

Using Our New Bilingual Premium and Adding a Fourth Language at Our Clinics

We are proud to work with a very diverse group of patients at Neighborcare. Many of us speak the same languages as our patients and use these skills every day to support our community. It was through our unity and collective action that we were able to win our first ever language premium at Neighborcare. We are excited to announce the fourth language spoken at each clinic location that qualifies for the premium so that we can continue to be recognized for this important work.

Languages Eligible for Bilingual Premium, By Site

All Sites	Pike Place
Spanish Somali Vietnamese	Mandarin Russian Tagalog
45th Street	Lake City
Amharic Tigrinya Mandarin	Amharic Tigrinya Mandarin
Central Area Dental	Meridian
Amharic Russian Tigrinya	Amharic Tigrinya Mongolian
Columbia City	High Point Dental
Amharic	Khmer (Cambodian)
Georgetown Dental	Rainier Beach
Amharic	Amharic
Pacific Tower Dental	St. Vincent de Paul
Cantonese Mandarin	Cantonese

What is the bilingual premium?

The bilingual premium is a \$.50/hour premium that is available to NCH employees who complete and pass a language assessment test.

Here's how the premium works:

- Available to any patient-facing staff member who passes the ALTA language assessment.
- Applicable for the top three languages spoken across the system other than English: Spanish, Somali and Vietnamese.
- Applicable for the fourth most utilized language spoken at your clinic. Refer to the grid to see what the fourth language is at your clinic.
- There are three different assessments depending on staff role:
 - The Clinical and Cultural Linguistic Assessment (CCLA) is given to providers — Physicians and Advanced Practice Practitioners.
 - The Qualified Bilingual Staff (QBS) assessment is given to Registered Nurses and Medical Assistants.
 - All other staff are given the General Listening & Speaking assessment.

Languages offered for each type of assessment

Clinical and Cultural Linguistic Assessment (CCLA)	Qualified Bilingual Staff (QBS)	General Listening & Speaking
Amharic on demand	Amharic on demand	Amharic live and a specific time must be scheduled
Cambodian (Khmer) on demand	Cambodian (Khmer) on demand	Cambodian (Khmer) live and a specific time must be scheduled
Cantonese on demand	Cantonese live and a specific time must be scheduled	Cantonese live and a specific time must be scheduled
Mandarin on demand	Mandarin on demand	Mandarin live and a specific time must be scheduled
Russian on demand	Russian on demand	Russian on demand
Somali on demand	Somali on demand	Somali live and a specific time must be scheduled
Spanish on demand	Spanish on demand	Spanish on demand
Tagalog on demand	Tagalog on demand	Tagalog live and a specific time must be scheduled
Vietnamese on demand	Vietnamese on demand	Vietnamese on demand
Tigrinya live and a specific time must be scheduled	Tigrinya live and a specific time must be scheduled	Tigrinya live and a specific time must be scheduled
Mongolian live and a specific time must be scheduled	Mongolian live and a specific time must be scheduled	Mongolian live and a specific time must be scheduled

Interested in taking an assessment? What you need to know:

- The pass level as well as test format should be emailed to you along with the assessment. Give yourself uninterrupted time and space to focus on the test. Our union team will be tracking the pass/fail rates closely. We want to ensure the best outcomes for us and our patients.
- Email chipw@neighborcare.org in order to schedule the assessment in the language you'd like to test in. For assessments that cannot be taken on demand and have to be taken during work hours, staff can use PTO or unpaid time.
- The employer will pay for the first exam. It is \$110 to retake the test.
- The premium is paid for all hours worked, not just the time spent speaking the language.
- If you need you delegate support, please reach out to Dalila Cruz at dalilac@neighborcare.org.



"I am very happy that we were able to expand the additional languages to the top four languages of each specific site. Neighborcare listened and made the necessary changes that we were asking for and now more of our bilingual staff members are being compensated."

