifert knows that big change often involves many small steps. Delivering equitable care is no different, she says.

“To give our patients the support and resources they need, we have to start with ourselves and our own biases and cultural competence,” says Seifert, labor co-lead for the North Baltimore Behavioral Health team and a member of UFCW Local 27.

Team members, who are represented by unions belonging to the Alliance of Health Care Unions and the Coalition of Kaiser Permanente Unions, began a monthly lunch-and-learn series about bias awareness in November. Activities include a pre- and post-evaluation and guided learning exercises that stimulate conversation about differences.

“It’s very informative,” says Regina Foreman, a mental health assistant and member of OPEIU Local 2. “I’ve learned a lot, especially about implicit bias. The training is helping me be more aware of my own biases.”

Such responses are encouraging, says Kristin Whiting-Davis, operations manager and the team’s management co-lead.

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Showing unity: Kaiser Permanente employees at South Sacramento in Northern California rally in support of racial equity.



TAKE ACTION: CULTIVATING AN INCLUSIVE WORKPLACE

Ready to help your team build a work environment that promotes belonging, empathy and allyship? Check out these equity and inclusion resources for frontline workers and managers.

+ **Overcoming Your Own Unconscious Biases**

[KP intranet]. Discover how to understand and move past your biases. Log on to [KP Learn](#) to enroll in this [web-based training](#) (Skillsoft registration required).

+ **ILEaD Workshop**

[KP intranet]. Learn how to practice and model inclusion to create lasting change. Find out more about this [virtual course](#) from National Equity, Inclusion, and Diversity.

+ **Learning Paths**

[KP intranet]. Use these [self-paced activities](#) to get to know your colleagues better and create a more inclusive environment.

BUILDING BRIDGES CONTINUED FROM PAGE 18

“We need to be able to talk about our own privileges and our own biases,” Whiting-Davis says. “I hope it will help people practice having those discussions that, ultimately, will translate into the work we do with our members.”

Welcoming all

Eager to protect their young patients from the effects of racism, members of the Southwood Pediatrics team in Jonesboro, Georgia, began by educating themselves. They held listening sessions for staff and read about the impact of intolerance on children.

Their efforts informed discussions on ways to create a more welcoming environment for patients, families and each other. Ideas include a coloring contest featuring uplifting images, adding diverse artwork to the department and creating resources for families coping with racial biases.

Next steps call for staff members to vote on the most promising proposals for further action.

“We want all cultures and races to feel welcome when they come to our pediatrics unit,” says Stephanie Henry, MD, physician co-lead of the Southwood Pediatrics team. “We all have biases. We need to be open and honest about how to confront them. Then we can build bridges to start having conversations about the patient’s health.” **HANK**

With reporting by Brenda Rodriguez and Tracy Silveria.

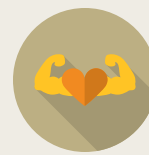




HUMANS OF PARTNERSHIP

“ **MY PRIMARY ROLE IS PATIENT-FACING.** After George Floyd’s murder, I felt a greater responsibility for communicating with our staff. Our diversity and inclusion team did a 3-part series with Black employees about our experiences with discrimination. We did another one on privilege and allyship. I spoke about privilege. I thought, ‘Let’s throw a monkey wrench into this discussion. Let’s take a different angle when we talk about privilege — let’s go beyond the concept of race.’ The greatest privilege is to be well-loved, to love and to add love in spaces where love has been absent. ”

—**KRISTIN GATES, MD**, Adult and Family Medicine (Northern California)



TAKE ACTION: THRIVING TOGETHER

We’re stronger when all of us can share our unique backgrounds, perspectives and ways of thinking. Use these tips from Kristin Gates, MD (pictured left and below right with colleagues), a Northern California physician and [2020 R.J. Erickson Award winner](#) [KP intranet], to ensure everyone has an opportunity to thrive.



Be self-aware. Check in with yourself and challenge your assumptions.



You don’t need to know all the answers. It’s more important to be present and acknowledge the feelings of others.



Voice your concern. Saying “I care about you” can be valuable.



Support healing. Create a workplace culture where everyone is seen, supported and respected. Log on to the KP network to visit the [Leading Inclusively site](#) for resources, tips and tools.



