



Racial Justice and Equity at Kaiser Permanente: A survey of NUHW Kaiser providers

In June 2020, after settling our last contracts, and in the aftermath of the murder of George Floyd and the racial justice uprising that resulted, a group of BIPOC clinicians in Norcal wrote a letter as a call to action. While their recognition and experience of the deep inequity within the Kaiser Permanente system predated contract settlement, that process and the moment of national awakening served as a catalyst.

Here’s a quote from that letter:

*“When those in power oppress;
when they dehumanize others;
when they gaslight to deny the truth;
when they feel entitled to exploit
without consequence – it’s all forms
of white supremacy. Kaiser has been
engaging in this, and continues to
do so, time and time again.”*

Our steward councils began conversations and began meeting to continue to look at these issues. One outcome of this included a statewide open letter to Kaiser, from our steward councils, in which we named the tremendous discrepancies between Kaiser’s expressed values and the daily experience of working within our clinics. We offered an initial list of concrete strategies that should be taken in order for Kaiser Permanente to become a leader in promoting diversity, equity and inclusion, providing culturally responsive care, and demonstrating that they are truly an organization that stands with those who are fighting for equity and social justice. We presented this list to top Kaiser executives. While Kaiser executives initially expressed a desire to work with us on these issues and we held one meeting with them to have a discussion, there has been no follow up to engage further.

In that letter, we explained that we would be reaching out to our membership to conduct a more thorough survey on the experiences Kaiser’s NUHW providers have had and what changes they would recommend. The goal of this was to inform more comprehensive recommendations on structural changes. We developed this survey over the course of many months and sent it to members in April 2021, once our bargaining surveys were completed.

OTHER PRIORITIES

Targeted recruitment and hiring of diverse candidates. Implement targeted recruitment within each service area to recruit a diversity of candidates and to ensure that our provider populations reflect the populations served.

Translation of group, therapeutic, and support resources. Ensure all group, therapeutic, and social work support resources are translated into other languages and all documentation, measures, and other forms utilize inclusive language that reflects our members' identities (pronouns, chosen name, remove/limit binary language).

Training & consultation on cultural humility, diversity, unconscious bias, and antiracism. Provide training and ongoing outside consultation on cultural humility, diversity, unconscious bias, and antiracism, and ways to surface and address structural and systemic changes that are needed. Ensure that time for these trainings is built into provider schedules.

Honoring MLK & Juneteenth Holidays. Demonstrate a commitment to honoring the legacy of civil rights by observing César Chávez, Martin Luther King Jr. Day and Juneteenth as paid holidays for all of your employees.

Formal system for exit interviews. Develop a formal system of exit interviews when providers leave Kaiser Permanente, in person and/or by anonymous survey, in order to determine reasons for leaving.

OVERVIEW OF SURVEY RESULTS

The survey included three main sections/goals:

- Capture in-depth demographic information;
- Gather input to shape campaign and advocacy priorities; and
- Survey provider and patient experiences of racism and structural barriers.

In total, 1,558 psychologists, social workers, therapists, psychiatric nurses, addiction medicine specialists, dietitians, audiologists and health educators from all three of NUHW's California Kaiser bargaining units participated in the survey, which was an almost 40 percent response rate. Slightly more respondents were from Northern California (IBHS) than Southern California (Psych Social and HPC).

Slightly more respondents identified as BIPOC (Black, Indigenous and People of Color, which refers to all people who identify as other than white), and more than a third of respondents identified as bilingual. This demonstrates a high response rate from those most impacted, as currently only 12.5% of Northern California (IBHS) clinicians are approved bilingual providers.

The survey also included questions on ethnicity, sexual/romantic orientation, gender, and disability.

TOP PRIORITIES

Out of 15 questions that were asked, regarding the importance of potential priorities, these 8 items ranked highest overall when the data was sorted and analyzed in a variety of ways (e.g. Statewide, BIPOC-only providers, Bilingual-only providers, and by bargaining unit). The first three items were ranked highest overall by every sub-group. Ranking was based on the total percentage of respondents who marked each item as "essential" or "high priority."

Continued and expanded hiring into every clinic

When there is limited access to providers, that system deficit disproportionately impacts communities of color.

Sustainability and Wellness

Counter the embedded white supremacy and "factory" mentality wherein the value of employees is reduced to "productivity." Instead, implement policies and procedures that also value sustainability and wellbeing in order to recruit and retain culturally diverse clinicians and providers and maintain quality of care.

Addressing systemic disparities

Address systemic disparities in serving our members of color, those with disabilities, immigrants, houseless individuals, transgender patients, non-English speaking patients, and our Medi-Cal patients, who often battle to get comparable services.

Responses on initiatives to ensure diversity and culturally appropriate care

“There needs to be exploration of and specific investment in the recruitment and retainment of Black professionals in managerial and administrative positions at the local, regional, and national levels. Even at the local regional hubs for care such as [location mentioned] there is severe paucity of Black leadership and direct care employees.”

