



USC MPH: Explore Public Health with Kaiser Permanente

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Paula Amezola: Okay everyone. Well, good evening. Thank you so much for coming out in this hot evening, and thank you to all our panelists for showing up. I appreciate that you didn't get stuck in traffic. We do have one panelist that called me, she's on her way. I'm going to get started with introductions, and hopefully by the time we get to the questions, she will be here. At this point I would like to thank our sponsors, the MPH program, and also [Mapza 00:00:42] for co-hosting this with the career services, and Kaiser for allowing all your time to come out and answer these questions for our students.

First, I would like to introduce Camille Dennard. She is one of our alumni, and no I did not introduce her first because she's an alumni. I just went in alphabetical order. She is the Kaiser Permanente regional health education department lead consultant for Health Behavior Change Initiatives. Camille utilizes her expertise in motivational interviewing, behavior change, concepts, and adult learning theory to develop and implement person-patient centered communication training for health care providers, and allied staff throughout the region. Additionally, she sits on the South Cal region culturally responsive care committee that seeks to reduce health disparities, and building more culturally competent workforce within Kaiser Permanente.

She also proudly serves as an intern preceptor and mentor for the department's summer intern program. All of you who are looking for a practicum in health promotion and health education, she is your person. Camille is bilingual in Spanish, and received her MPH from U of C, and an emphasis on health promotion education. She has a wide range of work experience ranging from homeless street outreach, case management, and case management to obesity prevention, and has lived, studied, and worked abroad in Latin America, and Asia actually. In addition to her work, Camille is passionate about dance. She adores salsa, and is currently studying flamenco.

I just want to say, I really appreciate you putting the touch of your personality in there so that our students understand that you are who you are, especially those who work in health promotion. You will be asked how do you participate in living a healthy lifestyle? Rob Mecoria-

Rob Mikuriya: Mikuriya.

Paula Amezola: Mikuriya.

Rob Mikuriya: Pretty good.

Paula Amezola: Almost. Is the manager of video operations and supervising producer for integrated brand communication, Kaiser Permanente Southern California,



where he oversees the production of videos covering a wide range of health topics. He also works with executive leaders to craft video communication tools that support corporate strategies and innovation. Rob holds a BA in biology from USC San Diego and a B of A in film production from the Art Center College of Design. He lives in Pasadena, California with his much better half Tracey and has four in training children ages 17 to 25. Rob enjoys backpacking, cooking, golf and playing the guitar. Now we're going to go to Jeff Slasak.

Jeff Slezak: Slezak

Paula Amezola: Slezak. Slezak, and he is the research manager for the Biostatistic Groups in the Department of Research and Evaluation. He leads the work as a statistician supporting studies in urology. Especially prostate and bladder cancers, and vaccine safety, while managing the group as it has grown from 15 to 30 statisticians. He is author to over 120 published research studies. Originally from Michigan he double major in statistics and business from the Michigan Technology University in 1995. He also received a master's in statistics while working at the Mayo clinic. He is currently married to a lovely young woman from Las Angeles who persuade him to move to LA after enduring several Minnesota winters. He's been with Kaiser since 2006. In 2009 he was promoted to manager of the biostatistics group. Next we have Ronald Owens. Did I get your name right?

Ronald Owens: Yes.

Paula Amezola: I'm glad. He is the managing director of Integrated Brand Communications for Kaiser Permanente Southern California. He oversees employees, change management, and media, and digital communication strategy and programing to support the achievement of Kaiser Permanente's strategic goals in its Southern California region. He is a former member of the Jackie Robinson scholarship selection committee at the University of California Las Angeles, and a former board member of the AID's service center in Pasadena. He's an active member of the Public Relation Society of America since 1981.

He's a former director of this organization and he was accredited by the society in 1989 and admitted to its college of fellows in 2005. He has lectured on public relations at UCLA, Pepperdine University, California State University Long Beach and Dominguez Hills campuses. Rob earned a Bachelor's degree in print journalism from Howard University School of Communication.

Now I'm going to go back to Hai Linh Kerrigan. Hai Linh Kerrigan is the Clinical Trials Division Research administrator for Kaiser Permanente research and evaluation. She received her doctorate of pharmacy from the University of Southern California, another alumni. Thank you very much for returning. She is a registered HIV expert by the American Academy of HIV medicine, as well as a certified clinical research professional.



Dr. Kerrigan currently oversees the Division of Clinical Trials research with more than 100 employees and 100 clinical investigators. She is an expert at translating investigator and administration needs to program and the tactical level strategies. Dr. Kerrigan is a leader with expertise developing collaborative teams focused on clinical safety, scientific quality, compliance, and regulatory guidelines, in addition to directly serving as an investigator on numerous HIV and HCV clinical trials. She also has peer reviewed publications and presentations in her professional portfolio.