ALL IN

Working together helps team get ahead of curve on virtual visits

AFTER LEARNING more than a year ago that patients were having trouble getting doctors' appointments, members of the Keizer Station Family Medicine team in Oregon began exploring ways to improve service and access. Their solution? Offer more video visits.

"What we didn't realize at the time is that this work would put us in a unique position to be ready for the pandemic, which wasn't on anyone's radar in fall 2019," says Ruthie Berrell, medical office director and management co-lead for the Family Medicine/Nurse Treatment Center unit-based team.

Collaboration by the team's frontline workers, managers and physicians has served as a partnership model for UBTs in the Northwest Region. It's also earned the department applause for improving service and access at a critical time in health care, as teams across the enterprise adapt to the rise of virtual care.

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ARTICLE BY: Jennifer Bellisario



Friendly face: Caroline King-Widdall, MD, co-leads a Northwest team that has increased virtual visits as a way to better serve members. She's pictured here in a screenshot from a video call while alone in an exam room.



ALL IN CONTINUED FROM PAGE 22

‘People are more comfortable now taking the lead and scheduling appointments.’

— **RUTHIE BERRELL**, medical office director and management co-lead

Partnership power: The Keizer Station Family Medicine team has been honored by the Northwest Region for improving service and access. Pictured above, from left, are team co-leads Medical Office Director Ruthie Berrell; Caroline King-Widdall, MD; and nurse Molly Maddox, an OFNHP member.

“It wasn’t always easy,” says Molly Maddox, RN, the team’s labor co-lead and OFNHP member. “This took a lot of working out the kinks and working together.”

Overcoming resistance to change

One of the team’s earliest challenges involved staff resistance to virtual care. Worried that patients would perceive virtual visits as a “takeaway,” some staff members pushed back.

“The culture of how we delivered care was in the medical office, and people had different levels of acceptance across the spectrum,” says Caroline King-Widdall, MD, team co-lead and physician in charge.

So, team members educated their peers on the benefits of virtual care and developed scripting to help them feel at ease offering video appointments to patients.

“People are more comfortable now taking the lead and scheduling appointments,” Berrell says.

Others feared that older patients were less tech savvy and would have difficulty accessing their virtual visits. In response, team members posted informational fliers in exam rooms and emailed instructions to patients before their appointments.

Building team engagement

Key to the team’s success was engaging everyone, including physicians. Medical assistants and nurses partnered with providers to review physician schedules and flag appointments they could convert to virtual visits.

Also, UBT members participated in weekly huddles “where we brainstormed new tests of change and talked about what worked and what didn’t work,” says Maddox.

The team’s efforts paid off.

Patient satisfaction scores for ease of scheduling appointments jumped from 53% to 85% between August 2019 and December 2020.

And because members access video visits through kp.org, website registration among the department’s patients increased by nearly 10% during the past year.

The hard work has not gone unnoticed. This past fall, the team received the region’s UBT Excellence Recognition Award for improving service and access.

Maddox attributes the team’s success to strong relationships rooted in partnership. “We know that we would not have had this success if our team didn’t work together.” **HANK**



TAKE ACTION: THE 3 E'S TO VIRTUAL VISITS

To improve virtual visits, try these tips from team members of the Keizer Station Family Medicine/Nurse Treatment Center in Oregon.

Educate. Talk to team members about virtual visits so everyone understands the benefits. Create scripting to use with patients to easily explain the advantages and how to access care.

Engage. Involve all team members, including medical assistants, nurses and physicians. Use huddles and UBT meetings to discuss ways to improve the experience for staff and patients.

Enjoy. Patients are more satisfied when they can get the care they need when they need it. Consider virtual visits first and, if issues arise, work with your team to find solutions.

SERVICE RISING

Patient satisfaction scores for ease of scheduling appointments rose after the Keizer Station Family Medicine team prioritized virtual care.

53%

8/19



85%

12/20

CHANGING TIMES, CHANGING CARE

With the pandemic affecting appointment schedules, many young patients have been missing recommended shots for preventable diseases, including measles and whooping cough. In Southern California, the Fontana Pediatrics team developed a solution: a drive-up vaccine clinic.



