

# hank

Winter 2016 | Issue 46



FRONTLINE NEWS FOR KP WORKERS,  
MANAGERS AND PHYSICIANS

## THE DIFFERENCE DIVERSITY MAKES



TO DO THIS  
ISSUE

6  
TACKLE  
DISPARITIES

8  
GET THE  
FACTS

12  
PLANT  
A GARDEN



## Healing a world of hurt

Diversity *and* inclusion. Without both, we each tend to identify with our own clan—be it defined by race, gender, age, economic status, what have you—and all the other clans remain *other*.

Diversity without inclusion permits an accumulation of biases that leads to a world where, as one recent study showed, minority patients are up to 30 percent less likely to receive pain treatment in emergency rooms than whites, even though they report pain just as frequently. This matters: Pain slows healing and can create new health problems. Sadly, this huge gap in treating pain is just one example in a long list of health disparities linked to cultural biases.

Inclusion—finding what we have in common, appreciating diversity instead of ignoring differences—is key to eliminating disparities and delivering high-quality health care.

As Ron Copeland, MD, Kaiser Permanente’s senior vice president of National Diversity and Inclusion Strategy and Policy, says, “I don’t believe you can have passion for true quality or service excellence without also being genuinely passionate about diversity and inclusion practices. They’re one and the same.”

How do you get good at inclusion? Practice seeing what you have in common with others. The Labor Management Partnership’s unit-based teams—whose membership cuts across all demographics—do this daily as they use interest-based problem solving. As this issue of *Hank* shows, a natural next step is to address how to deliver the best possible care to all our members.

It takes only one person or one small group to spark meaningful change. Be that person. Be an active member of your team. [hank](#)

## WHO’S BEHIND HANK?

Published by Kaiser Permanente and the Coalition of Kaiser Permanente Unions

**COMMUNICATIONS CO-LEADS**  
Anjetta McQueen Thackeray, Penelope Whitney

**EDITOR**  
Tyra Ferlatte

**GRAPHIC DESIGN**  
Travis Retter, Stoller Design Group

### CONTRIBUTORS

Kellie Applen, Jasmine Brar, Cassandra Braun, Paul Cohen, Paul Erskine, Jennifer Gladwell, Laureen Lazarovici, Otesa Miles, Beverly White

Copy editor: Colleen O’Neill

Worksite photos: Juan Aguilar, Clement Britt, Laura Morton

### CONTACT US

Email feedback to [hank@kp.org](mailto:hank@kp.org).



## CONTENTS

- 4 **The difference diversity makes**  
Unit-based teams create an environment where a diversity of voices and opinions can be heard in an atmosphere of respect. That makes them the ideal vehicle for helping Kaiser Permanente develop new ways to serve our diverse membership. 
- 6 **Creating a safety net for sickle cell patients**  
To address a painful chronic condition that disproportionately affects African-American patients, a team in Southern California comes together to provide coordinated care and an array of resources. 
- 8 **A mirror for members**  
At KP, a diverse workforce and ethos of inclusion means high-quality care for a diverse member population. 
- 10 **A matter-of-fact approach**  
By adding a new question on a patient intake questionnaire, a Behavioral Health team in the Mid-Atlantic States takes a bold step to better treat teen patients who are transgender, gender-nonconforming and gender-questioning. 
- 12 **For the love of kids**  
Elementary school students in a low-income neighborhood grow and cook their own healthy food thanks to a program sprouted by an oncology nurse in the Northwest region. 

### TO DO THIS ISSUE

- 6 **Tackle race-related health disparities:** Collect the data, create a #freetospeak workplace.
- 11 **Focus on inclusion:** Listen to the voice of the patient, learn more about the issues.
- 13 **Strike a blow for fairness:** Find volunteer opportunities, promote healthy habits.

### + other features

-  **3 Around the regions**  
News from coast to coast
-  **14 Puzzles and games**  
Try a diversity word scramble



## 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 Kaiser Permanente’s Labor Management Partnership, which has been recognized as a model operating strategy for health care. *Hank* is published quarterly for the partnership’s more than 130,000 workers, managers, physicians and dentists. All of them are working to make KP the best place to receive care and

**Back cover poster**  
Introducing the new LMP logo!



the best place to work—and in the process are making health care history. That’s what Henry Kaiser had in mind from the start.

