

UCSF Department of
Family & Community
Medicine

A Beacon for Change

Impact Report

2019 - 2023

fcm.ucsf.edu



ucsfamilymed



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At the Vanguard of Transformation



"United as a department of staff, faculty, clinicians, students, and trainees, we will continue to grow in response to old and new challenges and develop programs that serve and benefit our patients and society in previously unimagined ways."

[Megan Mahoney, MD, MBA](#)

Hellman Endowed Professor and Chair, UCSF Department of Family and Community Medicine

At the [UCSF Department of Family and Community Medicine \(FCM\)](#), we relentlessly search for better care models that meet the needs of diverse populations and foster joy in practice among diverse care team members.

We proudly build on our department's recognized legacy of pioneering effective solutions, integrating excellence in patient care, education, and research, and rapid response to the challenges of our times from healthcare access to HIV to COVID.



Clockwise from left: Megan Mahoney and colleagues at NAPCRG 2022 - Kevin Grumbach, Beth Wilson, Danielle Hessler Jones, Yuri Cartier, Emilia Demarchis, Hunter Holt, and Aurélien Joucla.

Since 1968, our community has been defining new global standards for the role of academic family medicine in the social justice movement.

Re-envisioning health care's role in society is an ongoing act. Societal change is happening at an unprecedented speed.

United as a department of staff, faculty, clinicians, students, and trainees, we will continue to grow in response to old and new challenges and develop programs that serve and benefit our patients and society in previously unimagined ways. The intensifying mandate for the transformation of healthcare in the United States positions Family Medicine at the vanguard of vital change.

Listen to Dr. Mahoney discuss her 2022 KevinMD article, "[Primary Care 2.0: new thinking and practice redesign](#)" and watch her "[Demoralization in Medicine](#)" in [FCM Grand Rounds](#).



Our Mission

FCM's mission is to improve health through excellence and innovation in patient care, education, research, advocacy, and community empowerment. We are dedicated to building a just and equitable society, recognizing that health and illness are shaped by the contexts of people's lives.

To accomplish our mission, we:

- **Provide comprehensive care** built on trusting and healing relationships with individuals, families, and communities.
- **Educate learners** in the principles and practice of family and community medicine, emphasizing the interconnectedness of people and systems.
- **Advance and apply knowledge** in patient care, population health, community engagement, and public policy.
- **Promote a culture of inclusion**, mutual support, and meaningful work.

Our Vision

A family and community medicine model leads improvement in health care, health, and health equity

We strive to be a force for eliminating the disparities in health care that plague our medical system.

Our Impact



Providing Whole-Person Care

We provide high-quality, patient-centered primary care services to a diverse patient population, addressing a wide range of health issues across the life course. We develop long-term relationships, helping to improve health outcomes, manage chronic conditions, and promote preventive care.



Training Future Leaders

We have trained generations of family physicians and community health leaders who have gone on to have a significant impact on their communities and the world.



Addressing Health Disparities

We have been at the forefront of addressing health disparities in San Francisco and nationwide. Through our commitment to social medicine and health equity, we have worked to reduce disparities in health outcomes and access to care for marginalized populations.



Advocating for Social Justice and Health Equity

We have a strong commitment to advocacy work at the local, state, and national levels. Residents and faculty members have been actively involved in advocating for policies that promote health equity and social justice.



Conducting Innovative Research

We have a long history of conducting innovative research in family medicine and community health. This research has had a significant impact on clinical practice and policy.



Innovations in Care Delivery

We have been a leader in developing innovative models of care delivery that have been widely adopted across the country.



FCM By the Numbers



#3

in the US for Family Medicine (US News & World Report)

#2

in the West and #5 in the US for FM Residency Programs (Doximity)