[Click to watch video.](#)



EMPOWERING THE WORKFORCE

Education and training programs expand opportunities for career growth

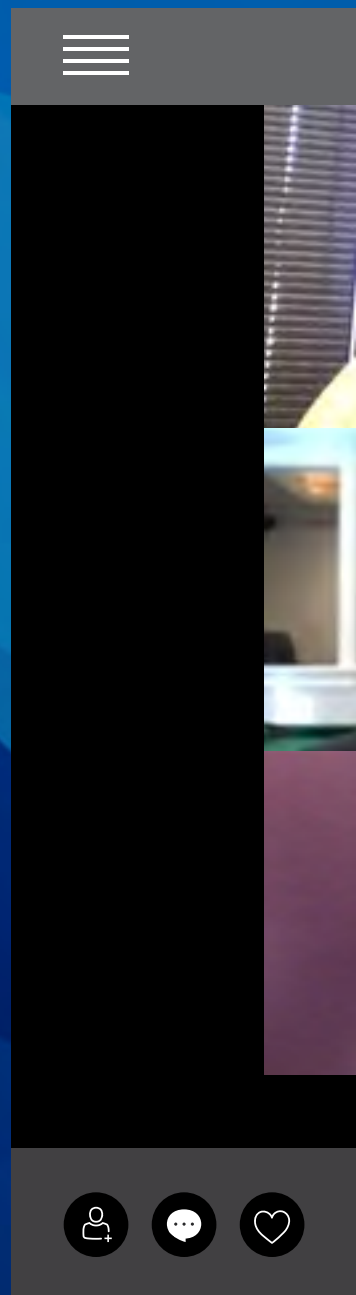
The training and education resources negotiated by Kaiser Permanente and the Partnership unions are helping employees advance their careers. These opportunities are making KP's promise of a diverse and inclusive workplace come to life. Learn more from employees, managers and leaders who shared their stories during the first virtual Workforce Development Week.