Dalila Cruz, PSR, Meridian

Kicking off Our Joint Labor- Management Committee

One of the most fundamental victories in our first union contract is the ability to form a joint labor/management committee. This committee is our seat at the table to jointly problem solve with management, discuss staffing concerns, as well as contract interpretation, and policy/procedures. This committee is also the body that will be driving our organizational equity and inclusion work forward.

We kicked off our first meeting on August 17 and discussed how to be a successful committee going forward, the next steps on our equity and inclusion work, as well as how to shape criteria for the newly won lead premium. We look forward to this important monthly meeting.

Committee Members

Renee Hopkins, Dental Assistant, Rainier Beach	Dalila Cruz, PSR, Meridian
Valentina Warner, MD, Rainier Beach	Jo Saltmarsh, RN2, 45 th
Juanita Lyles, MA2, Pike	Elisa Apostle, ARNP Columbia City
Liza Redding, BHC, Pike	

Examining the Importance of Our Organizational Equity and Inclusion Work

A message from Valentina Warner, MD, member of our Joint Labor-Management Committee



Dear coworkers,

This week we met for our first Joint Labor Management Committee meeting. We started the ground work for the Organizational Equity and Inclusion Committee (OE&I) where union members and management will confront head on the racial disparities that are immediately apparent when you look at the staffing at NCH: Those with highest pay (both in the union and management) are almost exclusively white and the lowest paid jobs are staffed almost exclusively by people of color.

While these disparities are not unique to NCH, and we did not create this system that caused these disparities, we, particularly white people in positions of more power, are responsible to do everything we can to stop the perpetuation of it. This will be a beautiful opportunity to “walk the talk” and put in practice the demands of the Black Lives Matter movement that exploded across the world in the wake of the murder of George Floyd. This will not be a time to point fingers, but to honestly look at the numbers and make concrete steps to make changes.

We need to start looking at the data – hiring and firing numbers and disciplinary records sorted by race. Of equal importance, we have to have voices of people of color that are at the center of the table, and their reality of racial discrimination, here at NCH and the wider community, is heard and believed.

Some of the uncomfortable work for white people is the vital task of looking at the truth, without making excuses for the reality of the racial disparities at NCH. We can no longer pretend as white people that it “just happened” and is not our responsibility. Since the George Floyd murder, white people have collectively understood in a new way that we cannot look at systemic racism as a problem of the avowed racists, but rather a problem of our culture of white supremacy that is the foundation of our country, a country founded on the enslavement of African people and stealing of Native lands. Our culture was designed to soothe the white conscience to be able to tolerate the violence needed to subjugate millions of enslaved people and the genocide of the Native peoples. This work is the beginning of the dismantling of that culture.

That will be the beautiful work of the OE&I-Joint Labor-Management committee.

**In solidarity,
Valentina Warner, MD
Rainier Beach**



“I am excited to be part of the Joint Labor-Management Committee and see this as a good way to help reset our relationship and build a collaborative partnership with management. We discussed ground rules at our first meeting and asked management to be in good faith, open dialogue, and be joint problem solvers with us. We want to make this a good environment for all of us including management, staff and most importantly our patients.” **Juanita Lyles, MA2, Pike**

Weingarten Rights

Union representation during investigatory interviews

(If called to a meeting with management, read the following to management or present the card before the meeting starts.)

If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative, officer, or delegate be present at this meeting. Without representation present, I choose not to participate in this discussion.

Employee rights

Under the Supreme Court’s Weingarten decision, when an investigatory interview occurs, these rules apply:

The employee may request union representation before or during the interview. After the request, the employer must choose from among three options:

- Grant the request and delay questioning until the union representative arrives;
- Deny the request and end the interview immediately; or
- Give the employee a choice of:
 - Having the interview without representation or
 - Ending the interview.

If the employer denies the request for union representation and questions the employee, it commits an unfair labor practice and the employee may refuse to answer.