Thank you so much everyone for being here. The way that I would like to structure the panel is that we will have five questions that I will ask each of you the same question. We will just go down the line in answering the question. If there's a question that for example you're like, "Oh I'm just going to defer to someone" that's perfectly fine. I do want to say the first five if each of you can take the time to answer each of the questions. Without wasting anytime let me start our questions. The first question is give us one or two specific examples of jobs, positions in your department, that are suitable for public health professionals. I'm going to take my mic at this point and give it to Dr. Kerrigan.

Dr. Kerrigan: Oh, thank you. Just the first question right?

Paula Amezola: Yes.

Dr. Kerrigan: Okay. All right, you can hear me okay? Again my role in my division, Recover Clinical Trials, at Kaiser we do anything from phase two through phase four clinical trials which involves ... Primarily our main focus is investigational drug and device intervention treatments for patients. We're talking about direct patient care, providing a lot of different therapies that would not otherwise be available to the general public for very specific therapeutic areas. We do have a number of staff members with a Masters of Public Health. Primarily

I would say the best example would be a role in management or project management for different type of studies where they would manage the entire scope of the project. For example; right now I'm working on a relatively large study with NIH for cocci, so it's a valley fever that's very specific endemic to desert areas of Arizona, Bakersfield, Lancaster. They're looking to enroll a thousand patients in determining what is the best treatment for these patients, because it's not yet been established in guidelines.

What a potential position would be is a project manager who oversees an entire project, among others, correlate all of the different areas that would be needed; That would include working with the different investigators meaning our physicians on staff, working with individuals from NIH, with the government officials, trying to determine what the needs are, what resources we have available to be able to implement the project. It's a matter of a lot of



assessment of resources, coordination implementation, and working with the different departments, and looking at really the different patient population that we're working with.

What are the needs of the patients? This type of disease does it affect a certain demographic? Is it more of the labor workers in the field? Is it more white collar individuals? Is there no difference, differentiation? Is it a socioeconomic effect as to who gets infected or not? Those are different things we would expect these individuals, who would lead these projects, to look into and think about. It's not really just about the administrative things or the day to operations, but also really looking at the big picture.

Jeff Slezak:

Okay, so I'm coming from a statistics background, biostats. I will speak to the people in here who are in the MPH who are interested in numbers. Within our department of Research and Evaluation we have about 30 statisticians and about 20 analytical programmers. These are job categories that kind of overlap a bit. We're the numbers people. We manage the data, do the analysis, produce tables and figures, everything that's needed to get the data, do the analysis for the research that is done within Kaiser Permanente. The analytic programmers tend to be more focused on data management reporting. Some tend to be more simple analysis where statisticians will do a fair bit of data management themselves, but maybe a little more focused on the more complex analysis.

There's some overlap between the roles of the two. Sometimes people coming out of a public health program instead of a pure biostats program aren't as focused on the pure statistical methods. It's a little bit more likely to go into a programmer role. Both roles are incredibly important in getting the data, getting the analysis done, getting the results, making sure that everything is accurate, and what we are reporting is what's real. The thing that I like about it is I'm the first one to see the results to see the numbers. To me that's kind of exciting.

Dr. Kerrigan:

I'm going to chime in real quick only because depending on what your interest is if it's not numbers then you tend to say biostats is really not for me. I will say it's not for me either. I will say a lot of our research is 100% dependent on Jeff's team and the biostats team even from day one. Let's say we have an investigator, or even someone with a public health background who has an interesting idea or a thought and wants to investigate. Well you can't really develop that project or develop that protocol until you know you have statistical significance, or any number to support that. You can't go anywhere without that. Nobody will even listen to you until you can prove that you can design this with the appropriate population and numbers to support it. Everything really starts with their team.

Jeff Slezak:

Right, and yeah that's one piece I didn't really mention is the working upfront. Anyone who comes to us with an idea for a study we can help. We are



responsible for helping to take that idea, and determining whether we can actually analyze it; Maybe figuring out if we have the data, or how we can get the data, and what the appropriate methods are for gathering the data, for analyzing the data. All of that are things that we kind of help with from the first conception of the study all the way through to the final reports and publications.

Paula Amezola: Can you take a stab at the question which is give us one or two specific examples of jobs in your department that are suitable for public health professionals.

Ronald Owens: Thank you. Our Kaiser Foundation Hospitals is a nonprofit entity. Kaiser foundation health plan is a nonprofit entity. As such we're required to reinvest a portion of our revenues back into the community to broaden access to healthcare to support the safety net. There are numerous jobs that relate to work by Kaiser Permanente to either broaden that access, or to fund programs that work at the grassroots level through partnerships with anybody from community clinics to organizations like the California endowment to create programs that will improve community health. That calls for a large number of folks who have public health backgrounds and education to serve as project managers to either participate in these programs or project manage these programs.

We have a department called Community Benefit which is responsible for spending, I think, last year somewhere in the neighborhood of around seven hundred million dollars in Southern California to reinvest in access to care. Now, admittedly a lot of that money is based on losses that we experience through the delivery of care through our emergency rooms and supporting care to medi-cal patients. There's still a sizable portion, several hundred million dollars, that are invested in community health programs to create clean and open spaces, to promote healthy living and active living activities. Initiatives to eliminate food deserts in neighborhoods that abound with, I'll just call it fat city, fast food places and liquor stores that don't carry healthy foods. There are a lot of opportunities for MPH positions in departments that fall under what we call Public Affairs, or External Communications.