For information about the management and union co-leads advancing partnership in your region, please visit [LMPpartnership.org](http://LMPpartnership.org).



**LMP** LABOR MANAGEMENT PARTNERSHIP



## AROUND THE REGIONS

### COLORADO

The Colorado region is improving patient care and saving millions by providing high-risk patients extra attention after discharge, leading to a reduction in readmission rates. In the Post Acute Care Transitions (PACT) program, nurse practitioners visit patients in their homes after discharge from a hospital or skilled nursing facility, giving them a chance to alter the patient's care plan if needed. The PACT team has visited approximately 4,200 high-risk patients since the program began in January 2013. At that time, 22 percent of high-risk patients were readmitted within 30 days, at a cost of \$11.7 million. The PACT team has reduced readmission rates by 50 percent, saving Kaiser Permanente approximately \$6 million since the program began.

### GEORGIA



The Southwood Pediatrics team, part of the region's Spread and Sustain Pediatric HPV Vaccination project.

To make sure no good deed goes uncopied, the Georgia region launched a Spread and Sustain system to move best practices throughout the region—and showed off the results to KP's board of directors at a UBT fair early last summer. Georgia took a spread blueprint from the Southern California region and fine-tuned it to meet its needs.

Now its unit-based teams, sponsors and regional leaders identify projects with good spread potential, determine other locations where the new process could work, share the practice and check back to see how they're being sustained. Several projects have been successfully spread region-wide—addressing such issues as hypertension, HPV vaccinations and lab specimen collection.

### HAWAII

Hawaii is a beautiful place to live, but Kaiser Permanente members who live on the less-populated islands sometimes find it challenging to get the care they need. To address that, KP offers a special benefit called Travel Concierge Service. If health plan members need medical care that isn't available on their island, KP assists them in traveling to the Moanalua Medical Center in Oahu or to a specialty care medical office. KP makes the travel arrangements and picks up the tab for travel, including airfare, shuttle service and discounted hotel rates. For minors who need specialty care, KP also pays for companion travel. "Our members love this service," says Lori Nanone, a sales and account manager in the region.

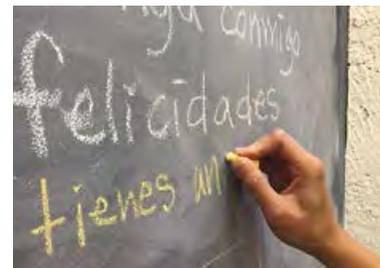
### MID-ATLANTIC STATES

For several years, co-leads in the Mid-Atlantic States have compiled monthly reports of their UBT activities, goals and progress using Microsoft Word and Excel. Now, the region is rolling out a dashboard that automatically compiles the same information from UBT Tracker into an easy-to-reference SharePoint site, Kaiser Permanente's new online social collaboration tool. The new dashboard will encourage

more frequent updates to UBT Tracker and eliminate the need for co-leads to create separate documents, says Jennifer Walker, lead UBT consultant and improvement advisor. "Now the information we get is more timely and easier to assess," Walker says. "Before, the information was up to a month old."

### NORTHERN CALIFORNIA

The Santa Rosa Medical Center Diversity Design committee is equipping employees with tools to help them provide better service to Spanish-speaking patients. The group, composed of labor and management, has been piloting a handout featuring a list of common Spanish phrases, such as *¿Necesita un intérprete?* ("Do you need an interpreter?"), as well as instructions on using the phone interpreter system. The idea came from a Spanish-speaking patient on the facility's Latino patient advisory committee, who recalled the time she was lost in the facility and no one could direct her in Spanish. The Spanish language flier is the latest in the committee's work to help ensure all patients receive the same optimal service and care.



Access to a few key phrases helps staff make Spanish-speaking patients feel more welcome.

### NORTHWEST

Unit-based teams in the Continuing Care Services department are focusing on improving the experience for some of Kaiser Permanente's

most vulnerable members: those in skilled nursing facilities or receiving home health, hospice or palliative care. Teams are focusing on ensuring better transitions for patients as they go from inpatient to ambulatory care. By identifying issues before they become problems, labor and management hope to coordinate care more effectively, reduce emergency department visits and cut down on outside medical costs.