“When productivity is valued more than the well being of the employees who are being asked to continually be productive, [it] feels oppressive and part of the systemic issues that are being felt in the workplace. I don’t feel valued as an employee, and saying self care is important, but not incorporating [it] into the system model is useless.”

“Supervision of managers to ensure they are treating BIPOC employees equitably. Eliminate unilateral top/down performance reviews and prioritize how employees are rating relationships with managers. Specific avenues for reporting and addressing concerns related to harassment and discrimination where those receiving reports are known and trusted by those filing them.”

“For monolingual patients, extra time for providers to conduct visits would allow bandwidth to engage in culturally responsive care.”

“Address lack of upward mobility to leadership positions by BIPOC providers.”

The survey revealed that the problems we are attempting to remedy in our key bargaining proposals--insufficient staffing, unsustainable working conditions, and constraints that discourage quality care — are in fact of great concern to our membership and that failing to remedy them may disproportionately impact BIPOC patients and providers.

An open ended question was then asked that invited participants to identify additional initiatives or strategies that Kaiser Permanente should take in order to more fully ensure culturally and language appropriate care for patients, a just and equitable workplace for providers, and to fulfill their social responsibility with regards to systemic racism. An additional question was asked regarding the types of changes providers would like to see in their clinic/worksites with regards to ensuring culturally and language-appropriate care for patients as well as overall racial justice and equity for both patients and providers.

With over 800 responses, the top themes included:

- Focus on hiring and retention, with particular focus on hiring more bilingual and culturally diverse staff as well as on managerial diversity
- Invest in staff resources, such as more consultants, standardized integration of these topics into case consultations and meetings, wellness resources and scheduled time to engage with them, and expanded access to KP cultural organizations and Business Resource Groups
- Provide flexible hours and reduce caseloads
- Improve training for both providers and managers
- Focus on addressing language barriers by improving translation services and making all curriculum and materials available in more languages

PROVIDERS’ EXPERIENCE WITH RACISM/BARRIERS

In an effort to better understand the experiences of our BIPOC providers within Kaiser, as well as of those who experience other marginalized identities (i.e. being queer, transgender, disabled, etc), we asked a series of questions related to direct and witnessed experiences of discrimination and other forms of structural barriers.

Here are a few of the key takeaways. Of those who completed the survey:

62 percent of BIPOC providers reported experiencing racism, either overt or covert (i.e. microaggressions), in the course of their work for Kaiser, from colleagues (33 percent), managers (26 percent), or patients (54 percent).

47 percent of providers reported witnessing racism, either overt or covert, in the course of their work for Kaiser, towards their colleagues, from managers, other colleagues, and/or patients.

Responses on initiatives to ensure diversity and culturally appropriate care

“There is a huge emphasis on productivity in our department and less on clinician wellness and balance. Most clinicians if not all are experiencing burnout especially during this time of COVID and there [are] not enough resources for clinicians to rest while carrying the burdensome caseload. BIPOC therapists have been especially impacted by the ongoing racial violence and injustice happening in society and we are simultaneously processing this on our own while holding space for our patients. There isn’t enough support for BIPOC therapists to rest, process, and have healthy balance with the current work expectations.”

“Kaiser needs to stop rationing mental health care by purposefully understaffing our clinics, underpaying our contracted therapists, and driving high turnover with poor working conditions. Rationed mental health care services disproportionately impacts BIPOC who are already shouldering the weight of systemic discrimination. Also, I am not aware of any efforts being made to recruit bilingual, BIPOC, and LGBTQ clinicians, and of any specific efforts to retain these valuable clinicians once they work at Kaiser.”

“We need to look at work environments [that integrate] work at home options, better childcare, flexibility in scheduling, alternative scheduling (part-time, flex, etc).”

Of those who indicated that they experienced or witnessed either overt or covert racism, many also say this has impacted their sense of safety, agency, and belonging at work, and their likelihood of remaining at Kaiser long-term:

- **Only 23 percent felt comfortable reporting the incident.** Of those who reported an incident, or if the incident was observed by a manager, **only 33 percent received support** to address the situation.
- **38 percent report they now feel isolated or unsafe**, plus 16 percent who are not sure if they feel safe.
- **52 percent report that this has resulted in an increased reluctance to speak-up** in meetings and other work spaces.
- **35 percent have considered leaving employment at Kaiser** (in addition to those who have already left).
- **20 percent of respondents say they are directly aware of BIPOC/ bilingual providers leaving Kaiser** because of these experiences.
- **16 percent of respondents are aware of BIPOC and/or bilingual providers in their clinics who left Kaiser** because of a lack of culturally and/or language appropriate services being available to patients.