Paula Amezola: Thank you.

Camille Dennard: Okay, thank you. Hi everybody. I just want to say first and foremost I'm excited to be here because I am a graduate of this program, loved this program, and my goal was to get into Kaiser coming out of this program. Super excited to be here, first and foremost. I work in the Regional Health Education Department. I'm a consultant there, and regarding the two types of positions that you can obtain in that department is ... Well, I'll start by saying that our department is the place that does all the curriculum design for all of the classes that take place for the members. All that health promotion, education, prevention we build those curricula and we build the programs. We are the ones that train



the instructors on how to deliver these programs.

We also build publications for members. We're moving more towards the online arena, but at this point we still build publications. I say publications. When I first got to Kaiser I was like, "What do you mean publications?" We say publications which means materials, health education materials. In doing that you get to utilize a lot of what you learn in this program if you're in the health promo education track or some of the other tracks. Two positions that you can hold there is a consultant. The consultant takes in a lot of requests from physicians across the region regarding what their patients need and what they see as a need and what they see as a gap in health education.

We take in those requests. We do a gap analysis, and then we do a cost benefit analysis. Then we decide if this is something that would benefit the majority of the Kaiser population. In our department you have the opportunity to affect the lives of over four million people in the Southern California region. That's what's exciting as well. I know a lot of us often work in community based programs, or we do research which is fantastic. It's also a really nice notion to know that what you're producing our department is getting out to the members, and helping people move forward with lifestyle changes.

Another position is wellness coaching by phone. Coach, we have a program in our department called Wellness Coaching by Phone. Kaiser has put this together as a addition to their classes. The phone program is based all on behavior change and the tendency of motivation interviewing. Is anyone in here familiar with motivational interviewing? Yes. Okay, okay, so those are two potential positions, but we've got a lot of RD's, MPH's, LCSW's, all those folks in our department. I just wanted to say Kaiser is the leading employment of MPH's, so that's exciting as well. I'll pass it on.

Paula Amezola: Thank you.

Rob Mikuriya: Okay. There is absolutely nobody in my department that has an MPH. Like she said I work on videos, produce videos for the region. I just looked at my current client list, or partner list we call it, and about 70% of those interface client person, this consultant or the project manager, has an MPH. It's amazing I looked at it I said, "Wow they all do." I thought it might be interesting for me to ... I took a picture of my white board in my office to go through projects to give you a range of what we do in multimedia video.

Let's see we are working on two projects for the innovation studio. There's a lot of innovative stuff going on in Kaiser. We're trying to push the envelope out there a bit, so we did a video about integrated video visits. The person I'm working with has an MPH and he's the interface between the innovation studio, and the doctors that are working there. Integrated video visits that's a new thing that Kaiser's doing where you can basically call and get a appointment over video on your cell phone or whatever.



We're also doing a video about the 2020 innovation champions, that's another thing. Each hospital in the region has a 2020 innovation champion to talk to the front lines about different things they think they could improve on. Then they bring it up to regional level, but we made a video about all that stuff that's happening. That's a very fun video, again led by a MPH person as the interface between the innovation group and video. We're doing a video about flu mists, flu shot myths. Did you hear that? We're also doing a video about flu shot ... the mist flu shot, flu mist.

Ronald Owens: Not to be confused with myths. [crosstalk 00:22:43]

Rob Mikuriya: Yeah, that's a hard thing to say. Okay, so there are myths about flu that we're doing, and there's also the flu mist video that we're doing. I don't know it's very confusing, but they're run by MPH's. We're doing a series of videos about benign ... what is it? Prostatic hypertrophy, which is basically you have an enlarged prostate, but you don't have cancer. You have problems going pee, and you're an older person. We made a series of videos about that. That was through the research department also. We had a couple of consultants that were MPH's that were working with us on that project. Just a few more.

Prostate cancer action plan for men, so if you have prostate cancer there's not much out there. We did a whole series of videos and a guide book; again led by MPH people in a consultant capacity. Let's see there's one more I want to talk about. Oh, we're doing a video about use of pain meds and difficult patients. That is another project we're using physicians, and the person that's handling the interface is a MPH consultant. I would just say that I don't think we could do our job without the consultants and the project managers.

I hope I can see some of you eventually coming over to our office and talking to us about video. Also, I'm telling you video ... the more you know about communication and video the more it's going to be useful to you moving forward. It's really happening big time. A lot of people are using videos to educate members, so they don't spend as much time talking to the primary care physician. We're doing one on breast reconstruction surgery for breast cancer patients and we're doing it as kind of a primer, so the patient or member doesn't have to spend 45 minutes talking to the plastic surgeon when they come for the consult. They can watch the video and come in with a much better education about what's going on, so that's it.

