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# Closing the Gap: Achieving Equitable Healthcare Outcomes for Kaiser Permanente Members

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Closing the Gap: Achieving Equitable Healthcare Outcomes for Kaiser Permanente Members

Trang Phan

University of San Francisco

## CLOSING THE GAP

### **Abstract**

The University of San Francisco provides a comprehensive Master of Public Health curriculum to deliver a wide breadth of public health knowledge. The MPH program not only equipped me with the skills and knowledge necessary to be successful, it also allowed me to find my passion. The well-established coursework and knowledgeable professors have instilled within me a passion to achieve health equity for everyone, regardless of their social, economic, or environmental disadvantages. I incorporated this mission into my practicum experience and completed over 400 hours at Kaiser Permanente to focus on eliminating health disparities for the patients, families, and communities that Kaiser serves. Kaiser Permanente has been actively pursuing multiple possibilities in the organization to close the disparities gap and achieve equitable care for everyone. My work involved designing and launching a pilot program to provide cultural competency training for health professionals, creating a strategy to address health disparities at the very beginning of the program planning process, and to effectively foster collaborative relationships with multiple KP departments. This fieldwork report will provide an overview of the projects I focused on, the public health problem that my work addressed, the core competencies that I utilized, and my overall experience as a Kaiser Permanente intern.

*Keywords:* health disparities, equitable care, social determinants of health,

### **Introduction and Background**

The advent of medical and technological innovations has allowed Americans to live healthier and longer lives. Successful public health campaigns have significantly decreased the rates of smoking, obesity, coronary heart disease and stroke (CDC, 2011). Despite these achievements, health disparities are still prevalent between different racial and ethnic populations in the United States. The World Health Organization has defined health disparities as the *avoidable* inequalities in health that exists between groups of people. These differences stem from inequalities in the social conditions in which people are born, live, work, and age (WHO, n.d). Disparities in health have been exacerbated as the United States' population grows increasingly more diverse. This presents an enormous challenge for healthcare providers, a challenge that this report will address.

### **The Public Health Problem**

The United States has long celebrated a rich history of multicultural diversity. It is ingrained in the nation's past and provides a sense of strength and nationalism. To contextualize the diversity in the United States, it is important to gain further understanding of the U.S. population. In 2008, the U.S. population was estimated to be 304 million people. Approximately 33 percent, or 100 million people, identified as belonging to a racial or ethnic minority (Healthy People, 2014). This is a significantly large population, one that often suffers from disadvantages in social conditions.

In Healthy People 2010, the overarching goal was focused on eliminating health disparities. However, despite heightened awareness and increased efforts, disparities persisted for 80 percent of the Healthy People 2010 objectives and have increased for an additional 13 percent of the objectives. The United States spends approximately 18 percent of its gross domestic product (GDP) on healthcare with an expected rise to 25 percent of GDP by 2037

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(IOM, 2013) but certain communities across the nation are still experiencing higher burdens of disease and greater barriers to care. Additionally, the direct and indirect costs of healthcare disparities result in a heavy economic burden for the United States. It was estimated that eliminating health disparities during 2003-2006 would have reduced direct medical expenditures by \$229.4 billion and indirect costs related to premature deaths and illness by approximately \$1 trillion (CDC, 2013). Despite these staggering numbers, the fight to eliminate disparities is being actively addressed by many U.S. healthcare providers. As such, Kaiser Permanente (KP) is one of the leaders in identifying, measuring, and eliminating disparities in health and healthcare to provide equitable care to the individuals, families, and communities KP serves (Kaiser Permanente, 2013).

### **The Agency: Kaiser Permanente**

Kaiser Permanente has a strong history rooted in diversity and inclusion. The organization started with a successful partnership between industrialist Henry J. Kaiser and the medical surgeon Dr. Sidney Garfield to meet the healthcare needs of 30,000 Kaiser Shipyard workers in Richmond, California. Since its creation, Kaiser Hospitals refused to segregate patients based on race and were often the only hospitals where African American physicians were allowed to practice (Kaiser Permanente, 2011). Both the KP workforce and individuals the organization serves, its members, are very diverse. Progressively, KP has maintained a commitment to equality and to deliver “culturally competent care” while expanding the understanding of diversity to include culture, religion, gender, sexual preference physical and mental abilities, and age (Kaiser Permanente, 2011).