### SOUTHERN CALIFORNIA

Harmony comes easily when you use the tools of partnership. Just ask the Biohazards, a band of union members and a manager that uses partnership principles to guide performances. "We call ourselves an LMP project," says Mary Anne Umekubo, a clinical laboratory scientist and Regional Laboratory assistant director who sings and plays percussion and guitar. She is among six band members who represent a variety of departments, shifts and unions, including SEIU-UHW and UFCW Local 770. Performing for friends and colleagues, band members use consensus decision making to choose songs, interest-based problem solving to fix mistakes and the Rapid Improvement Model to tweak performances. "We're from different departments," says drummer Eric Cuarez, a regional courier driver and SEIU-UHW member. "We come together to play music." hank



The Biohazards band members extend partnership tools into music-making.



How UBTs improve care for our members and patients

# THE DIFFERENCE DIVERSITY MAKES

Article by:

CASSANDRA BRAUN

**ALL HANDS ON DECK:** A children's garden in Washington (above) is one form of inclusion, as are efforts by Southern California physicians Osbourne Blake and Resa Caivano to aid sickle cell patients (opposite page, left; left to right). So is the work of a Mid-Atlantic States team—led by Sulaiha Mastan, a clinical psychologist and UFCW Local 400 member, and Anthony Frizzell, a mental health assistant and OPEIU Local 2 member (opposite page, right; left to right)—to tune into the needs of gender-nonconforming teens.

**F**or the past few years, unit-based teams have been driving a powerful transformation. It's helping to control chronic diseases; assisting in the early detection of cancer; providing familiarity with a patient's community; and enabling frontline employees to speak a patient's language. It creates customized care for each of Kaiser Permanente's more than 10 million members.

It isn't a cool new gadget or something out of a sci-fi flick creating the change, but rather a modern care approach that takes into account the infinite number of ways KP members are unique—that emphasizes diversity and inclusion.

"All of us as individuals have all these different multicultural identities, and so do our patients,"

says Ron Copeland, MD, senior vice president of National Diversity and Inclusion Strategy and Policy and chief diversity and inclusion officer. "We have to create high-performing teams that work together to deliver culturally responsive care that addresses those differences."

Increasingly, the workers, managers and physicians working together in UBTs are considering the many facets of individual patients as they transform—in small and large ways—how they care for and serve those patients, using their knowledge and empathy to rethink how we deliver care.

As the stories in this issue of *Hank* illustrate, some of those changes are aimed at eliminating race- and gender-based health disparities. Other changes



are taking place outside our medical facilities—working with school-age children, for example, to give them better food choices and teach them healthy habits that can last a lifetime.

By doing this, UBT members are ensuring that Kaiser Permanente members are the healthiest they can be no matter their background or beliefs, language or gender, disability or economic status, whether they live in a big city or on a farm.

“UBTs have always led on innovating care by putting patients at the center, listening to them and customizing care for them,” says Hal Ruddick, executive director of the Coalition of Kaiser Permanente Unions. “This work strengthens and deepens that high-quality care.”

KP’s workforce is full of diversity (see “A mirror for members,” page 8), and UBTs are designed to draw on all employees’ perspectives in deciding how best to do the unit’s work. It’s a natural step to include our members’ and patients’ viewpoints as well. Understanding and considering the complexity of the patients and communities we serve directly affects quality of care and health outcomes.

“It’s about using our knowledge of differences as an advantage to better understand the patients we care for,” says Dr. Copeland. “Our goal is health care equity—so that all our patients achieve optimal health. For that to happen, it’s essential that we have approaches that account for our patients’ unique needs, preferences and living conditions.” hank

# CREATING A SAFETY NET



## Take action to tackle health disparities

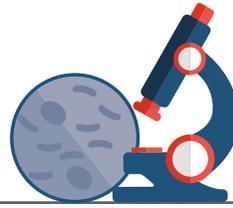
If you think there are health disparities related to race, gender or other factors affecting your department's patients, here are some things your team can do:

- » Use data. Work with your UBT consultant to decide what data will document the issue and how to collect it.
- » Host a culture- or race-specific program for patients. Need ideas? Visit [LMPartnership.org](http://LMPartnership.org) and search on "high blood pressure" to see what the Los Angeles Medical Center did for African-American members with high blood pressure.