Paula Amezola: Thank you. Well, I really appreciate the responses. What's interesting to me is that the crossroads between each of the departments and how they utilize the MPH graduates. I want you to really think about that. I think Rob mentioned they do not have MPH in their department, however they couldn't do their work without MPH graduates. The next question is what kind of education, experience, and skills can students or persons do to position themselves to get or obtain a position like yours or to work in your department? We can start



with Hai Linh, Dr. Kerrigan.

Dr. Kerrigan:

Since we're specifically talking about Kaiser Permanente I think it would be obviously the basic foundation is to really understand how a healthcare system works like ours, specifically for clinical trials. We are talking about working directly with patients and having treatment interventions. Clinical skills are a must. Unfortunately it's one of those things how do you have that experience unless you actually obtain a first job without any experience in a setting like that. The things that I would look for in a candidate coming into our team would be, at least in the very minimum it is very entry level, good interpersonal skills, communication skills. Would you be suited to work directly with a patient? Would I be comfortable having you sit one on one with a patient consenting them into an experimental treatment, talking to them about this therapeutic area that you may or may not know anything about?

You have to learn quick if you don't already know. Most of the time, of course, most of the people working may or may not have a professional degree in that area; Like an RN degree or whatever else. You would need to be able to learn quickly if you are given the materials to learn about let's say BPH benign prostatic hyperplasia. How long will it take you to learn about that, and at least be composed enough to talk to another patient, and teach them about that, and appear to be very confident, and an expert in that? Again you're conveying this information to a patient. You're going to lose credibility really quickly if a patient looks at you, asking you a question, and you have a deer in the headlight look. They're not going to trust you with their care of their treatment and therapy. Especially in a clinical trial.

The word experiment everyone checks out immediately. I don't want to be a guinea pig. I don't want to do this and that. You really have to explain to them that's not what you're doing. We're offering you a treatment that's really going to help you potentially, that may not be offered anywhere else. Again we're trying to lean toward the idea that clinical trials is really innovative. It's cutting edge. It's really showing that we're at the edge of really grasping, new therapies new medicines that's really going to benefit our patients. Again, with Kaiser we're not about publications or publicity just to do things, just to have that special attention. We're really in the priority of benefiting the patient.

Paula Amezola:

Thank you.

Jeff Slezak:

Okay, coming from the data perspective at Kaiser Permanente the type of experience and skills that I would like to see someone coming is actually having experience with real data. Anything that can show. If you have something in a practicum or even an involved course experience where you had real data, where you got to dig in and see what's ... Real data is messy. If you have experience with that, and can explain it. The other thing is really communication. We're working with people, sometimes people who aren't



very experienced in research, and we have to be able to explain to them why we're doing what we're doing. What the results mean, what are the limitations of the data and the analysis, what can we really get out of it. If you can get some experience with those kinds of things and develop those skills those are the kind of things that can take you far as a statistician, as an analyst.

Paula Amezola: Thank you.

Ronald Owens: Thanks Jeff. My business entails primarily storytelling; Being able to talk about what we do credibly and understandably. I think a person who has a Master's in public health brings a specialty, in terms of education, to the public relations field. Just having the book knowledge without the ability to be able to convey a message ... and figure out how to package that message, so that it will resonate with the audience that you're trying to reach, and persuade that audience hopefully to the view that you're trying to promote. It's vital to be able to do that to be successful in the area that I support within Kaiser Permanente. I would say strong writing skills, strategic thinking, constant desire to learn about new things about the organization about the business of healthcare, and having compassion and understanding that we're in the business to help people first and foremost. Everything that we do, every act that we undertake, is focused on that is key.

Camille Dennard: Thank you. I would say since I do the recruitment process for the interns I see all of your applications. I see all of your resumes. I review them one by one and I look for certain traits. I say this because this is also what we would look for in our department beyond interns. Often times when we get interns we look to them for future positions. I'll say that first off. Secondly, this may seem a little abstract but it's really important in our field of health promo and education that you are able to speak publicly, that you have strong public speaking skills, that you can command an audience, that you can have a multi-lingual kind of way of interacting with people.

I say multi-lingual because we have to work with physicians. We have to work with top level leadership. We have to convince people sometimes that health education does produce outcomes, that health education is beneficial for members. We have to get physicians onboard with them sending their patients to us. We have to be very well versed in health behavior change theory, and social determinants of health, and all of that good stuff. I would say one of the things that we're seeing that is lacking is people with an ability to facilitate groups, to publicly speak, and that is something that's extremely important in our field.

Rob Mikuriya: Okay, so if anyone wants to be a video producer, a video maker talk to me after the meeting. I'm not going to talk about that, that's a whole different thing, that's what I do. I will say that I consider myself a professional collaborator. We work with teams. We work with clients. Clients meaning



other departments within Kaiser. Like I said the MPH person is either the consultant or the project manager. They're the driver of the team. They're organized, they call the meetings, they make sure things get done on time. They're kind of annoying sometimes to me, but that's okay. They are the people that are organizing the whole game. They have to be able to work in a team format.