#3

for NIH Funding in Family Medicine



% of FCM Residency graduates work in underserved communities **60**

Clinical Enterprise Funds
18.2%

% of FCM Residency patients who are uninsured or publicly insured **95**

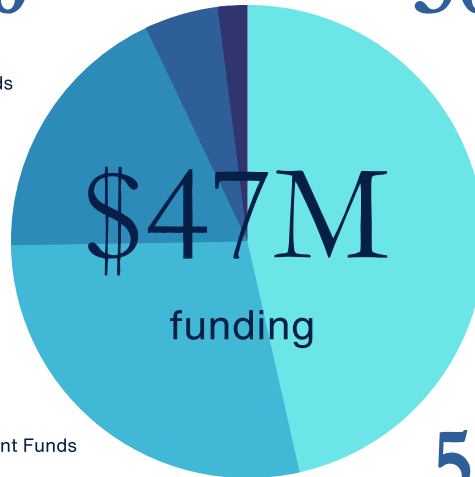
in research grants annually **\$25M**

Local Government Funds
28.3%

1550

studies published since 1985

Educational Funds
5.1%



500 family and community physicians trained

120 faculty
Extramural Funds
46.5%

400 volunteer clinical faculty

50 staff physicians

100 researchers

140 core staff



Operating with Excellence



Did you know? Since 2019, FCM's operating budget has grown by about \$16M, nearly doubled our research portfolio, and grown our team rosters by over 50 talented individuals. Kudos to our **Chief Administrative Officer and Associate Chair of Administration and Finance Shanice Jackson, MBA**, for steering us through this incredible growth.



Grateful for Partnership

Partnerships and an enlightened donor circle have enabled and propelled our work. FCM would like to give special mention to major donors for their contributions this year.

Our Health Justice Scholars Program, supported by the Hellman Foundation, allowed us to further the goals of diversity, health equity research and training.

We are training the future generation of Primary Care enabled by gifts from several individuals and partners, including many alum and long-serving faculty.

Their gifts also help position FCM as an advocate for individuals and community, linking our mission of healthcare leadership in social justice and best practices quality care.

A department priority is collaboration on studies that reflect the intersectionality of science, social, economic, and healthcare policy. Gifts from individuals and grants from health foundations enable our dedicated research teams to tackle and investigate critical areas that lead to change in treatment, policy, and culturally-relevant care.

Another priority for FCM is fostering community and wellness internally. Thank you to IDEO for donating their time and expertise to help us collectively generate priorities and strategies to support these goals.

We continue to build capacity to address crisis care from our pioneering leadership in HIV and to manage pandemic impact. Our team led many successful COVID response efforts, and we were able to adapt to the crisis and continue to address ongoing medical needs.

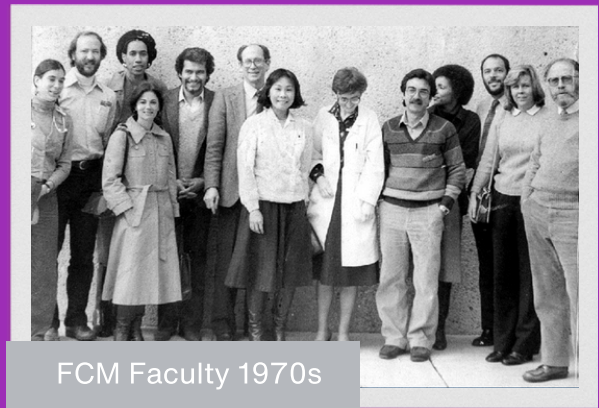
Of course none of this happens in a vacuum. Our community and patient partners, medical assistants, eligibility workers, nurses, clinic administrative staff, advanced practice providers, as well as colleagues in other departments, and UCSF as an institution are all important collaborators for whom we are grateful.

"That's really where health equity happens. It happens in relationship. It happens in partnership."



Her leadership has created a profound, long-term relationship with the GLIDE Center for Social Justice. Watch Paula talk about her work. In May 2023, FCM's Paula Fleisher received UCSF's highest honor, the Chancellor Award for Exceptional University Service.

Pioneering Community Medicine



"In the late '60s, most people had never heard of family practice."

Peter Sommers, MD

FCM Residency Director
1978-1989 and 1997-1999

FCM's history can be traced back to 1966 when faculty and student activism led to the formation of the Department of Ambulatory and Outpatient Care, which would eventually become the Department of Family and Community Medicine.

The activists recognized the need for primary care physicians who could provide comprehensive, patient-centered care to individuals and families in their communities.

At the time, the healthcare system in the United States was largely hospital-based, with little emphasis on primary care. There was a shortage of primary care physicians, particularly in underserved communities, and many individuals lacked access to basic healthcare services.