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### **Equitable Care Health Outcomes (ECHO)**

In alignment with the U.S. Department of Health and Human Services' goal for "a nation free of disparities in health and health care" (HHS, 2011), Kaiser Permanente has been increasing efforts to eliminate disparities multiple areas of the organization. In response, KP's Department of Quality, Hospital Oversight, and Equitable Care established the Equitable Care Health Outcomes (ECHO) project, the site for my fieldwork experience.

ECHO was established in 2010 with the mission to focus on eliminating health disparities in clinical outcomes for Kaiser members. ECHO primarily focuses on the Healthcare Effectiveness Data and Information Set (HEDIS) measures that were developed the National Committee for Quality Assurance. HEDIS is a tool used by more than 90 percent of American's health plans to measure performance on important dimensions of care and service (NCQA, n.d.). Utilizing the HEDIS measures, ECHO collects and analyzes data on disparities in health care outcomes for ethnic and racially diverse populations within the Kaiser Foundation Health Plan. The data serves as a driver to develop programs with internal and external partners for effective interventions. ECHO specifically focused on the HEDIS measures for hypertension control in African Americans, Colorectal Cancer Screening for Hispanics/Latinos, and Diabetes HgbA1C<8 for both Hispanic/Latinos and African Americans. Although the ECHO team's focus continues to be on the HEDIS measure, ECHO is increasing efforts to collaborate with other areas within KP where race/ethnic data should be added as a focus to existing efforts.

To pursue Kaiser Permanente's goal of reducing disparities throughout various areas of the organization, ECHO works to establish partnerships with multiple KP departments. As such, my internship involved two different projects that all worked towards the goal of total health for all Kaiser Permanente members by collaborating with different KP organizations. To raise

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awareness of cultural differences, the ECHO Nursing Pilot Program focused on launching a cultural competency training for KP nurses. The ECHO Checklist for Considering Equitable Care in New Programs/Initiatives aimed to provide a new way of addressing diversity and inclusion when designing KP programs/initiative.

### **Implementation of the Projects**

#### **ECHO Nursing Pilot Program**

The increased diversity in the United States' population highlights the importance for healthcare professionals to provide culturally appropriate care to a diverse population of patients. In response, researchers have focused on the role of cultural sensitivity training in reducing disparities and have come to the general consensus that such training will help improve patient-provider communication, patient satisfaction and patient compliance (Khanna, 2009). One of the largest populations of health care professionals are registered nurses. Nurses are often one of the first health workers to make contact with patients but only 16.8 percent of total nurses identify with a racial or ethnic minority (Loftin, Hartin., Branson, & Reyes, 2013). In order to understand how an individual's culture impacts their health decision, it is important for nurses to be aware of the different forms of communication that varies from culture to culture.

The purpose of this project was to develop an improvement effort to assist nurses in enhancing their diverse communication skills and to identify ways to increase culturally responsive patient interactions. For this pilot program, the target population were three Kaiser Permanente nursing units within different KP regions. Participants were asked to view a video that KP's National Diversity & Inclusion Department created, "Understanding the Cultural Framework of Communication", in 2005 to provide insight to different cultural rules of behavior. After viewing the video, participants completed a questionnaire that utilized a post-then-pre

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evaluation method which was developed to assess the knowledge and concepts participants may have gained from the video.

After conducting a thorough literature search of cultural competency evaluation tools, I designed a questionnaire that was specific to our program. I worked with my preceptor to determine a structure that adapted a post-then-pre method to stimulate reflection and perceived change from viewing the video. Participants were asked to answer one set of questions with both post and pre responses at the end of the training video. Each item required a response that was scored on a 5-point Likert-type scale to assess a change in knowledge in participants' responses. Each statement had two sections, one asking participants to select their viewpoint after they watched the training video and one section asking participants to select the best answer that described their viewpoint before they watched the training video.

Participants were able to view the video either individually or in groups but had to independently complete their own questionnaire. When the questionnaire was administered, there were a few key points that were emphasized.