# FOR SICKLE CELL PATIENTS

Team approach provides individuals with multiple resources, helping them live full lives —Article by: SHERRY CROSBY



A recent test of change focused on reducing the number of patients who miss appointments. For three months, Brown and a co-worker called patients every day to remind them about upcoming visits. The calls helped. The team's "no-show appointment" rate dropped from 20 percent in May 2015 to 14 percent in August 2015.

**B**randon Johnson was close to giving up on his dream of becoming an X-ray technician.

Born with sickle cell disease, a genetic blood disorder that primarily affects African-Americans, the 35-year-old Southern California man was forced to drop out of school for semesters at a time.

But thanks to the sickle cell care team at the Inglewood Medical Offices, Johnson is now on medication that reduces complications. Last fall, he was able to complete his studies, and he has started looking for a radiology job.

"They got me on a plan to keep me out of the hospital," says Johnson, who drives 60 miles one way from his Riverside home to see his doctor in Inglewood, even though other providers are closer. "If I didn't have my health, I wouldn't be where I am today."

Johnson's success is not uncommon for the Level 5 unit-based team, a group of physicians, managers and employees that provides personalized care for nearly 500 sickle cell patients in Southern California. About 300 of the region's adult patients are treated directly by the team. Its approach is working—only five

of the 300 needed frequent hospitalization and emergency care in the past year.

"Our goal is to keep sickle cell patients out of the hospital by giving them the care they need," says Pippa Stewart, Inglewood's department administrator.

## Stigmatized as drug addicts

Nationwide, about 70,000 people have sickle cell disease, which can cause chronic anemia, acute pain, infections and stroke. Although most are African-American, the disease also affects people of Indian, Middle Eastern, Hispanic and Mediterranean heritage. Patients often get stigmatized as drug addicts when they ask for narcotics to deal with their pain.

The current UBT grew out of a team that was established in 1999; before that, there was no comprehensive treatment program for KP's sickle cell patients.

"Ninety percent of patients were getting their primary care in the emergency room," says Shirley Brown, RN, a UNAC/UHCP member and the team's care manager. Patients saw as many as 17 doctors as they went from appointment to appointment.

Now, the 12-member UBT—which includes four physicians, two registered nurses, a

physician assistant, a pharmacist and a social worker—helps patients control symptoms by offering pain management care, providing resources such as a case manager, and urging them to keep appointments, which help minimize visits to the emergency room and hospital.

Team members coordinate with and help train the KP providers who care for the region's remaining 200 patients. Last fall, Brown helped lead a session for 70 registered nurses from around the region. Osbourne Blake, MD, an internist and the team's lead physician, provides regular updates to fellow physicians.

"We're trying to get everyone on the same page," says Dr. Blake.

## Dramatic improvement

"They all know you personally," says Ryan Hull, a 27-year-old TV production assistant and film student. A few short years ago, he suffered frequent crises that required immediate medical attention. After he and his physician co-created a pain management program, his health improved dramatically.

"They did everything they could to find out what regimen works for me," Hull says of staff members, who greet him by first name and offer walk-in appointments to accommodate his sometimes unpredictable schedule. "They figured out the perfect way to treat me." [hank](#)

*'If I didn't have my health, I wouldn't be where I am today.'*

—BRANDON JOHNSON, KP member (below)



**RESOURCES FOR RESPECT:** Osbourne Blake, MD, and fellow physicians Rebecca Deans and Resa Caivano (left; center, left and right) team up to successfully manage sickle cell disease. Brandon Johnson, a KP member, gives Shirley Brown, RN, a member of UNAC/UHCP, a grateful hug (right).

# A MIRROR FOR MEMBERS

Why more diverse teams deliver better care

Article by: PAUL COHEN and SHERRY CROSBY

## RICH IN DIVERSITY

How the racial makeup of our member population compares to our workforce and to the U.S. population, for the four largest groups:

	KP MEMBERS	KP WORKFORCE	UNITED STATES
Hispanic	23%	17.7%	17.4%
Asian	14.5%	25.9%	5.4%
African-American	11.7%	13.4%	13.2%
Caucasian	47.8%	40.7%	62.1%

## 200 LANGUAGES

Kaiser Permanente members speak 200 different languages—more than the number of countries recognized by the United Nations. After **ENGLISH, SPANISH** is the most commonly spoken language, followed by **CANTONESE, VIETNAMESE, MANDARIN, TAGALOG, KOREAN, RUSSIAN, ARABIC** and **FARSI** (Persian).