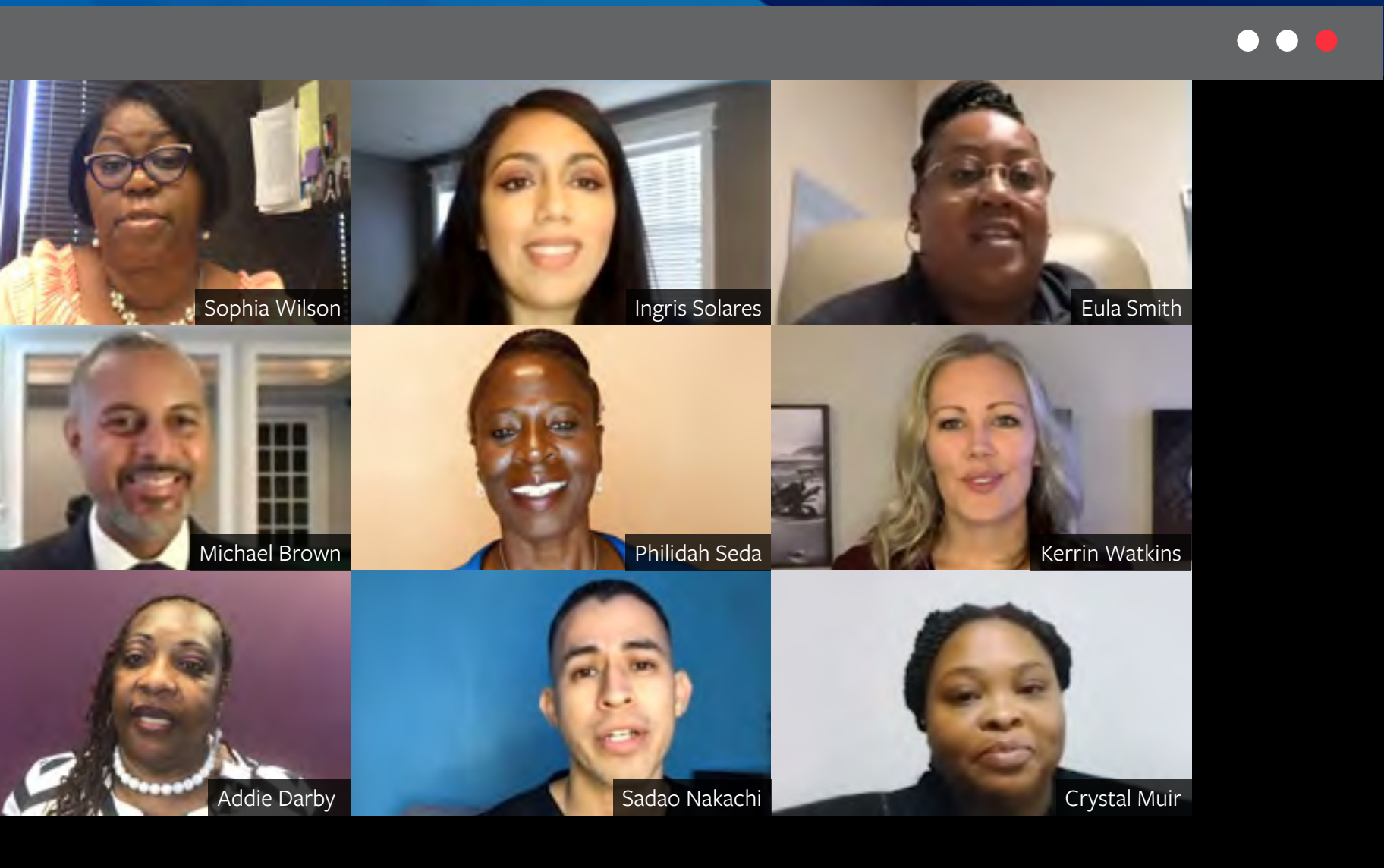
ARTICLE BY: Laureen Lazarovici



Addie Darby, UFCW Local 1996, quality control, Health Information Management, Georgia

With the help of the Ben Hudnall Memorial Trust and encouragement of manager Sophia Wilson, Darby has earned an associate degree in business management, a bachelor's in health administration, and a master's in health technology and education. She's not stopping there. Darby is enrolled in a doctorate program and plans to graduate this year (2021).





Sadao Nakachi, UNAC/UHCP, emergency room nurse, Southern California

After leveraging workforce development opportunities to become an RN and earn a bachelor’s degree in nursing, Nakachi went on to get a master’s in business for veterans. He holds numerous professional certifications and connects fellow nurses to educational opportunities. “I always try to find courses that’ll overall maximize my potential at KP,” he says. Follow him on Instagram [@NurseScholar](#).

Crystal Muir, OPEIU Local 2, clinical assistant, Mid-Atlantic States

Muir is using tuition reimbursement to pursue her bachelor’s degree in nursing. She’s also used the Ben Hudnall Memorial Trust’s Individual Stipend Program to attend school once a week, which she says, “I’ve been fortunate to do with trying to balance school, work and life being a mom.” She aims to graduate in 2022.

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Sophia Wilson, supervisor, Health Information Management, Georgia

“I encourage all my staff to pursue education to stay marketable and relevant,” Wilson says. “I tell managers, ‘Please do not be so rigid as to make it harder for your employees to soar.’ If you put the resources into your staff, it can be nothing but a win-win.”

Philidah Seda, director, Specialty Care, Georgia

Not only does Seda encourage her staff to use workforce development resources, but she herself is studying for her doctoral degree. “The health care environment is getting more and more complex,” she says. “For us to prepare the workforce of the future, we have to invest in their learning.”



Eula Smith, SEIU-UHW, medical assistant, Northern California

Ask Smith why she wanted to work in health care, and she will bluntly tell you she didn't. She started at KP as a shuttle bus driver. When that department was outsourced, Smith was offered the opportunity to train as a medical assistant with the help of the SEIU UHW-West & Joint Employer Education Fund. She has overcome her initial reluctance to deal with patients, saying “I love it now.”

Ingris Solares, SEIU Local 105, medical lab technician, Colorado

Solares began her career at KP as a phlebotomist before getting trained in her current field in an apprenticeship program with the help of SEIU Local 105 and the SEIU UHW-West & Joint Employer Education Fund. She intends to get more education to become a clinical lab scientist. “I knew I wanted more because I'm the first generation here in the United States,” she says. “My parents came from Guatemala, so I always felt like I needed to make the trip here worth it.”