The founders of the department believed that family medicine should be recognized as a distinct medical specialty, with its own body of knowledge and unique set of skills.

They also believed that community-based primary care could play a key role in addressing the healthcare needs of underserved populations.

Over the years, FCM has continued to advance its mission, expanding its programs and partnerships to better serve the needs of its patients and communities, and training the next generation of physicians to address health disparities and promote health equity. The department has grown significantly through its clinical, research, and educational programs to become a leader in primary care medicine and community health.





Fighting Oppression

"We understand that our health and wellbeing is inextricably bound to the health and wellbeing of all. And through this understanding, we become committed to collective liberation. We all become free together, become healthy together." - FCM Residency

Anti-Oppressive Framework

Family Medicine should, at its core, be an anti-oppressive endeavor. It should be strength-based. It should be aware of and responsive to our history and current context. It should build and rely on liberating relationships.

Family Medicine is rooted in the understanding that all things are connected: the health of an individual is connected to policies where they live, which is connected to the history of the people who made those policies, which is connected to how those people worked and learned and lived.

The health of a pancreas is connected to the way a family moves through the world, which is connected to the way they impact a community which impacts the health of members of that community. Organ functions, personal experiences, cultural norms, policies, housing practices, employment practices, all of it is interrelated. Family Medicine understands and centers this truth.

As a result, we understand that our health and wellbeing is inextricably bound to the health and wellbeing of all. And through this understanding, we become committed to collective liberation. We all become free together, become healthy together.

Unfortunately, the dominant culture of medicine is not one that centers collective liberation. Hierarchy and paternalism permeate the culture, both in patient care and in medical education. We cannot claim to have escaped those things. We train residents in a hierarchical system and still provide care in ways that are not sufficiently strength-based and liberation-focused. That said, we do ground ourselves, as teachers, in a shared understanding that every member of the team—patients, faculty, residents, staff, and others—has knowledge to share and has a right to voice. We work to create a culture of mutual learning.

Why I chose UCSF FCM/SFGH: "Because of the focus this institution has placed upon addressing issues like racism in medicine and their support of improving diversity in healthcare. When you couple that with all the amazing faculty, residents, and staff... it was a no brainer for me to settle down in the Bay Area. "



Randy Jackson, MD

FCM Residency Associate Program Director

[@UCSFFCMResidency](#)

We also recognize that anti-Blackness and other forms of racism and discrimination are baked in to our culture, both in medicine and in the US more broadly. Medicine has been used as a tool of oppression and white supremacy for centuries, and our patients know this. As a residency program, we are committed to anti-racist education and practice.

Curriculum

Because we all are continuously learning anti-racist theory and practice, we have developed a three year anti-racism and anti-oppression curriculum for residents and for faculty. The framework consists of race-based caucusing, serving a diverse, underserved population, and a residency class that reflects the diversity of our patients.

Race-based Caucusing

In 2020, our department began a program of race-based caucusing for faculty, staff, and residents. Guided by the expertise of DEIA consultant Sharon Washington, the departmental community meets monthly or every two months to share, learn, reflect, grow, and plan actions to advance antiracism.

Resident Class Composition

It is important that the physicians we train are at least as diverse as the patients we serve. Cultural and language concordance between providers and patients improves outcomes. Beyond that, reversing centuries of segregation and oppression requires a diverse group of physician leaders. We prioritize diversity in resident selection, using a holistic applicant review process without score cutoffs. Our selection committee is composed of 12 residents and 8 faculty members. 2/3 of resident members must come from the residency diversity committee, in order to ensure diverse representation. During selection, we place a high value on lived experience because we know that the life you have lived directly impacts the quality of care that you provide.

"During selection, we place a high value on lived experience because we know that the life you have lived directly impacts the quality of care that you provide." - FCM Residency



"The honor and privilege that comes with being part of the 6% is not lost on us.' We will continue to work toward systemic change and improve Latine representation in the US physician workforce."

nationallatinphysicianday #nationallatinophysianday #representationmatters

 [UCSFFCMResidency](https://www.instagram.com/UCSFFCMResidency)

Back row (L-R) Alicia Fernandez, unknown, Oscar Echeverria, Jacob Arellano-Anderson, and Arturo Martinez. Front row (L-R) Yumiko Nakamura, Naiby Rodriguez, Cazandra Zaragoza, Mauricio Bonilla, Cindy Saenz-Leiva, and FCM Vice Chair and ZSFG Chief of Service, [Teresa Villela, MD](#)

We recognize the importance of having mentors and teachers who can relate to and understand the experience of residents from underrepresented backgrounds. While we have not yet met all of our goals for faculty diversity, we are proud of the supportive and diverse community that we cultivate together.