**E**arly in her nursing career, Yvonne Roddy-Sturm, now the chief nursing executive at Ontario Medical Center in Southern California, saw that caregiver diversity—or lack of it—matters.

“I saw differences in how some providers cared for people,” she says. “It wasn’t just based on race—economic status, language, lots of things came into play. We all make assumptions about others.”

The consequences of such assumptions are serious, impacting the quality of care a patient

receives and leading to a wide range of health disparities.

In the 30 years Roddy-Sturm has been with Kaiser Permanente, our member and patient population has become more diverse—as has our workforce. And that’s helped KP deliver high-quality, patient-centered care.

“Patients who can relate to their caregiver are more likely to follow their treatment regimen,” says Roddy-Sturm. “They’re more likely to ask questions of people who are more like them.”

The Labor Management Partnership plays a significant role in building the skills, cultural competence and work environment needed to serve KP’s diverse patient population. For example:

- Unit-based teams provide a more inclusive workplace and give staff members a safe place to speak up.
- Two LMP-sponsored educational trusts provide tuition assistance, paid time off and career counseling to help employees move up the career ladder.

And there’s more. Many departments, including Ontario’s nursing department, make their diverse teams part of the hiring process.

“We always start with the skills required to do the job,” says Roddy-Sturm. “Then our panel members bring their own insights and diversity to the discussion. They look for fit, flexibility, compassion and empathy, as well as skill. We try to live our values.”

## The power of language and culture

Research shows that patients fare better when they receive care in their preferred language and providers demonstrate sensitivity and respect for their cultural beliefs and values.

Frontline teams across Kaiser Permanente are doing just that, and nowhere is this more apparent than in California, where 85 percent of KP’s Latino members live. The Northern and Southern California regions have developed language assistance programs that help eliminate health disparities and personalize the care experience for patients, including:

- **Organizing frontline interpreters.** The Qualified Bilingual Staff program, developed by National Diversity and Inclusion and pioneered by the Labor Management Partnership, enables eligible

employees to serve as interpreters—often earning extra pay—in addition to their regular job duties. To qualify, employees must pass an assessment and complete required orientation. In Southern California alone, the program currently involves 8,000 interpreters who speak 10 languages.

- **Seamless care in Spanish.** The San Francisco Medical Center established KP’s first Spanish Bilingual Internal Medicine Module in 1997, composed entirely of bilingual and bicultural staff and providers. Unit-based teams have helped replicate the module region-wide, improving diabetes care and colorectal cancer screening rates for Latino patients.
- **“Breast is best.”** Studies show that breastfeeding benefits both mother and baby. But many Vietnamese and Latina members believe formula has more

nutritional value. Staff members at the San Jose Medical Center decided to offer health education classes in Vietnamese and Spanish, get learning materials translated, and learn more about the cultural perspectives so they could address patients’ concerns. As a result, exclusive breastfeeding rates jumped by 15 percent for Vietnamese mothers and 6.5 percent for Latina mothers.

“When we show respect for our patients’ cultures and values, we are more likely to provide better care, because they trust us and are more likely to follow through on the instructions we give them,” says Andrea Rudominer, MD, senior physician for Pediatrics and chief of diversity for the San Jose Medical Center. “Culturally competent care leads to better health outcomes for all of our patients.” 

# A MATTER-OF-FACT APPROACH TO GENDER ISSUES

*'It is imperative that we relate to the patient in the way the patient wishes.'*

—Anthony Frizzell, mental health assistant,  
OPEIU Local 2 (above)



## New intake question helps behavioral health team give teens better care

—Article by: OTESA MILES



### CELEBRATING THE SPECTRUM:

Members of the Behavioral Health UBT in Burke, Virginia, cheer the news that they won the R.J. Erickson Diversity and Inclusion Achievement Award, earned for their work in providing culturally sensitive care to transgender, gender-questioning and gender-nonconforming teens (below). The effort is led by Sulaiha Mastan, a psychologist and UFCW Local 400 member, and Anthony Frizzell, mental health assistant and member of OPEIU Local 2 (below left; left to right).

When teen members first visit the Burke Behavioral Health Center in Virginia, they are all asked the same intake questions, ranging from “What do you do for recreation?” to “Does your family have a history of violence?” Their answers help determine the best course of care.