In two open-ended questions focused on personal experiences, almost 500 responses described a multitude of examples of discrimination based on age, religion, gender, skin color, mental health and medical conditions, pregnancy, having children, etc, including:

- *“Being asked what my intentions were for being on the hospital premises until I show my work badge.”*
- *“Inability to even discuss alternative schedules or profile accommodations for staff with disabilities.”*
- *“Negative comments about my pregnancy by management, including how it negatively impacted me professionally.”*
- *“Some managers have been overtly racist and when brought up to management nothing was done about it and in fact [the] manager was told about it and made things more hostile.”*

Providers were asked to identify the barriers they experienced when they tried to advocate for changes that would support greater racial justice and equity for providers and/or patients within their clinic/worksites.

Of the over 400 responses, the most frequently cited barriers included:

- Having my ideas shut down
- Feeling unheard or ignored
- Feeling isolated or being the only one speaking up
- Management making the excuse that there is not enough time to address the issue
- Experiencing a lack of resources and institutional inertia and/or inaction

Here is a small sampling of responses related directly to patient care

"I can not emphasize enough the importance of translating paperwork to the language preferred by the patient. I have some monolingual Spanish speaking patients who are not given that option and that shocks me that we have not yet translated our paperwork to the second most spoken language in this country."

"I work in a primarily Latinx community for KP and our Spanish speaking patients do not receive the same access to care as other patients (e.g. limited Spanish groups). All patients pay the same premiums and they should receive the same access to care."

"Ensure bilingual clinicians are available or that Kaiser contracts with bilingual outside providers so that patients can receive appropriate care in their primary language. Use of virtual interpreters has not gone well overall, and limits the ability to provide appropriate clinical care."

"There is ZERO training on working with physical disability at Kaiser from a mental health perspective and this needs correction."

"Kaiser does a pretty good job of providing interpretation services, but they have to do a better job of hiring providers who speak [the] languages of our members. I am a monolingual English-speaking provider who has been forced to use interpreter services to do therapy! Needless to say those clients never come back!"

PATIENTS' EXPERIENCE WITH RACISM/BARRIERS

Survey respondents were asked about the barriers to services reported by their patients, and what factors have caused patients who experience cultural, racial, gender- or sexuality-related, disability-related, or other forms of marginalization to want to end treatment and/or made it more difficult for them to engage in services.

- 28 percent have had patients who **could not access treatment in their primary language**
- 41 percent have had patients who struggled to access or maintain treatment because **they could not be seen by a culturally appropriate or culturally matched provider.**
- 36 percent have had patients who could not access treatment because materials **were not translated into appropriate languages.**
- 28 percent have had patients who felt pressure to utilize video services despite an unfamiliarity with, or lack of access to, the appropriate technology
- 34 percent have had patients who could not access services that met their language needs
- 21 percent had patients who experienced a barrier to care because patient portals and websites were not translated into appropriate languages

Additionally, 37 percent of providers reported witnessing racism, either overt or covert, in the course of their work for Kaiser, towards their patients, from managers, other colleagues, and/or other patients.

RECOMMENDATIONS

Our survey's findings underscore the urgency of the fourteen recommendations) that we submitted to Kaiser on August 31, 2020. These recommendations are available online at [NUHW.org/14-recommendations](https://www.nuhw.org/14-recommendations).

Based on the responses in this survey, and as a follow up to the initial list of recommendations that were made, we are offering the following recommendations for next steps and action that Kaiser Permanente can take to reconcile the tremendous discrepancies between the organization's expressed values and the daily experience of working within our clinics:

1. Implement a process for providers to give feedback and evaluation of their managers to support improved effectiveness and accountability, and create a more robust training program for managers.
2. Allow a greater number of providers to reduce hours and switch to flexible schedules.
3. Develop a formal system of exit interviews when providers leave Kaiser Permanente, in person and/or by anonymous survey, that allows those who are leaving to provide honest feedback on their reasons for leaving. Be transparent with this information.
4. Improve staffing overall and ensure recruiters are working directly with their local clinical teams to identify shortcomings and strategies in the recruitment of a diversity of candidates. Think about where and how recruitment happens in order to open doors to invite in diverse candidates.
5. Ensure there is core group programming in non-English languages available to patients in all clinics and develop mechanisms to increase the availability of bilingual services.
6. Ensure all group, therapeutic, and social work support resources, as well as all websites and patient portals, are translated into other languages and that all documentation, measures, and other patient forms utilize inclusive language that reflects our members' identities (pronouns, chosen name, remove/limit binary language).
7. Improve the bilingual pay differential and expand the approved and tested languages across all regions in order to support recruitment of bilingual clinicians and availability of services.
8. Build mechanisms to allow for a more sustainable workload and caseload, such as caseload limits and longer appointment times when working with culturally diverse patients and patients speaking non-English languages.
9. Add both Martin Luther King Jr Day and Juneteenth as paid holidays for all employees.
10. Provide training and ongoing outside consultation on cultural humility, diversity, unconscious bias, antiracism, microaggressions, etc, and ways to surface and address structural and systemic changes that are needed. Require that staff and managers participate and that time for these trainings is built into provider schedules.