(L-R) Folashade Wolfe-Modupe, MD, MPH; Kirsten Day, MD, Inaugural Director of Diversity, Equity, Inclusion and Justice Advocacy and Mentorship for the FCM Residency Program; and Stefany Rush, MD.



A Meaningful Match

"Coming full circle I was born in the red brick bldg, sfgH was a haven as an undocu fam, spent many days as a teen in the mission taking the 14 and then walking down 24, volunteered at sfgH ED in undergrad, worked for SFDPH b4 med school. 🥰❤️ "

Jennifer Chinchilla MD
Class of 2025 on matching to FCM

Improving the quality of resident education

The residency program has evolved its educational programs in recent years through new faculty appointments, new curriculum, and new programs focused on fostering wellbeing.

The program welcomed new team members, including a new director of behavioral medicine, Cory Johnson, MD, MPH; a new associate residency director, Randy Jackson, MD; and a new site director for geriatrics, Meredith Mirrer, MD, Assistant Professor of Medicine. Lydia Leung also joined our team as an associate residency director in 2019.

"I'm passionate about helping people figure out how to live the life they desire with or without chronic illness or medications - that they deserve to live in joy and gratitude and that this can be independent of illness."



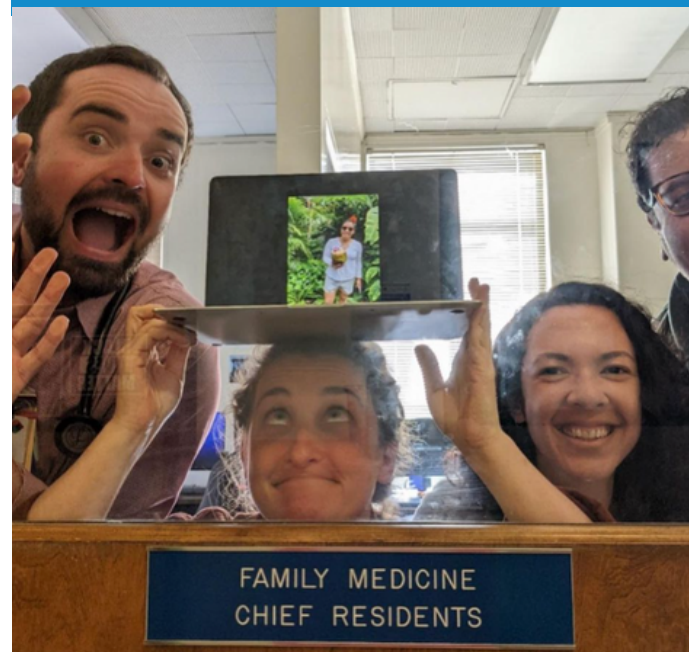
Cory Johnson, MD, MPH
Director of Behavioral Medicine,
FCM Residency
FCM Social Justice Scholar

Why I chose UCSF FCM:

"Because here I am surrounded by a community of colleagues who I truly love, who I share a vision with, who have had my back in difficult times, and who I trust to hold me accountable to our mission."



FCM Residency Program Director
Diana Coffa, MD



(L-R) Peter Callejo-Black, Simone Vais,
Cindy Saenz-Leiva, Arturo Martinez.
Cazandra Zaragoza on laptop

UCSFFCMResidency

Training Future Leaders



FCM plays a crucial role in medical education by training future physicians and healthcare professionals. We provide clinical rotations, electives, and residency programs for medical students, residents, and fellows. The department's emphasis on community medicine and primary care prepares students to understand the social determinants of health and serve diverse populations. They also foster a culture of research, innovation, and evidence-based practice, helping students develop critical thinking and research skills.



FCM Residents (clockwise from left front) Karen Zhang, Kelley Butler, Shane Hervey, Jacob Arellano-Anderson (back), Dedriana Lomax (middle), unknown, Sydnie Turner (with dog), Yumiko Nakamura, Jenny Nguyen, Sophie Mou, Li Chen, and Reem Al-Atassi.