Now, because of a unit-based team project to standardize care for transgender and gender-questioning members, teens ages 14 and older also are asked where they fall on the gender spectrum.

“We included this in the standard behavioral health assessment to normalize it instead of pathologize it,” says Sulaiha Mastan, Ph.D., a licensed clinical psychologist and UFCW Local 400 member. Mastan, who works exclusively with children and adolescents and has about 20 transgender teens in her care, says the information is important for treatment purposes.

For instance, a parent may say a child is depressed and is refusing to go to school. If that child is gender-questioning, gender-nonconforming or transgender, the underlying reason may have to do with changing clothes in the locker room or using the school restroom.

“If I have a teen who says, ‘I have a female body, but I am a male,’ then I am aware,” Mastan says.

The stakes are high: A 2011 study found that 41 percent of transgender or gender-nonconforming

people have attempted suicide sometime in their lives, nearly nine times the national average.

In another change, the unit’s front desk employees now check the electronic medical record to learn each member’s preferred name and pronoun, respecting that a member may, for example, appear male but identify as female.

“At the front desk, we are the first impression,” says Anthony Frizzell, a mental health assistant and member of OPEIU Local 2. “It is imperative that we relate to the patient in the way the patient wishes.”

The UBT also standardized the steps it takes when members are interested in hormone treatments; started a support group on transgender issues for parents; and is developing a brochure that will guide transgender adolescents through receiving care at Kaiser Permanente.

The policies it created follow national and KP guidelines, says Sand Chang, Ph.D., a psychologist and gender specialist in the Multi-Specialty Transitions department in Oakland.

“Although it is not routinely done, this is really falling in line with best practice—to give young people an option,” Chang says.

The project earned the team the R.J. Erickson Diversity and Inclusion Achievement Award at Kaiser Permanente’s 38th National Diversity and Inclusion Conference in October.

The team’s initiatives send the message that wherever a person is on the gender spectrum, it is part of being human, says Ted Eytan, MD, medical director of KP’s Center for Total Health in Washington, D.C.

“What the team is doing is making it very normal,” Dr. Eytan says. “It is something about you that we need to know, rather than something that needs to be extinguished.” [hank](#)



### Take action to focus on inclusion

If your team wants to improve the quality of the care you give by ensuring you honor the diversity of your patients:

- » Visit KP’s National Diversity and Inclusion website. On the national insideKP site, go to “KP Culture,” then scroll to the link.
- » Check out Ted Eytan’s blog at [tedeytan.com](http://tedeytan.com). Follow him on social media for updates about transgender issues.
- » Get members’ insights on how to provide more culturally competent care. Find resources for giving patients a voice at [LMPartnership.org/tools/hank-fall-2014](http://LMPartnership.org/tools/hank-fall-2014).



# FOR THE LOVE OF KIDS

An oncology nurse sprouts a farm-to-table program for elementary school students

—Article by: JENNIFER GLADWELL



**PLANTING THE SEEDS:** Preston Sheppard gives full attention to his work in a cooking class especially for kids (above). Aurora Cadena and Jasmin Martinez revel in getting their hands dirty as they develop gardening skills (opposite page, left; left to right), while Maria Peyer, an oncology nurse and member of OFNHP/ONA helps Isaias Contreras-Chavez and Justin Dodds learn healthy habits for life as part of the Edible Olympic project for low-income students in Longview, Washington (opposite page, right; left to right).

**O**n a warm fall afternoon, nearly 35 children are bouncing off the walls as they get ready to leave the classroom and head out to their elementary school’s garden. They’re all members of an after-school garden club and cooking class called Edible Olympic. It’s the brainchild of Maria Peyer, an oncology nurse and team co-lead at the Longview Kelso Medical Office in Kaiser Permanente’s Northwest region and her husband, elementary school teacher Michael Bixby.

The kids can barely contain their excitement as Bixby tries to calm them down so they can listen to the afternoon’s agenda.

“The sooner you settle down and be quiet, the quicker I can finish what I need to say and you can get outside,” he implores the class.

Quickly, the hubbub settles. Bixby goes over what needs to be done: plant blueberry bushes, dig a hole for a tree, and remove bamboo sticks. He also reviews the Garden Guidelines, which include listening with respect, walking (no running) in the garden, and asking for

permission before picking anything. Then he asks, “Whose garden is it?” and gets a resounding and loud, “Ours!” as everyone heads outside to get to work.