I don't know if they put you in teams. I'm sure they do, but I would get as much team experience as possible. Try to take on some very difficult challenging topics, or problems. Try to solve some tough problems, because that's what we're doing at Kaiser. We're solving some tough communication problems. The team has to work together and it's the project manager or consultants job to keep that team together, and work as a key teammate. That's the important thing, and also like Ron said, storytelling is the key. I don't care where you end up. If you don't even end up at Kaiser stories are really important. Really it's the way to communicate and it has been since the caveman. Stories are important and collaboration.

Paula Amezola: Great, thank you so much. Just to summarize for those who may not have heard in the back; What I hear resonate across the whole panel is that transferable skills such as collaborating, leadership, and public speaking, and communication are key skills that they look for in applicants. Now the only exception is the biostatistician who mentioned if you are biostats or epi major know data.

Dr. Kerrigan: Actually I will add to that a little bit.

Paula Amezola: Go for it.

Dr. Kerrigan: It goes back to the multi lingual ... I love that term that you're using in terms of being able to translate to different audiences. I think that's actually one of the biggest assets in Jeff's team. It's that translating what a physician is trying to tell you, "This is what I want to look at. This is what I want to do." They may not speak a language at all of biostats, which nobody does, right? Someone in their team is going to have to translate that. Again, knowing the therapeutic area, knowing the clinical skills, knowing the study design. Get all that information from all different aspects, and translating it into numbers which is an impossible feat for me. I think communication is a very clear across all teams, here is in a healthcare scenario like Kaiser, that is probably, I would say, one of the very, very top skills that you need.

Paula Amezola: Thank you Dr. Kerrigan. To keep with our agenda I am going to delete two of my questions. The final question, and this is going to be a sentence or two. Please panelists. The question is what are entry level positions in your field for MPH level graduates. I'm looking for specific titles. When our MPH graduates go into your website what should they be typing in? Almost every person, which I've met with almost 60 of our MPH students, ask the question, "I want



to learn about how to search for an MPH job." Please we have six minutes till the next component of our panel presentation. Just think about specific titles. What should they be typing into when they do these searches?

Dr. Kerrigan: For clinical trials you can start with just the word research. That would get you a good start. Specific titles would be Research Associate. That's the official HR term that we use at Kaiser. Industry term would be Research Coordinator.

Jeff Slezak: For the data people we have the SAS Analytic Programmer, or the Biostatistician are the two job titles that are related.

Ronald Owens: Project Manager I or Project Manager II. Look under community benefit, and look under other departments that may have, because you understand the lexicon better than I do, that may have departments that have to do with either clinical care delivery, or clinical initiative work advancement. Okay, but Project Manager I, Project Manager II.

Camille Dennard: Excuse me. For our department you would of course look at health education. However when you actually go to the website, and you scroll through, and you try to pinpoint how would I get into this department the headline, or what you would click on is Education and Training. That's where you would click, and you can see all the jobs that will pop up and populate there. I also wanted to mention that ... I'm sorry I just wanted to throw this in there. This is from before, but I just wanted to say find out what you're good at, get better at it, and then bring it to Kaiser if that's what you're looking to do. You can build a niche in this organization. You can make yourself a very needed entity, so I just wanted to throw that out there, and I'll pass this on.

Rob Mikuriya: I don't have anything to add, so I'll just give you back ...

Paula Amezola: Great, well look at me. I have two more minutes. Okay, well it's okay because thank you so much. I really appreciate it. Now for all the students, the audience that is here don't worry they're not going anywhere. I have them booked until eight. We are now going to hear from Rachna and I apologize if I'm killing your name. Rachna is a second year administrative fellow with Kaiser Permanente's Administrative Fellowship program. She began her fellowship at the Riverside Medical Center, and is currently completing her second rotation and service in access department at the regional offices in Pasadena. Rachna graduated with her MHA from the University of Pittsburgh in 2014. While in Pittsburgh she worked for Allegheny Health Network-

Rachna Desai: Yup.

Paula Amezola: -in strategic planning and business development.

Rachna Desai: Okay, so I'm kind of like that video that you have sit through when you're watching a YouTube video. I'm kind of like that ad, so I promise to rush



through this. I did want to share this opportunity with you, because our fellowship program is a great opportunity. Is everyone here familiar with fellowship programs in general? Okay, so basically this is our agenda. I'm going to run through this very quickly as I promised. I'm going to tell you a little bit about administrative fellowships, give you a little bit of a background about Kaiser and then merge the two together and talk about Kaiser's administrative fellowship program.

I know this is very text heavy, but basically what an administrative fellowship is, is it's a full-time job at Kaiser. We're looking for recent graduates from graduate school to come in, a select number, we take about six a year. What it is, is it's a full-time job with a salary, benefits, everything, but you come into a learning lab experience at Kaiser Permanente. We put you in one of the medical centers where you're directly reporting to one of our CAO's which is a Chief Administrative Officer, or another senior level executive. While you're there you'll be working on a variety of projects. I'll talk a little bit more about the structure a little later in the presentation.