- Participants were assured that their responses will be anonymous and confidential
- It was stressed to participants that there are no right or wrong answers
- Participants were directed to refrain from conversing with each other in response to the video or the questionnaire until the program has been completed

Once I completed a draft of the questionnaire, I submitted it to Kaiser Permanente Nursing leaders who were collaborating with ECHO to implement the program. I captured their feedback and revised the questionnaire accordingly. As I was working on designing the questionnaire, I was also communicating with KP Nursing leaders to identify regional KP sites that would participate in the program. Through effective communication and collaboration, we



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were able to identify three regional Kaiser Hospitals that volunteered for the program: Fremont, San Jose, and Hawaii.

### **ECHO Nursing Pilot Program Results**

In order to effectively ensure that all sites had the necessary material, I created packages with the questionnaires, DVDs of the training video, detailed instructions, and a prepaid envelope to ensure that the questionnaires would be appropriately returned to my department. Only Hawaii has completed the program while the progress of the San Jose and Fremont sites are still pending.

Once the questionnaires were returned, I utilized Microsoft Excel to enter and analyze the data. The Hawaii pilot site had a sample size of 19. To measure for change in knowledge, I calculated the means for each question and used a paired, one-tailed, t-test to test for significance at  $\alpha=0.05$ . Although the findings are preliminary and incomplete, initial findings show a positive increase in the mean differences for all questions. Data collected was specific to internal Kaiser Permanente improvement processes and cannot be utilized in this report.

The project highly contributes to the public health concern of cultural competency and emissivity. The target audience of this project is nurses who encounter patients from various cultures on a daily basis. It is highly important for these practitioners to have cultural training to be aware of how an individual's culture and ethnicity impacts their behavior, health beliefs, and values. This is central component of public health, wherein efforts to eliminate disparities focus on culture as a key barrier.

### **Echo Checklist for Considering Equitable Care in New Projects/Initiatives**

The purpose of the ECHO Checklist for Considering Equitable Care in New Projects/Initiatives is to design a new strategy of addressing diversity and inclusion when

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designing KP programs/initiatives. The Equitable Care Checklist was developed to help users focus on health equity during the program planning process. Considering diversity and inclusion during the early stages of program development will help users address the social determinants of health in order to prevent healthcare disparities. Using this checklist will increase awareness about how we can strategically plan our programs/initiatives to promote health equity and enhance positive impacts for all KP members.

The benefit of tool is that it provides a broad overview of key considerations that are germane to all areas of work within Kaiser Permanente. It is flexible and based on the topic, some areas of the checklist may not be applicable and other areas may need more focus. The steps were developed to help teams assess and reflect on the potential impact a program or initiative may have health disparities for KP members. The knowledge gained from this process will help KP teams develop an appropriate strategy and to identify and eliminate health disparities for Kaiser Permanente members.

In order to develop the key components of the checklist, I conducted a literature search to locate possible resources. I worked with my preceptor to create a draft of the Equitable Care Checklist and submitted it to Diversity leaders throughout multiple Kaiser Permanente regions. I emailed and called all of the leaders to provide details the program's purpose and to ask for feedback. I was able to meet with two leaders who graciously offered their feedback for the Checklist. The Checklist was also submitted to the leaders of Kaiser Permanente's Care Management Institute, the organization that is responsible for disseminating and spreading best practices to all KP regions. I collected and captured all of the feedback that was offered and designed a more detailed "playbook" to provide more depth to the Equitable Care Checklist's audience.

### **Echo Checklist for Considering Equitable Care in New Projects/Initiatives Program Results**

Based on the feedback, all of those who have viewed the Equitable Care Checklist have agreed on its importance but have had differing views on its content. Although this project is still pending, this piece of work is important to Kaiser Permanente and will continue to evolve. The Equitable Care Checklist will reach a wide audience and will help KP managers and teams address the social determinants of health at the very beginning of the program planning process in order to eliminate disparities in their body of work.

As a result of many revisions, the Checklist is currently broken down into three steps. The first step is to assess the target population's demographics with a key focus on race, ethnicity, age, gender, socioeconomic status, education, spoken language, and LGBTQI status. KP teams are also urged to identify the cultural needs of the target population and to assess the density of the population within the target area. The second step is to assess practitioner and staff diversity to identify ways to support staff's cultural and educational training needs. KP teams are encouraged to assess the demographics of practitioners and staff with regard to: race, ethnicity, age, gender, language, and LGBTQI status to ensure that it is reflective of the target population's demographics. The third step is to encourage teams to identify who the stakeholders are in their projects/initiatives and identify how to gain sponsorship and buy-in. It is also important for teams to identify stakeholders from their target population to provide specific input to the program planning process.