The students attend Olympic Elementary School in Longview, Washington. They don’t have many advantages: More than 20 percent of the city’s population is below the federal poverty line, and 90 percent of the school’s students participate in the free or reduced-price lunch program. Many experience food insecurity regularly, not knowing if they’ll have enough—or any—food to eat.

## Income-related health disparities

There are well-documented health disparities related to low income, and these kids are at risk. Edible Olympic is helping address that vulnerability, teaching the kids about healthy food and how to prepare it, laying the foundation for good eating habits that last a lifetime. It’s an example of how partnership principles expand naturally and necessarily into the community; the new 2015 National Agreement includes commitments to jointly work on improving the health of the communities we serve.

The Longview project grew out of a Kaiser Permanente adult



cooking class recommended for oncology patients, one that focuses on a plant-based diet. Peyer says that after moving to Longview, she and her husband were struck by the limited resources available to the children in the community.

“We wanted to affect change as directly as possible,” says Peyer, an OFNHP/ONA member. “So we dove headfirst into Edible Olympic. We didn’t want to spend time in meetings, we just wanted to get in the dirt and the kitchen—and that’s what we did.”

She sought support from Thriving Schools, one of Kaiser Permanente’s Community Benefit programs. She forged partnerships with the school’s Parent-Teacher Organization and the Lower Columbia School Gardens, a nonprofit that helps schools create garden programs. Local stores donated money. High school students from Longview and Portland also are participating.

“The kids, their parents and the greater community have embraced the efforts and confirmed that our hunches were right,” Peyer says. “Good, healthy, real food, prepared simply, with love and in community, can be life transforming.”

Members of the Oncology unit-based team are supporting the project, too, donating money and time; four KP employees help staff the cooking class.

“Volunteering in the community gives us at KP a chance to share our skills and our approach to supporting good health,” says Elizabeth Engberg, the Northwest’s Thriving Schools program manager. “It also helps us learn about our members—where they live, work, learn and play, because that’s a huge part of what affects their health. Schools are the best place to do this.”

### Overwhelming participation

The program has had overwhelming and unexpected participation.

“The idea was that this project would launch with eight to 10 kids. We had 60 kids come to the information session,” Peyer says, which prompted an instant expansion from one to two sessions. The kids work in the garden on Thursday afternoons, and on Fridays, they walk across the field to the middle school, where they are able to use the home economics classroom for cooking class. The sessions run for five weeks and end with a celebration where the kids cook a complete meal and share with their friends and family.

The first session got under way last spring. A grassy patch of the school’s property was selected as the site for the garden, and the children got seeds started indoors. As weather allowed, the ground was prepared. While they waited for their seedlings to be ready to plant, the kids were introduced to kitchen safety and how to prepare the food they were just beginning to grow.

In the cooking class, kids have a healthy snack, then work in small groups to prepare the dish of the week. When the cooking is done, they gather together and enjoy their meal. The kids leave with a bag of groceries so they can cook the meal at home. “In some cases, this may be the healthiest meal the family may eat during the week,” Peyer says.

On that fall day out in the garden, the kids in the second session organized quickly after studying the garden map Bixby brought along for reference. They divided themselves into groups and got to work with shovels, buckets and plants to complete the day’s activities.

One of the choices they faced was whether to extend the blueberries to the fence or stop a few feet in to allow for a foot path. Several kids piped up with ideas. The decision got made after 11-year-old Christian Aguibar offered his opinion. “We can grow more things if we don’t have a walkway,” Christian said, “so let’s not have one.” hank



### Make a difference today

The 2015 National Agreement between Kaiser Permanente and the Coalition of KP Unions calls for union engagement in Community Benefit programs; stay tuned for more opportunities. In the meantime, you can:

- » Find KP-sponsored volunteer opportunities at [kpcares.org](http://kpcares.org).
- » Learn more about KP’s efforts to promote healthy habits among kids at [thrivingschools.kaiserpermanente.org](http://thrivingschools.kaiserpermanente.org).
- » See how tough economic times have affected KP patients and members. Watch the award-winning video “Changing Work, Changing Lives” at [LMPartnership.org](http://LMPartnership.org) and download the study guide.