What you do is you'll be rotating through the Kaiser Permanente system starting at a medical center, moving on to the regional offices, and going back to medical center. You have exposure to a variety of different departments, people, projects throughout Kaiser Permanente. One thing I wanted to share with you is why would you choose a fellowship as opposed to just going into a regular job once you graduate? For my fellow, fellows and I one of the reasons that we decided a fellowship would be right for us is because it serves as a bridge between graduate school and the healthcare industry. If you're not exactly sure what you want to do, you want to explore a little bit more, this is a good way to do that.

It's also a great balance of the work and learn. You will be working on a variety of projects. You'll be attending meetings, doing all that, but you'll also be learning at the same time. As I mentioned before you'll be mentored by senior level leaders. You'll also be dealing with other people throughout the organization, throughout the system, and it's a great way to learn and shadow while you're doing that as well. You'll have exposure to a variety of projects, as I talked about before. The mentorship we also talked about. It's an opportunity to improve your leadership and management skills.

This fellowship is geared towards really molding and shaping the future leaders of Kaiser Permanente. You'll have mentorship that's really going to help you enhance those skills, and improve those skills as well. Just really briefly about Kaiser Permanente, the original deck has 20 slides, so I kept it really short. Just a little bit about our mission; We're centered around quality, around convenience, caring with a personal touch, and also staying affordable. I'm sure everyone here on the panel can attest to that. All of our projects, all the work we do, is really trying to marry all these different aspects, and bring a nice balance together, and delivering the best healthcare that we can.



What makes us different at Kaiser Permanente is that we're an integrated healthcare system. We have the three different aspects. We have the health plan we have the hospital, and we have the med groups as well. It's a really great place to learn about a healthcare organization. This is a nice little quote from President Obama. I'm not going to read it out for you, but it really gives us a sense of pride to work where we do, and really contribute to the Kaiser Permanente mission day after day. I would suggest you get a little bit of feel of Kaiser Permanente's presence. Here in Southern California we have 13 medical centers, technically 14. We have 214 medical office buildings. I think Camille mentioned before in the panel we have a little over four million members, so you can see our impact and how many lives we touch.

About the fellowship program these are the incredibly good looking fellows. We have a variety of backgrounds. We have people with MHA's and PH's, JD's, we have nursing candidates and they all have different work experience, different goals, different reasons that they did the fellowship program. I really want to emphasize that there's no one type of fellow. It's really we tailor the fellowship to fit your needs. A little about the program structure; We offer the fellowship here in Southern California as well as Northern California. Here in Southern California the fellowship is over two years.

You'll be doing three rotations, and as I mentioned before the first rotation normally starts in a medical center. For example, I started at Riverside as Paula mentioned, where I reported to the Chief Administrative Officer. I worked closely with the COO as well, and the CFO. Then afterwards we come back to the regional offices where we get the bird's eye view of how things work at Kaiser Permanente. Then you usually go back to a medical center. That being said this order changes. It's really up to what your preferences are and what you would like to do. The fellowship program is very fixable. Northern California their biggest difference is that they're a one year fellowship. There's two rotations with the option of a third rotation if you'd like to go to their program offices. What makes our fellowship unique? Starting with exposure; as I mentioned before we're an integrated healthcare system. You'll get exposure to all facets of Kaiser.

In terms of flexibility as I mentioned, we really try to tailor the fellowship to meet your needs. If you're interested in finance we'll try to pair you up with a project where you can work on finance. If you're interested in operations we'll try to pair you up with somebody where you can work in operations. It's a very flexible program, and even the rotations, as I mentioned before can be moved according to what works for you. There's a great opportunity to network. Not just because of the rotations you're doing, but your preceptor will take you along to meetings. You have a great opportunity to meet different leaders, different people in various departments. Continuing education; we're allowed to attend different conferences national conferences, Kaiser conferences.



It's a really good way to continue that learning aspect that I was talking about before. Alumni; we have a vast alumni network. This fellowship program's been around for quite a while. I'm not sure about the exact number of years, but one of my preceptors who's the CAO right now at Riverside, he started this when he was an intern at UCLA, I believe 20 something years ago. It's been around for a while. We have alumni throughout Kaiser Permanente. We reach out to them, they mentor us, they guide us in terms of careers here at Kaiser. It's a really great opportunity. Job placement most of the fellows do end up staying at Kaiser. Once you're done with your fellowship you apply for a normal job. There's no obligation for Kaiser to offer you a job, nor do you have any obligation to stay on. Some people have left for other healthcare organizations, or wherever they wanted to go. Most of the people tend to stay on.

I won't go into too much detail about this, but these are some kinds of rotations that we do. You could do project management work, consulting, strategic planning. The opportunities are endless. Whatever, as I said before, you have an interest in you're able to talk to your preceptor and they'll definitely try to match you up with something that you'd like to work in. One thing I wanted to bring up is I get a lot of candidates that'll come to me and say, "Oh you know I did public health. I really don't want to do administration. I'm not interested in management," but there's so many opportunities, as we heard from our panel today, to get involved in different public health aspects of Kaiser Permanente. It's not just management, it's not just policy. There's so many different things, and so you can ask me questions later one on one.