The design of this checklist is a key component of public health program planning. It will help users really think about and reflect on possible positive or negative impacts of their program design in order to see disparity gaps prior to launching their program/initiative. The use of and

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spread of this checklist will positively impact many areas of Kaiser Permanente. It will act as both a tool for improvement of existing programs and a tool of prevention. The field of public health highly emphasizes prevention of diseases thus, this tool is in alignment with that core concept. It will help KP teams and managers assess and prevent potentially negative impacts that a program/initiative may have.

### **Other Project Involvements: Graduate Student Training Course on Consultative Influence**

I was given the chance to attend an all-day training that was offered to graduate interns. This was a professional training workshop that focused on successful consulting practices and how to develop influencing skills. It taught me how to construct conversations that are designed to focus on the other person, how to assess the individual's needs, how to provide solutions that will meet those needs, and how to collaboratively come to a final decision or next steps.

I learned a great deal from this training because these are skills that are pertinent to public health professionals. We must learn how to recognize a public health problem, how to focus on the population or community who are affected, and how to meet the community's needs by listening and focusing on them. It is also important to have these skills when engaging stakeholders to garner buy-in for the programs we develop. Since I gained a lot of great information from this training, I was given the opportunity to create a 15 minute presentation to highlight the key learnings I gained from the course and present it to my team. It was a great experience to share with them this knowledge because it is relevant to my team's job responsibilities.

### **Competencies Addressed**

The University of San Francisco's comprehensive Master of Public Health program covered five CEPH competencies, twelve USF competencies, and seven interdisciplinary

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competencies. All of these competencies are pertinent skills for public health professionals and serve as a guide for the growth of each MPH student.

The core CEPH knowledge areas that were utilized in my internship were biostatistics, social and behavioral sciences, and public health administration and leadership. The professional and personal development skills I learned from the USF MPH course Public Health Systems Leadership and Administration were essential to my success as an intern at Kaiser Permanente. Due to the fact that KP is such a large organization with many intricate political and bureaucratic processes, the leadership skills I gained from the MPH program helped me navigate the organization's landscape. The multiple personality assessments that we completed in class helped me identify my strengths and weaknesses before I started my internship. Once I entered the organization, I was able to tap into my strengths in order to communicate with multiple Kaiser Departments and regions to effectively and efficiently streamline my projects. I also utilized key concepts learned from the core area of social and behavioral sciences to apply social and cultural factors during the design and implementation of my core projects. Once I collected data for the ECHO Nursing Pilot Program, I utilized the knowledge gained from biostatistics to analyze and report on the data.

In addition to the core CEPH core competencies, the USF MPH program competency that I utilized daily was to “demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects”. Kaiser Permanente has a very large collaborative nature between the different regions and various departments. In order to garner support and gain feedback for the projects that I worked on, I coordinated multiple meetings with different KP departments. This was a great opportunity for me to learn how collaborate with different people to work towards the goal of eliminating disparities and achieving equitable care for all Kaiser

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Permanente members. Another important competency that I frequently utilized was the ability to “identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources”. This has been a common element that all USF MPH courses have emphasized. In each of the MPH courses, the important skill of researching academic literature to support public health programs was addressed. Each student learned how to research, critically examine, and assess appropriate academic literature. In order to provide scientific evidence for my projects, I thoroughly researched public health scientific literature to provide supporting data. This was an essential skill that I utilized to design the ECHO Checklist for Considering Equitable Care in New Projects/Initiatives and the ECHO Nursing Pilot Program questionnaire.

Kaiser Permanente’s comprehensive internship program not only included assignments to different KP departments, the program also provided opportunities for all interns to attend conferences, leadership conversations, networking events, and training courses. This provided me with the great opportunity to develop my interdisciplinary skills. Through these experiences, I was able to develop my professional, collaboration, and interpersonal skills through networking and conducting informational interviews

### **Conclusion**

My fieldwork experience allowed me to work with a great organization that is always striving to achieve equitable healthcare for its members. Working for Kaiser Permanente has given me great insight into the healthcare system. The comprehensive nature of KP’s integrated care structure has provided me with the opportunity to learn more about the national, regional, and different corporate entities that exist within this large organization. Additionally, the

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comprehensive program that KP has established for interns allowed me to attend networking events, conferences and to learn from senior leaders, volunteer events, and hospital tours.

