Long-standing systemic health and social inequities have put members of racially and ethnically minoritized and marginalized communities at an increased risk for severe illness from COVID-19. With the disproportionate impact the pandemic has on Black, Latinx and other underserved communities, Kaiser Permanente—an AMA Health System Program Partner—sends a clear message that the health program stands with those fighting for equity and justice.

“We have a long-standing commitment—it’s in our DNA—that equity is important to us,” said Edward M. Ellison, MD, a physician executive leading Permanente Medical Groups in Georgia and Southern California, and co-CEO of The Permanente Federation. “It always has been equity, diversity and inclusion, and we recognize that there’s more that we can do, and we want to do more.”

In a recent call with Dr. Ellison, we discussed what Kaiser Permanente is doing to address inequities in health care. Here is what he had to say.

**AMA:** What inequities are driving the disproportionate impact of COVID-19 on Black and Latinx communities? **Dr. Ellison:** Nationally it has been recognized that Black and Latinx communities have historically had increased challenges with access to health care in general—the availability of proper nutrition, higher rates of preexisting conditions that we know predispose you to more significant outcomes with COVID-19, like heart disease, respiratory disease, diabetes, and there are other socioeconomic and environmental factors.

We also know the impact of ACEs [adverse childhood events] early in life and how that contributes to lifelong challenges with health, chronic stress, and what that can contribute to in terms of overall health.

In our country we’ve long had inequities in health care outcomes in Black, Latinx and underserved communities. COVID-19 has just exacerbated what we’ve observed in the past and highlighted the need to approach communities of color with targeted interventions to help us better serve and improve the outcomes, not just for COVID-19, but in all of the other areas.
Learn about five steps physicians can take to prioritize Black patients’ well-being.

**AMA:** What inspired Kaiser Permanente’s 75-year commitment to equity and inclusion?

**Dr. Ellison:** I’ve been with the organization for 35 years and one of the things that drew me—and kept me here—is I am inspired by the mission, vision and values of Kaiser Permanente. If you look at our mission, we are committed to providing high quality, affordable, accessible care for our members and the communities that we serve.

We have a history going back to the early days of Kaiser Permanente when Henry Kaiser declared that our hospitals would not be segregated. We want everyone to have equitable opportunities and recognized that with all that’s going on in the country today, it was important to recommit. It was important to be public and make sure that all of our patients, our people, our communities knew where we stood. It was about how we’ve always had a long-standing commitment to closing gaps in health care inequities. We can always do better, but we’ve made a tremendous impact.

**AMA:** How do you help physicians and other health professionals maintain that commitment?

**Dr. Ellison:** One of the things that we have done is to embark on listening sessions. They have been powerful. I have appreciated the courage and the vulnerability of my Black colleagues and my Latinx colleagues who are sharing their experiences of discrimination and racism, and at times violence. There’s so much for us to learn and so we want to use those learnings to help inform the actions that we take.

We participate in something called Hippocrates Circle, which includes our own physicians who have come from underserved populations and minority groups who found their own path through medicine to become physicians and overcame many obstacles. We affiliate with middle schools in underserved communities and students who self-identify as being interested in a career in medicine.

Kaiser Permanente sponsors fellowships for physicians to go into the community, identify need, and then help to address that need. There are many ways in which we try to help support our physicians and staff to stay connected to and understand how they can contribute and give back to the community.

We have something in Southern California called the Watts Counseling and Learning Center. It was founded in 1967, two years after the civil unrest in Watts and it started with just going out and meeting with mothers in the community.

We opened another facility, Baldwin Hills Crenshaw, in an underserved area in need of revitalization. We learned what they needed in the community and so when we built this facility, part of this almost nine-acre campus includes two and a half acres of green space and a two-mile walk.

They have this motto that health care is interwoven into people’s daily lives, meeting people where they stand, and I think that's the philosophy that you take into making a difference in the communities.
That particular facility was intentional—40% of the contracts for building the building were to diverse businesses and companies owned by women, minorities, or veterans.

**AMA:** Are there different solutions for Latinx and Black communities, or does a broader solution work for all vulnerable communities?

**Dr. Ellison:** There are approaches that would be beneficial to all communities, including appropriate use of language, being culturally sensitive and responsive to different needs that different communities that we serve have, and understanding the impact of socioeconomic differences.

The cultural values for many Latinx patients and their families are gathering together, celebrating together, living in multi-generational households. But we know that is an added risk for COVID-19. We know that for the African American community, we have to work harder at building trust in the health care system because of past history.

We have to understand that there are actions we can take that are helpful, but it's not one size fits all. There are attributes beyond race that are impacted in terms of culture, socioeconomic conditions and educational background.

Learn about eight steps Kaiser Permanente is taking to suppress COVID-19.

**AMA:** During the COVID-19 pandemic with concerns about physical distancing, what ways have physicians continued to be involved in those communities?

**Dr. Ellison:** We’ve seen a tremendous acceleration of virtual care delivery of telemedicine both in terms of video and telephone, so understanding how you can meet the needs of the patient, even if it’s virtually is really important. And those same cultural and language issues are just as important, if not more so.

Establishing a trusting relationship between the patient and the person providing care is really important and providing education to our physicians and other providers about how you can do that effectively, virtually. Then recognizing that not all of our members have access to virtual care.

Providing appropriate face-to-face care is still important but doing it in a safe way. Many of our patients want their care virtual right now for obvious reasons. And for those who need or desire face-to-face care, it’s important that it’s provided.

We worked hard to do outreach to our patients with communication about what's going on to reduce fear and uncertainty about the COVID virus, to get facts, to be as fact-based as possible, and to provide that in different languages so that we can make it easier for different communities to have the information that they need.

Learn more about helping patients put essential care ahead of COVID-19 fears.

**AMA:** Regarding staffing, how is Kaiser Permanente improving inclusiveness and diversity now and in the future?

**Dr. Ellison:** We’re looking at how we recruit, how we develop individuals, how we
provide opportunities for advancement. All of those are part of the work that we do, but I would say I’m very excited about the Kaiser Permanente School of Medicine.

In just a few weeks our first class of 50 students will be arriving. We took a very holistic approach in recruitment, so that we will be welcoming a class that does bring a diverse background and lived experiences.

We train a larger number of residents so after medical school, in a wide array of specialties, we have physicians being trained within our system and they’re being exposed to the same vision, values and commitment in our organization.

It’s also working with the communities and providing opportunities for minority-owned businesses to succeed. When we’re contracting for services, we’re being intentional about providing opportunities from the communities that we serve.

**AMA:** Do you have any tips for other organizations that want to make a commitment to equity and inclusion? **Dr. Ellison:** It starts with having a passion—that this is the right thing to do. I believe that it starts with the leadership of any organization. You have to create intentionality, be explicit in declaring what you value and why you value it. Create a safe space to execute on those values and create infrastructure that supports it and remove barriers to it.

The more of us that lean in together, the more successful that we’ll be. But I do think it comes from also a place of humility knowing we don’t have all the answers. It means listening to your people—they have the answers.

Whatever impact you can make, where you are with your opportunity, start there. It’s about starting where you are and then reaching out and connecting. The more of us that do that, the more successful we’ll be.

The AMA continues to compile critical COVID-19 health equity resources to shine a light on the structural issues that contribute to and could exacerbate already existing inequities. Physicians can also access the AMA’s COVID-19 FAQs about health equity in a pandemic.