Our fellows have been involved in everything from population health management, to epi, to so many different things. There's definitely opportunities for public health students to get involved. We really hope you apply. Just an overall timeline; we ask that you're in your last year of graduate school, the second year when you apply in the fall. The selection and interview process takes place in October, November. Then you'll begin your fellowship the following year once you've graduated and May. I think you all graduate in May, correct? You'll start your fellowship in June or July of that year. This year our application deadline is coming up October first. I know that's really tight, but if anybody's interested you definitely can make it.

All the instructions about applying are online at the website there. You can also just Google Kaiser Permanente Fellowship. It will come up it's the first thing. I know that's a little bit long to write down. As I said the interviews will take place in October and we'll make our selection November. Our website has all the information that you could ever need about the fellowship, so feel free to visit that if you'd like any more information. The website also has this information. If Northern California sounds like an option you'd like to pursue all of their information is on the website as well as Southern California. If you email our inbox with any questions you'll usually get a response back within a



day or two. I'll be happy to take any questions during the networking event one-on-one, but I'd really like to thank you all for having me here today. Thank you.

Paula Amezola: Thank you so much. Thank you so much. Now for the most important questions, and those are your questions. I just want to say we had 87 RSVP, and I know not everybody's here, but that's such a great turn out. I've selected a few question from those that are RSVP'd, and put together the questions. I know there's some audio issues, so what I would like is for the person that's ... I'm going to select the question for each of you, and if you can come to the podium and speak into the microphone. That way everyone can hear you, because these are the most important questions to our audience.

Let me start then. I know that Rob and Ron are here in health communication, however; I want to ask one of you to answer this question. Then the other one can answer the question on health communication. What are the roles of physicians in your public health programming, and how do you utilize physician in communications? If one of you can step up to the microphone I would greatly appreciate it.

Ronald Owens: I need to speak into [inaudible 00:50:56]

Paula Amezola: Yeah.

Ronald Owens: Okay. Can everyone hear me? Okay, thanks. Kaiser Permanente was founded by physicians and one of its guiding principles has been that physicians aren't, in terms of care, physicians aren't going to be limited by cost or administrative oversight. The idea is to focus on providing the best possible care for our members and patients. In terms of how we use physicians in our communications work, or our health communications work is really about credibility. Someone might refer to me as a Kaiser Permanente spokesperson if I were to discuss an issue.

The level of credibility that I would get compared to a physician coming up, and talking about that same issue, and being identified as a Kaiser Permanente physician, I think, speaks for itself. We use our physicians as subject matter experts and frankly as resources to help improve our reputation as the place to come for information, and care about topics to help you stay healthy, and live a long and thriving life.

Paula Amezola: Thank you so much. We have a big segment of students who are MSW MPH majors. Can we show hands. They had some questions. I don't know who can answer these, but maybe someone can step up. What opportunities exists for these dual degrees majors, and what difference is the work responsibilities between an MSW work versus an MPH degree? If somebody wants to come up and answer this question for our segment of MSW MPH majors.



Camille Dennard: Okay, so I'm going to do my best to try to answer this. I know that an MPH it's really invaluable when you can come in with program design and eval skills. Dr. Warbux class was just amazing for the work that is done in our department. However, I know that social work encompass a lot regarding social determinants, a lot regarding understanding socioeconomic issues and disparities. That piece of it is a really strong component that can be utilized not only in health education, but Kaiser Permanente is very strong on making sure that part of their quality care is culturally responsive in competent care.

That's another arena where people with MPH and MSW's might fare well. I have to say the difference is that when we come in with an MPH we come in with a particular training around building curricula, building programs, evaluating, and understanding health behavior change theories. Social work; I'm not too privy to that field. I did a little bit of research when I came, but I hope that's a little bit helpful as far as being able to build programs.

Paula Amezola: Okay. We do have a segment here on general MPH degree questions. I think the students really wanted to hear how can they make themselves more marketable? How can they get a foot in Kaiser Permanente? Hearing about the presentation about the work balance that Kaiser provides, about your personal health is important, and there is an employee health program those are the types of questions that the students in general wanted to hear. Does anybody want to take a stab at answering one of those? There's another one. What do public health professionals do in the hospital system?

Ronald Owens: Backup.

Paula Amezola: Yes.

Ronald Owens: [crosstalk 00:55:42] other question. Making themselves marketable. Is that what they question-

Paula Amezola: Mm-hmm (affirmative).

Ronald Owens: Okay, let me try [crosstalk 00:55:49].

Paula Amezola: We got a taker, yes.

Ronald Owens: I'm going to start off by saying I don't know a thing about your business. I do know a little bit about hiring. Let me throw something out that may be of assistance to you hopefully. That is when you sit down and you write your resume write the resume to the job that you are applying for. Don't think that your resume is a one size fits all tool. It is a calling card to hopefully generate some interest by the reviewing manager, or the HR hiring lead that would screen resumes. Make sure your resume is written to the job.