Working for my preceptor and my team on the Equitable Care Health Outcomes project has been a pure joy and privilege. It has helped me further develop my skills as a public health professional as well as my personal skills of communication. This internship has also afforded me with the freedom to develop projects and explore creative ways to achieve my projects' goals, a component that is highly important to me in a career. Due to the ECHO programs' successful progress, my preceptor has decided to extend my internship for another month and I am excited to be able to keep working on my projects. The USF MPH Program and my internship at Kaiser Permanente has armed me with expansive public health knowledge. I look forward to putting the skills I have gained into practice as I explore my career as a public health professional.

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Appendix A

Student Preceptor Agreement



**Masters in Public Health  
Fieldwork Form: Student Preceptor Agreement**

(To be completed by the student in consultation with the field experience preceptor.  
Attach the Scope of Work and MPH Student Competency Inventory)

Student: **Trang Phan**  
Agency and Department/Division/Program: **Kaiser Permanente/Kaiser Foundation Health Plan Inc.**  
Field Supervisor: **Berny Gould, MNA**  
Dates of Placement: **June 2, 2014 – August 29, 2014**

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**I. Scope of Work**

Using the attached matrix to describe the project(s) in which you will be contributing, fill out following sections:

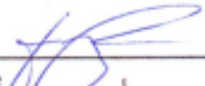
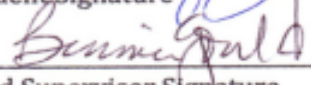
1. Overall goal(s) of internship
2. Measureable objectives that relate to the achievement of goal(s)
3. Activities that correspond to each objective
4. Start-end dates
5. Responsible parties involved
6. Tracking measures (evaluation indicators)

**II. MPH Student Competency Inventory**

Of the Public Health Competencies listed in the attached document; identify competency areas you wish to address through the fieldwork experience.

**III. Acknowledgements**

We have participated in development of this field-training proposal and agree to the conditions specified above. If it becomes necessary to alter any of the specified conditions, we agree to make the changes known to each of the persons whose signatures appear below.

Student Signature		08/27/14
		Date
Field Supervisor Signature		8/27/14
		Date
MPH Practicum Coordinator		Date

Instructions for Creating the Scope of Work



Masters in Public Health  
Fieldwork Form: **Student Preceptor Agreement**

Supervised Field Training in Public Health  
Student Scope of Work

Goal 1: Gain Comprehensive Understanding of ECHO Strategic Plan				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Review 2013 ECHO activities	Attend team meetings, <u>Webex</u> meetings, and review past literature reviews	Ongoing	Trang Phan	

Goal 2: Participate in ECHO Disparities in Nursing Project				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Assess knowledge gained from cultural competence training video	Create a pre and post questionnaire draft, submit draft for feedback, finalize draft for distribution	June 9, 2014 - ongoing	Trang Phan, <u>Berny</u> Gould	Submit questionnaire draft to <u>Berny</u> by June 23, 2014
Launch cultural understanding program for nurses	Show cultural framework video to nurses at one SCAL and one NCAL Kaiser nursing site	TBA	<u>Berny</u> Gould, Nursing Leaders	
Create a report of	Collect and analyze	TBA	Trang Phan, <u>Berny</u>	



Masters in Public Health  
Fieldwork Form: Student Preceptor Agreement

learnings from the pilot program	data from questionnaires		Gould, ECHO team	
Create a “factsheet” to reinforce key learnings from training	Watch training video and derive key elements	Ongoing	Trang Phan	Submit first draft to <u>Berny Gould</u> and Gayle Tang for feedback

Goal 3: Participate in ECHO Disparities in Limited English Proficiency Patients Project				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Create a literature review	Research and analyze current literature regarding LEP	June 24, 2014 – TBA	Trang Phan	Submit draft to <u>Berny</u>

Goal 4: Create a Checklist for the Care Management Institute to Address Disparities				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Create a Strategy for KP’s Care Management Institute to incorporate disparities into the development of new programs	Attend meetings with Debbie Jackson from National Diversity to brainstorm ideas	July 7, 2014	Trang Phan, <u>Berny Gould</u>	Track meeting discussion
Create a CMI checklist draft	Research toolkits for incorporating disparities into program planning	Ongoing	Trang Phan	Submit draft to <u>Berny</u> for feedback