Pictured at top of page: On left, front to back: George Matta, Vivian Ling, Abhinaya Narayanan, Tamaara Bostwick, and unknown. Center, front to back: Jenn Chinchilla, Alex Coston, Pierrot Rutagarama, Armando Navarro, Naiby Rodriguez, and Oscar Echeverria. Right side, front to back: Elaine Wang and Katherine Chan.

FCM's Residency Program

FCM's residency program is one of the oldest and most well-respected family medicine residency programs in the country. Our faculty, with important input from residents, has designed many innovative curricula over the years. These approaches continue to shape our residents' training and have often served as models for the training of family physicians throughout the country.

Our mission is to prepare family physicians to provide quality care for urban underserved communities. We do this by:

- Offering residents a high-quality, comprehensive primary care education that emphasizes the social, economic, and cultural dimensions of health and illness;
- Promoting collaborative, family-centered health care which supports and relies on our patients' autonomy, strengths, and values; and
- Attracting residents, faculty, and staff of diverse cultural backgrounds and life experiences and inspire them to work toward broader social change.



(L-R) Shane Hervey, Pierrot Rutagarama, Kirsten Day, Kelley Butler, and Dedriana Lomax at the 2023 Student National Medical Association (SNMA) Conference

"A recent study published in JAMA found that greater representation of Black PCPs in the PCP workforce is associated with improved survival-related outcomes for Black individuals." So what are we doing to strengthen our Black primary care workforce? We show up!" - [@UCSFFCMResidency](#)

I've always been the advocate for folks without resources or a place to turn. I want to be the doctor for the sex worker, the person that uses drugs, the person living outside, the community historically stripped of agency etc.

Kelley Butler, MD, FCM
Residency Class of 2024

Dedicated to Public Health

Founded in 1972, our residency program grew up alongside the community clinic system in San Francisco. Residents have always primarily provided care in California Department of Public Health clinics serving primarily uninsured and publicly insured patients. Over the years, our faculty and graduates have been instrumental in building the DPH's San Francisco Health Network. In partnership with patients, families, and the local community, we continually seek to facilitate greater health and vitality in our city and beyond.

For decades, San Francisco County has partnered with UCSF to integrate our academic residency program into the public health system. Our residents collaborate daily with residents and fellows from all of over the university and participate in the broader UCSF learning community.

Guided by Resident Experience

Our curriculum is guided by residents' experiences and provides them with the skills, knowledge, and perspectives necessary for working effectively with individuals and families of diverse racial, ethnic, cultural, and socioeconomic backgrounds. Most of our alumni currently practice in medically underserved communities, and many are in leadership, teaching, and research positions throughout the U.S.

Our faculty, with important input from residents, has designed many innovative curricula over the years. These continue to shape our residents' training and have often served as models for the training of family physicians throughout the country.

Strengthening Alliances

UCSF Family Medicine Educational Alliance

Contra Costa Regional Medical Center in
Martinez

John Muir Health Center in Walnut Creek

Kaiser Permanente Napa-Solano

Kaiser Permanente San Jose

Kaiser Permanente Santa Rosa

LifeLong Medical Group in Oakland

Natividad in Salinas

Sutter Santa Rosa Regional Hospital

UCSF Fresno

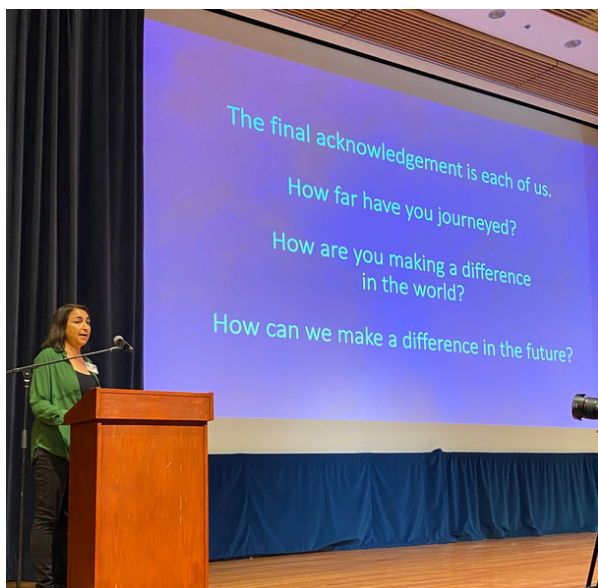
UCSF/Zuckerberg San Francisco General
Hospital