The other thing that I would say to ensure your initial marketable is to ensure that it's letter perfect. Both your resume and your cover note. Your cover letter is what's going to make somebody go to your resume. Then your resume is what is going to cause them to hopefully reach out to you and ask you to come in and meet. One typo is all it takes to have it thrown away. The view is if it's not good enough to you to make it perfect you're not good enough for us to consider. That's with any employer. That would be my suggestion on that particular point.

Camille Dennard: Sorry. I don't want to speak too much, but because I look at resumes all the time, and we do the hiring of the intern, and our internship is actually \$20 an hour just to put that out there. Which is exciting. The resume piece, the cover letter piece absolutely important. Your voice is important as well. From the minute that you pick up the phone and you speak to either a health ed assistant that may be screening you, or you speak to HR you need to be on point.

You need to be absolutely on point with your etiquette, being courteous, because that will exclude you in a second. I'm big on that actually. Secondly when you get in front of the people to whom you are applying for a position, again it's really important to be on point. For us, in our field, it's how that person uses interpersonal skills. What is unique about that person that we're looking for because of the dynamic work that we do in our department.

Rob Mikuriya: [inaudible 00:58:47]

Paula Amezola: Yes. They like this question.

Rob Mikuriya: That's a good question. What was I going to say? All those things are important, but I think you just get out of school you don't have a lot of experience. What I look for is what have you done outside of school? Have you done some hard things? Have you played on a softball or a soccer team, and won a championship, and had to work together as a team? Have you climbed Mount Everest with a team? Have you done some hard things with a group of people? I would like to know that, because I need team players on my team. I think Kaiser's looking for those same types of people. If you don't have a lot of work experience be sure to inject some of that other experience you might have in your life experience. That's another little tip.

Paula Amezola: Thank you. Now I'm going to switch a little bit, because I feel our research and clinical trials people are a little neglected. I have a question here that says is there any cultural sensitive research in Kaiser? Where can we see the list of research topics?

Jeff Slezak: First some of the research topics; I can point you to our department website which is kp-scalresearch.org. That has information. I also have some stuff over



here that in the folders we have some stuff about research topics. We have a number of full-time researchers who have built research programs. Each of them has a website out there that talks about their research and what they're into. Selected topics are in here, so I encourage you if you're interested, come pick that up. Our communications people within our department have put that together and asked me to bring it, so please do.

In terms of culture sensitive research there is some research that's going on that is related to different cultures, different race, ethnicity type of things. I got a question just today from someone who was working on looking at different screening tests within different cultural groups. This researcher, her particular interest, is within Asian populations. In particular breaking that down, and saying Asian is not just one thing. There's a lot of different groups within the Asian population, and starting to look at some of those sub-populations, and saying are there differences within them in terms of what goes on. Then also looking at language preference. How does this play a role into how you interact with your providers, or whether or not you chose to get screened, or vaccinated, or all of those kinds of things. That's some of the research that we do in those areas.

Paula Amezola: Would you like to add?

Dr. Kerrigan: Sure.

Paula Amezola: Thank you.

Dr. Kerrigan: I probably won't add to that specific question, but maybe glancing over some of these questions I'll add a little bit with maybe the MD MPH degree. We have a good number of physicians in our group that have dual MPH degrees as well. For research, I think, this is really a great critical opportunity for a lot of our providers with this type of background, because not only obviously you're providing the direct clinical care to our patients, but also you have that broad perspective of what else can we do for the public health perspective? What kind of critical questions do we want to have answered?

Kaiser by and far beyond is one of the best resources to be able to do large population research for public health. We have that close system with electronic medical records. Having data access to everything for a patient. We have patients since birth, for their entire life, every single piece of health information from them. We can query our data's in our systems and pull anything out. We have such a large population we have pharmacy records, radiology records, in-patient records, out-patient records. Basically other than the VA there are very few, if any, systems that can have such comprehensive data for our patients. Because of that you can derive so many answers to questions based on that cohort. The difference with the VA is that we have a very different diverse population and the demographics are a little bit more representative of the general public.



A lot of our investigators and our researchers have MD MPH degrees, and they're in a position to come up with great ideas and topics, develop and create their own research protocols small or large, and really design things to have great impact internally and externally. Meaning that depending on the answers and outcomes from their studies we can change practice within our organization, change guidelines, decide how we want to provide the care to our patients. Also outside of Kaiser obviously we can publish this information within peer review journals within conferences, and really have an impact on how treatment is delivered outside of Kaiser as well for anybody internationally with the disease. It's a really unique opportunity, I think, in our institution to have different individuals with this type of background.

Paula Amezola:

Well, I'm trying to keep with our timing, because if any of you have visit in my office you all know what my philosophy is. That is finding a job is only half the battle. To get the job you have to network. At this point I would like to ask everyone to please give a round of applause to our presenters and our panelists. Thank you so much.

[End of recorded material]