Michael Brown, senior vice president, HR Consulting, National Functions

Before embarking on a career path that would bring him to KP as an HR leader, Brown went to law school. His father was frank with him: As a Black man, he needed an advanced degree to position himself for the same opportunities that others had. “Before I even started working, I knew that education was going to be the equalizer.” That’s why he encourages KP employees to use workforce development programs and cultivate learning agility by trying different shifts, joining different departments and seeking informal leadership roles.



Kerrin Watkins, manager, Dental Office, Northwest

It’s hard to lose top performers, but amazing to see them grow. “Invest in your employees and let them know you want to see them succeed,” Watkins says. “This will benefit you in the long run, because you will have employees that will feel more valued. If you take care of your employees, your employees will take care of your business.”



TAKE ACTION: EXPLORE WORKFORCE DEVELOPMENT RESOURCES

Hear more from these and other advocates. Check out recorded sessions from [Workforce Development Week in October](#).

Start your own journey:

- + For all employees:
[KP Career Planning](#) (tuition reimbursement, career paths and more), [KP Learn](#)
- + For Partnership union members:
[Ben Hudnall Memorial Trust](#),
[SEIU UHW-West & Joint Employer Education Fund](#),
[SEIU Healthcare 1199NW Multi-Employer Training Fund](#)



WORD MATCH: Equity, inclusion and diversity glossary

DIRECTIONS: Match the term to its definition. Write the correct letter in the space provided.

1. ____ The fair distribution of resources and opportunities to enable and assure optimal health care outcomes.
2. ____ The difference in health outcomes between groups within a population.
3. ____ The systemic and pervasive nature of social inequality woven throughout social institutions, as well as embedded within individual consciousness.
4. ____ The fair and just treatment, access, opportunity and advancement for all people in pursuit of their total well-being.
5. ____ The work of actively opposing racism by advocating for changes in political, economic and social life.
6. ____ The wide range of differences and similarities that exist among people, and that make each of us unique.
7. ____ A positive or negative inclination toward a person, group or community; can lead to stereotyping.
8. ____ At Kaiser Permanente, we are working to improve the conditions for health and equity in the community by addressing the root causes of health, such as economic opportunity, affordable housing and nutritious food.
9. ____ The ways in which institutional policies and practices create different outcomes for different racial groups.
10. ____ Mental shortcuts humans use to process the reality around us. They occur automatically, without our conscious intent and below our awareness.

- a. Bias
- b. Cognitive biases
- c. Diversity
- d. Equity
- e. Health disparity
- f. Health equity
- g. Anti-racism
- h. Institutional racism
- i. Oppression
- j. Social needs

ANSWER KEY:
 1. f, 2. e, 3. i, 4. d, 5. g,
 6. c, 7. a, 8. j, 9. h, 10. b

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ICEBREAKER: Unconscious bias in the workplace

Bias is a prejudice in favor of or against one thing, person or group compared with another, usually in a way considered unfair.

Unconscious bias refers to a bias we're unaware of, one that happens outside our control. It's a bias that happens automatically and is triggered by our brain making quick judgments and assessments of people and situations, influenced by our backgrounds, cultural environments and personal experiences outside our conscious awareness. Unconscious bias in the workplace can have profound consequences.