Valley Health Team (Fresno)

UCSF FCM Educational Alliance Extends Outreach

The UCSF Family Medicine Educational Alliance, led by Margo Vener, MD, MPH, is made up of 11 FCM residency programs affiliated with UCSF that collaborate in educating residents and students. Alliance programs are located throughout the greater Bay Area and central California. Spanning urban, rural and sub-urban settings, it includes diverse health care systems such as academic centers, community hospitals and clinics, and large HMOs. Together, they form the largest network producing primary care providers in California.

In 2022-2023, the Alliance expanded to over 250 residents and chief residents. It continued to support its Diversity, Equity, Inclusion and Anti-Oppression working group; the FCM research collaboration group; and the annual Chief Residents meeting. Faculty members continued to collaborate to address shared goals and attend faculty development sessions.



Jack Rodnick Colloquium

Each year residents and faculty from Alliance sites come together at the Jonathan Rodnick Family and Community Medicine Colloquium to share give peer-reviewed presentations, hear dynamic speakers, engage in discussion, and exchange innovations and best practices.

The 2023 Colloquium brought together over 300 in-person and 100 virtual attendees, including Family Medicine students, residents, faculty, and staff from all over the greater Bay Area.

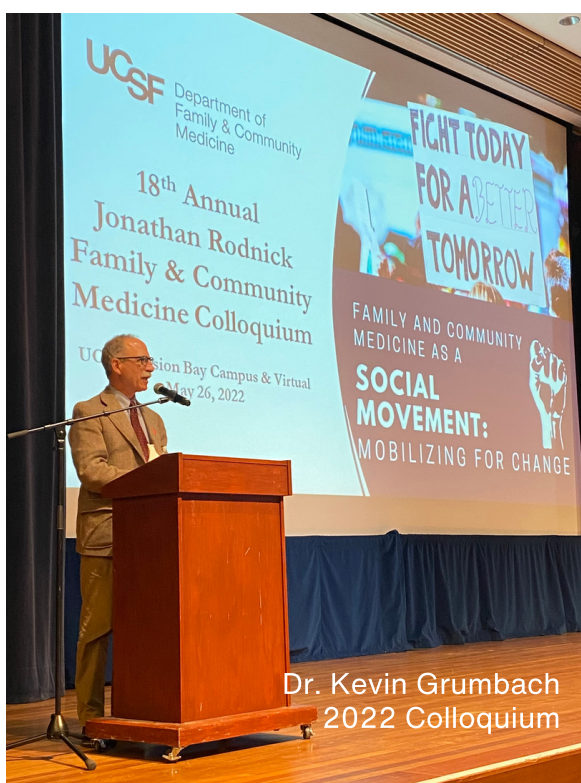
2023's opening plenary (pictured above) featured a panel discussion on "Building Coalitions for Change" (L-R) moderated by FCM Chair Dr. Megan Mahoney, with Sam Dennison, Dean of the Institute for Street Level Learning, Faithful Fools, Dr. Ángela Gallegos-Castillo, Community Builder/Planner, Instituto Familiar de la Raza, Dr. Monique LeSarre, Executive Director, Rafiki Coalition for Health and Wellness, and Kent Woo, Executive Director, NICOS Chinese Health Coalition.

Dr. Vener at the Jack Rodnick Colloquium 2022

Following the opening session, the Colloquium showcased the impressive work of Family Medicine faculty, students, residents, and staff who are making a difference through research, projects, and outreach. Participants engaged in live and virtual lecture-discussions, poster sessions, plenary panels, workshops, and discussion groups. Attendees valued the chance to learn from colleagues, build collaborations, and re-connect in person with a vital, vibrant Family Medicine community.



2023 Colloquium



Dr. Kevin Grumbach
2022 Colloquium

Former FCM Chair Jonathan "Jack" Rodnick dedicated his life to improving medical education and serving UCSF faculty members and students and the greater San Francisco Bay Area community. We honor his memory and years of dedicated service through the colloquium and by creating a grants program to assist individuals to take their initial steps as scholars in family medicine. Please consider helping us to honor Jack's legacy by contributing to this important educational event.