## WHO ARE THESE PEOPLE?

For three years, *Hank* has featured a prominent person from Kaiser Permanente's history on the cover. Here's a chance to learn about some KP legends.



Henry J. Kaiser



Sidney Garfield, MD



David Lawrence



Ella Mae Simmons



Mitchell Spellman



Bernard J. Tyson,  
chairman and CEO



Alonzo Benton  
Ordway



Cecil C. Cutting, MD



Betty Runyen, RN



Margaret "Maggie" Knott



Peter diCicco



Avram Yedidia



Bess Fosburgh Kaiser



Morris F. Collen, MD



Name that person!

**Henry J. Kaiser** (1882-1967) was an American builder and industrialist. As co-founder of Kaiser Permanente, he developed the world's largest private health care system.

**Sidney R. Garfield, MD** (1906-1984), KP's physician co-founder, began his career providing care to workers in the California desert. He was one of the great innovators of 20th century American health care delivery.

**David Lawrence, MD**, was a physician in the Peace Corps and the United States Public Health Service. He was a doctor in Kaiser Permanente's Northwest and Colorado regions and served as KP's third CEO from 1992 to 2002.

**Ella Mae Simmons, MD**, earned her medical degree from Howard University in 1959. In 1964, she became Kaiser Permanente's first black female doctor. She retired in 1989.

**Mitchell Spellman, MD**, was a 1944 graduate of Howard University School of Medicine. In 1971, he became the first African-American to serve on the Kaiser Permanente's board of directors.

**Bernard J. Tyson** is chairman and CEO of Kaiser Foundation Health Plan, Inc., and Hospitals. During his 31 years at KP, he has served in all parts of the organization in roles from hospital administrator and division president to president and chief operating officer.

**Alonzo Benton (Ord) Ordway**, was Kaiser's first employee. He rose to senior management and served on the health plan's board.

**Cecil C. Cutting, MD**, the first physician hired after Dr. Garfield teamed up with Kaiser to provide prevention-oriented, prepaid medical care to workers building the Grand Coulee Dam. He was the first and longest-serving executive director of The Permanente Medical Group.

**Betty Runyen, RN**, was Dr. Garfield's first nurse at Contractors General Hospital in the Mojave Desert.

**Margaret Knott** (1913-1978), a KP physical therapist, became world famous for helping to popularize proprioceptive neuromuscular facilitation.

**Peter diCicco** was the founding executive director of the Coalition of Kaiser Permanente Unions and the lead union negotiator during the formation of the Labor Management Partnership.

**Avram Yedidia** was a medical economist and early architect of KP health plan policy.

**Bess Fosburgh Kaiser** (1886-1951) and Henry Kaiser married in 1907. In 1942, Bess suggested using "Permanente" in the name of the new shipyard health plan, after a creek that ran through a Kaiser property in Cupertino, California.

**Morris F. Collen, MD** (1915-2014), began his KP career administering to workers in the Richmond shipyards during World War II. He founded KP's Division of Research.

## TRIVIA QUESTION

**How many miles of nerves are there in the human body?**

- a) 1                      b) 45  
c) 25                    d) 100

## New logo for LMP

On the Puzzles and Games page of the Fall 2015 issue, we asked "Where's the change?" and noted, "One familiar element that's been part of every issue of *Hank* since the first one in December 2004 is changed this issue. Can you find it?" The sharp eyes spotted it—the new Labor Management Partnership logo was featured throughout the magazine.

Good logos are frequently refreshed as the organizations and brands they represent mature, and it was time to update ours. The new look spells out the words Labor Management Partnership, so it's clear what "LMP" stands for. The spirit of partnership and cooperation also is reflected in the logo design itself, with each letter integrated into the next so all the pieces are working together.

The new logo, an accompanying design style guide and updated LMP PowerPoint templates can be downloaded at [LMPpartnership.org/logo](http://LMPpartnership.org/logo).



SuperScrubs will return in the Spring issue.

# TOGETHER WE ARE STRONGER

---

**THE LABOR MANAGEMENT PARTNERSHIP** is a formal commitment between Kaiser Permanente and the Coalition of KP Unions to work collaboratively. Together, we're achieving more than ever before.

---

**LMP** LABOR MANAGEMENT  
PARTNERSHIP

Do you use the LMP logo in your materials? Download the new logo at [LMPartnership.org/logo](https://lmpartnership.org/logo).