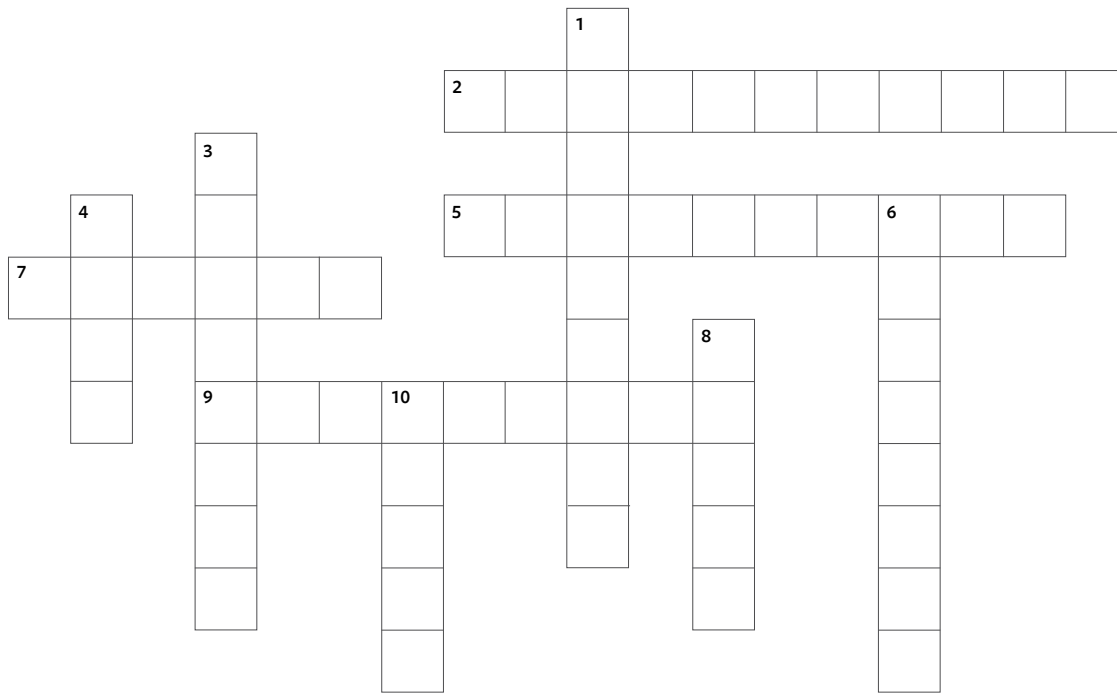


Activity: Identify one thing you're going to do to combat unconscious bias in the workplace. Share your thoughts and discuss as a team.

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CROSSWORD: Teamwork

DIRECTIONS: If you've read this issue, coming up with the answers for this crossword will be a snap. If not, don't stress, just have fun!



ANSWER KEY:
1. Frontline, **2.** Partnership,
3. Hospital, **4.** Hank,
5. Management, **6.** Equality,
7. Kaiser, **8.** Union,
9. Inclusion, **10.** Labor

DOWN

1. Employees who provide an essential service
3. An institution where the sick or injured are given medical or surgical care
4. Frontline news for KP workers, managers and physicians
6. Evenly distributed access to resources and opportunity necessary for a safe and healthy life
8. An organization of workers formed for the purpose of advancing its members' interests
10. Physical work done for wages

ACROSS

2. Two businesses working together
5. The collective body of those who manage or direct an enterprise
7. His concern for public welfare and skill at mobilizing resources during World War II produced an innovative health care program
9. The full engagement of every individual's diversity of backgrounds, perspectives and different ways of thinking as embraced and celebrated assets for the advancement of Kaiser Permanente's mission

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WHAT IS PARTNERSHIP?

In one word, how would you describe partnership? We want to hear from you. Please email hank@kp.org with the subject line "Partnership is," and let us know what partnership means to you.



HUMANS OF PARTNERSHIP

“ **WE CAN SIT** in the boardroom and dictate projects, but to be really transformative we need to talk to the people that do the work. We need to remove barriers. We all have a call to action: to share tests of change, reduce waste, improve quality and service, and identify barriers to spread those findings. Working in partnership is not extra work, it’s how we do work. ”

— **DAVID JONES, MD**, senior program director, Strategic Initiatives, Transformational Change Office (Georgia)

“ **NOTHING IS THE SAME.** We’ve had to rethink everything we do — not just how we do medicine but each diagnosis. We treat every patient as if they have COVID-19. The disease has such a broad presentation and there is so much unknown, we take it day by day and we are very flexible. Our team is close. There are days you know that it could have been a lot worse and you’re thankful for having a great team. There are also times when you can look at another team member and know that they’re thinking, ‘I got you,’ and there will be days when I will do the same for them. That’s the best part of us. ”