**Do not resign your position. Do not be insubordinate.
If you are denied your rights, comply and alert your delegate as soon as possible.**

Advocating for a secure financial future for Federally Qualified Community Health Centers and uniting with CHC

We understand the importance of having a healthy clinic system to support our communities. Due to Covid-19, we have seen workers placed on standby and reductions of FTEs as patient volumes have declined. The impact of this is a significant loss of revenue for our employers.

Together with Community Healthcare Clinics, we decided to petition our congressional representatives to allocate some of the federal and state funding from the budget to help support the clinic systems and not just hospitals alone. Having money allocated to Neighborcare and Community Healthcare would mean that our systems could be healthy, which in turn creates job security, better staffing and livable wages. Our petition has been delivered and it’s good to know that we have support from our local congressional representatives.



“Federally Qualified Community Health centers are in trouble! I believe it is not an exaggeration when I say that some clinics are worried how they will stay open. Some clinics may actually close without assistance from Congress, in the form of desperately needed funding. It is so powerful that SEIU 1199NW members come together collectively, to make our concerns known to our congressional representatives. Together we are stronger!” **Paula Brown, PSR, Meridian**

Contracts are almost here!

The contract will be available on our website on Friday, August 28 at seiu1199nw.org/chapters/nch

Our Delegates

Jo Saltmarsh	45th	RN2
Lucy Robles (Lucero Leon Robles)	45th	MA
Elisa Apostle	CC	ARNP
Monica Villalobos-Beltran	CC	ES
Mahalia "Hayley" Nichols	HHOT	RN
Ana Mora Rosales	High Point	MA2
Hoda Mohamud	HP	Dental Asst
Ginger Hartzell	LCM	Med Clerk
Andrew Nee	Meridian	PSR
Dalila Cruz	Meridian	PSR
Paula Brown	Meridian	PSR
Pelenita "Nita" Tuupo	Meridian	MA
Diana "Nazz" Murphy	Meridian	PSR
Liza Redding	Pike	BHC
Juanita Lyles	Pike	MA2
Elizabeth "Renee" Hopkins	RB	Dental Asst
Valentina Warner	RB	MD
Maureen Chomko	RB	Dietician
Kristin Ortega	RB	MA/Med Clerk



August 4, 2020

Dear Washington State Representatives and Senators,

As members, or soon to be members, of SEIU Healthcare 1199NW, we are urging you to act now and pass additional emergency and long-term funding to keep Federally Qualified Community Health Centers open and fully staffed.

Federally Qualified Community Health Centers (FQHCs) care for the patients who will be impacted first, and will recover last, in this global pandemic. FQHCs are also the shock absorbers that provide primary medical, dental, and behavioral healthcare when people are unemployed and uninsured.

In Washington State, our Community Health Centers serve over a million vulnerable patients, including children, people experiencing homelessness and veterans. Our patient volumes have gone up by over 50% since 2010, and likely will continue to do so as the economy continues to falter.

FQHCs are an effective investment. Every \$1 in federal investment in our Community Health Centers generates \$9.37 in economic activity across Washington State, for a total of \$2.38 billion in economic activity.

Staff at those centers already have trusted relationships with chronically ill patients in medically underserved communities and can keep hospitals from becoming overwhelmed if they are given the financial resources and equipment to do their jobs.

Right now, our Community Health Centers are struggling with extreme short staffing and lack of access to appropriate PPE to keep ourselves and our patients safe. We are on the front lines of the coronavirus crisis and we do not have what we need to manage it effectively.

It's time for Congress to pass emergency and long-term funding for Federally Qualified Health Centers. As the frontline healthcare workers of our communities we are calling on you and your colleagues in Congress to pass an additional funding in novel coronavirus relief that will support FQHCs.

Sincerely,

Hamdi Abdi Patient Service Representative Neighborcare Health	Anna Aldrich Dental Assistant Community Health Care	Coordinator Community Health Care
Muna Abdulkadir Medical Interpreter Neighborcare Health	Katia Alfaro Medical Receptionist Community Health Care	Debra Alyea Dental Assistant Community Health Care
	Maria Alvarado Outreach Referral	Eduardo Andres Pharmacy Technician Community Health Care