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Fieldwork Form: **Student Preceptor Agreement**

Present checklist to CMI leaders	Incorporate feedback and finalize checklist	TBA	Trang Phan, <u>Berny Gould</u>	<u>Berny</u> will present final product to CMI leaders
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Goal 5: Participate in ECHO Disparities in Behavioral Health Project				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Identify disparities in behavioral healthcare for KP members	Attend Behavioral Health team meetings with CMI and National Diversity	Ongoing	Trang Phan	Identify next steps and submit meeting notes to <u>Berny</u>

Goal 6: Participate in ECHO Disparities in Flu Vaccinations Project				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Create a "tip sheet" or "factsheet" for disparities in flu vaccinations	Research and identify key disparities	Ongoing	Trang Phan	

**Appendix B**

Master of Public Health Program

<p>11. Effectively communicate public health messages to a variety of audiences from professionals to the general public.</p>	<p>Communicated with KP diversity leaders and regional leaders regarding ECHO projects</p>	<p>10</p>
<p><b>USF MPH Competencies</b></p>	<p><b>Proposed Activities</b></p>	<p><b>Number of Hours</b></p>
<p>12. Advance the mission and core values of the University of San Francisco.</p>	<p>Strived for social justice by working to eliminate disparities for KP members.</p>	<p>Continuous</p>
<p>1. Assess, monitor, and review the health status of populations and their related determinants of health and illness.</p>	<p>Plan to identify disparities</p>	<p>25</p>
<p><b>CEPH Core Knowledge Areas</b></p>	<p><b>Proposed Activities</b></p>	<p><b>Number of Hours (Estimated)</b></p>
<p>2. Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.</p>	<p>Utilized statistical methods to analyze data retrieved from ECHO Nursing Program questionnaires</p>	<p>20</p>
<p><b>Biostatistics</b></p>	<p>Utilized biostatistics to analyze data results from ECHO Nursing Pilot Program questionnaire</p>	<p>25</p>
<p>3. Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.</p>	<p>Review Health Plan database to identify disparities in care</p>	<p>25</p>
<p><b>Epidemiology</b></p>	<p>Apply social and cultural factors in analysis of disparities</p>	<p>25</p>
<p>4. Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.</p>	<p></p>	<p></p>
<p><b>Social and Behavioral Sciences</b></p>	<p></p>	<p></p>
<p>5. Apply theoretical constructs of social change, health administration, and social justice in planning community interventions.</p>	<p>Develop ECHO Checklist for Equitable Care and communicate with KP leaders to gain buy-in and support from stakeholders</p>	<p>25 25</p>
<p><b>Public Health Administration and Leadership</b></p>	<p></p>	<p></p>
<p>6. Articulate the relationship between health care, public health systems, and public policy.</p>	<p><b>Proposed Activities</b></p>	<p><b>Number of Hours (Estimated)</b></p>
<p><b>Cross-Cutting/Interdisciplinary Values</b></p>	<p></p>	<p></p>
<p>7. Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.</p>	<p></p>	<p></p>
<p><b>Communication and Informatics</b></p>	<p></p>	<p></p>
<p>8. Demonstrate leadership abilities as collaborators and coordinators of evidence-based public health projects.</p>	<p>Evaluate data of ethnic and diverse populations within Health Plan</p>	<p>25</p>
<p><b>Diversity and Culture</b></p>	<p>Collaborate with different KP groups to address disparities in care</p>	<p>25</p>
<p>9. Identify and apply ethical, moral, and legal principles in all aspects of public health practice.</p>	<p>Create and communicate ECHO strategies with the leadership team</p>	<p>25</p>
<p><b>Leadership</b></p>	<p></p>	<p></p>
<p>10. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.</p>	<p>Communicate effectively with team members, coworkers, and leaders</p>	<p>Continuous</p>
<p><b>Professionalism</b></p>	<p>Develop strategies to best serve and address the needs of Kaiser Health Plan's patients with health disparities, including language and cultural barriers</p>	<p>25</p>
<p><b>Program Planning</b></p>	<p></p>	<p></p>
<p><b>Public Health Biology</b></p>	<p></p>	<p></p>

CLOSING THE GAP

<b>Systems Thinking</b>	Use performance improvement methodologies for newly identified disparities in care	25
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