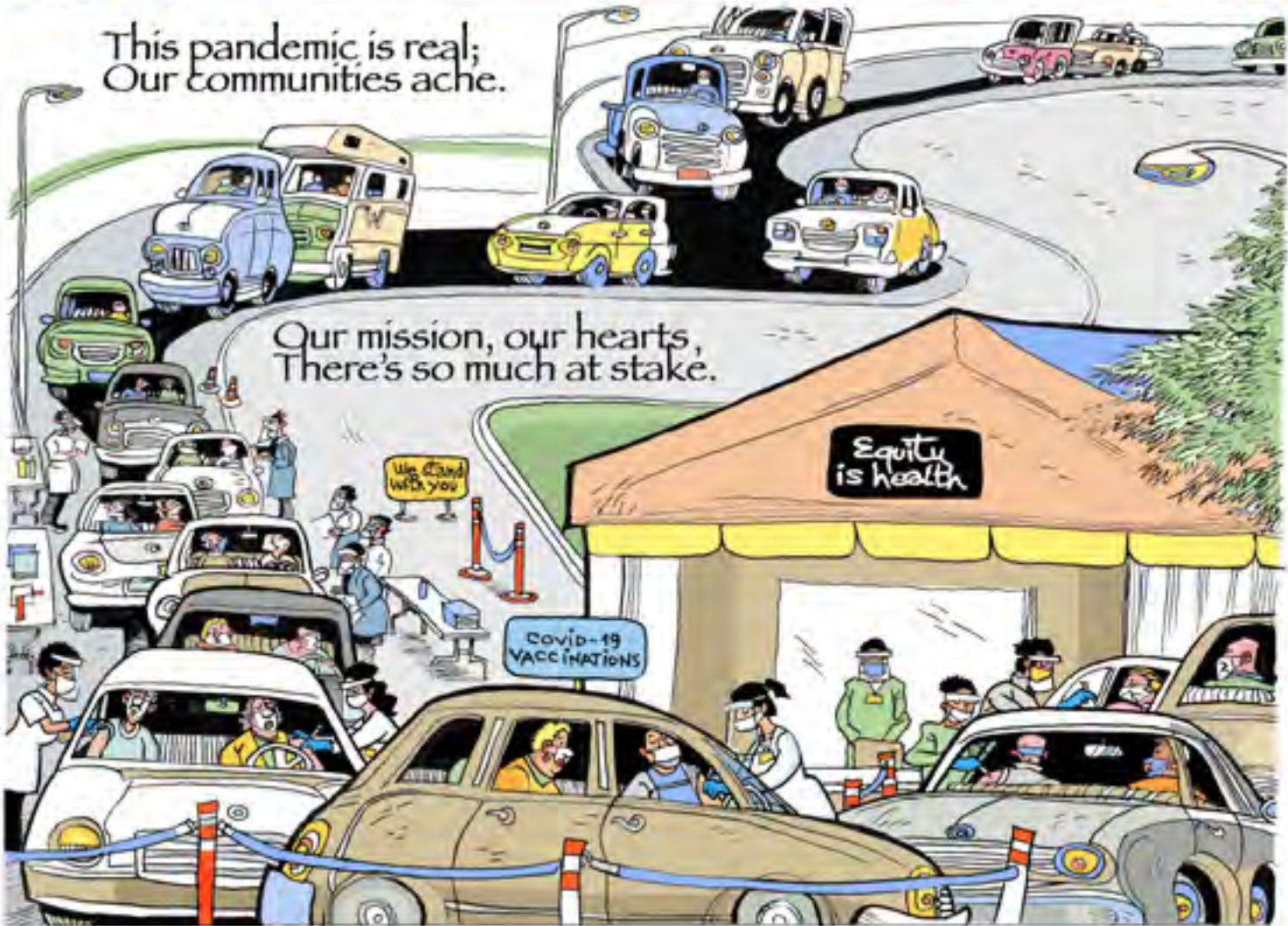
— **AMANDA SMITH, RN**, Hawaii Nurses and Healthcare Professionals (Hawaii)





ANSWERING THE CALL

This pandemic is real;
Our communities ache.



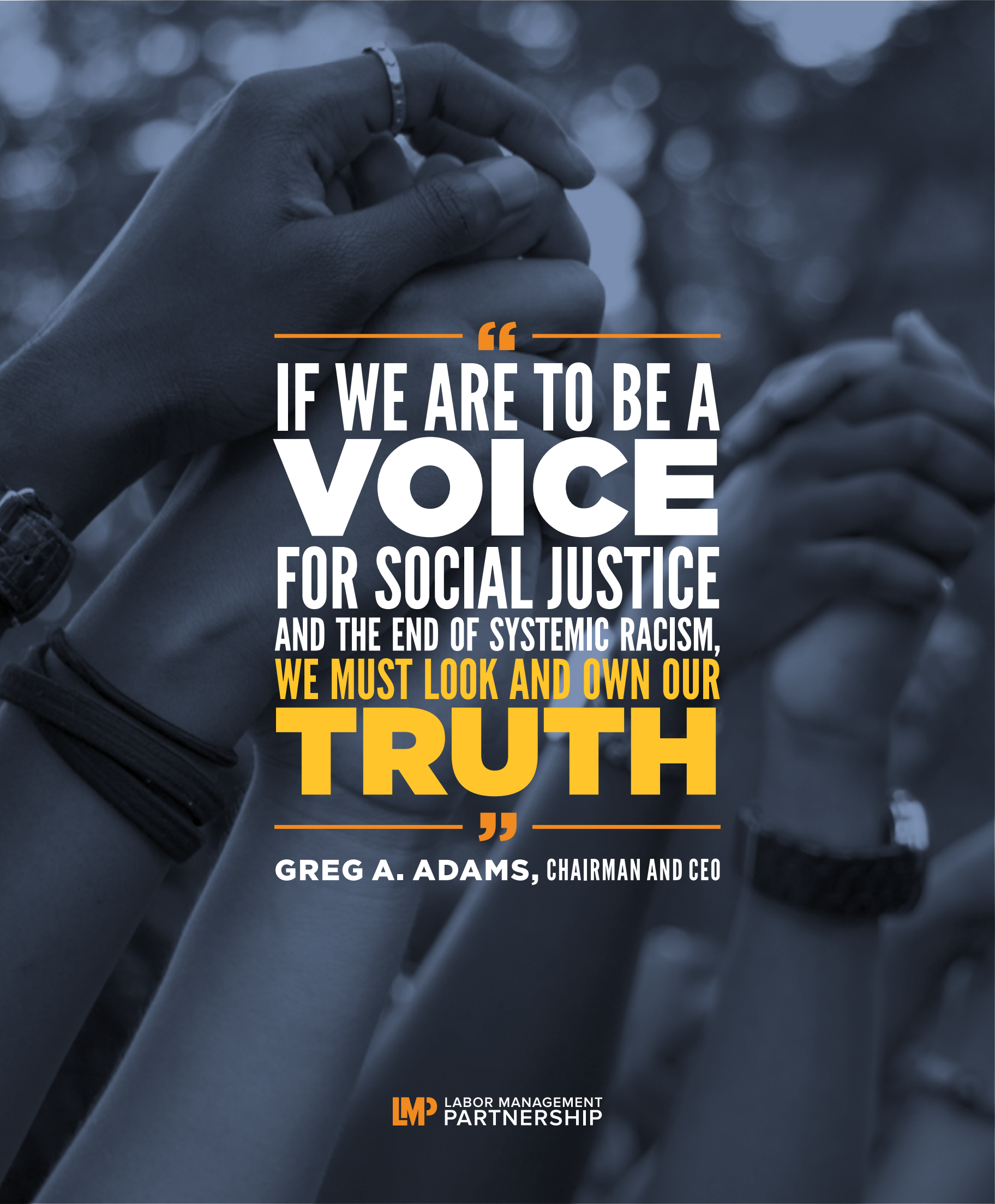
Our mission, our hearts,
There's so much at stake.

Today and tomorrow,
every day we evolve.
As we come together
our teams problem
solve.



Serving you is our guide,
Our commitment to all.
Finding solutions,
We will answer the call.





“
IF WE ARE TO BE A
VOICE
FOR SOCIAL JUSTICE
AND THE END OF SYSTEMIC RACISM,
WE MUST LOOK AND OWN OUR
TRUTH
”

GREG A. ADAMS, CHAIRMAN AND CEO