Please consider helping us to honor Jack's legacy by contributing to this important educational event.



Jack Rodnick

In 2022, keynote speakers Dr. Kevin Grumbach (pictured above) and Dr. Rebecca Etz highlighted value of Family Medicine in addressing health disparities and helped galvanize the audience all with a call for immediate and sustained activism. Subsequent discussions asked each to think what our role could be and how we could best work together.



"We are family!" - Dancing to this Sister Sledge classic has become a tradition at the Colloquium in recent years. Here are a couple of our best moves from 2023.

Elevating Patient Voices



[L-R] Adriana Cabrera, Gisela Venegas, Elida Vasquez, Valiree Thomlinson, Anjana Sharma, Melania Millar, Royster Miles, Bernadette Okereke, Robin Young.
(Credit: Anjana Sharma)

Patient Advisory Councils

As family medicine practices seek to become more equitable, an important aspect of working towards that goal involves decision-making capacity, governance, and how power dynamics affect healthcare system-level decisions. Patient and community engagement has been highlighted as an important strategy towards prioritizing patient and community perspectives more at the system level.

To this end, the FCM Residency Program at the Family Health Center (FHC) at SF General Hospital (SFGH) has progressively deepened its relationship with the FHC patient advisory councils (PACs).

The PAC members provide recommendations on resident quality improvement projects, partner with leadership team members to discuss existing health disparities at the clinic, and in 2019-2021 had been presenting to medical student applicants as part of their interview Day.

After three years of having patients participate peripherally in resident interviews, in the 2022-23 residency cycle, the program piloted a program in which patients are an integral part of the resident selection process. Patients interviewed applicants, provided input about what we should prioritize in resident selection, and participated as voting members on the resident selection committee. This pilot has revealed many learnings and opened up many areas of inquiry. A majority of participants agreed it increased equity in the selection process and wanted to repeat the pilot.

Standing Room Only

In May 2023, PAC members, residency staff, and faculty shared lessons learned from the pilot with a packed audience at FCM's Jack Rodnick Colloquium (pictured at top of page). They engaged participants in an intentional process of discussing how patient and community engagement can and should be integrated into the family medicine residency application process.



Dr. Anjana Sharma (left) and the Family Health Center at SFGH Patient Advisory Council filmed videos to congratulate the incoming Class of 2026. Watch these heartwarming greetings in [Spanish](#) and [English](#).



BIAS



Rachel Friedman, MD
KP Santa Rosa

Using Data to Reduce Bias

A highlight of the 2023 Jack Rodnick Colloquium was a session by KP Santa Rosa Family Medicine Residency faculty Rachel Friedman, MD, Shannon McDermott, PhD, David Koida, MD, and Patricia Hiserote, DO titled, "Got bias? using data to reduce bias during selection season interviews."

Building a diverse workforce of Family Medicine physicians is crucial to providing high quality, patient centered care. But unconscious bias towards students identifying as historically underrepresented minorities (URM) might affect interview scores and ranking of such applicants.

Since its inception in 2018, KP Santa Rosa Family Medicine Residency program adopted a multifaceted approach to minimizing bias in the selection process, but they had not previously scrutinized interview scores by demographic factors. In her role as Director of Selection, Dr. Friedman asked Research Project Manager Shannon McDermott, PhD to help analyze interview scores by faculty members to promote self-reflection around stereotype-linked bias.

The project included 16 faculty members involved in interviewing 133 applicants at the KP Santa Rosa Family Medicine Residency program during the 2022-2023 selection season.

As had been done in previous years, faculty interviewers were given training about recognizing their own implicit bias, a holistic file review was performed to reduce disparities in assessment of academic potential, and all interviewers asked standardized interview questions to reduce effects of affinity bias.

Drs. Friedman and McDermott compiled a dataset which included applicant demographic variables, interviewer names, and interview scores. They looked at the interviewer scores in aggregate by race ethnicity, gender, degree type, and interview date to assess overall differences. Then they created tables allowing individual interviewers to view their scores by demographic data.

Fourteen faculty interviewed an average of eight applicants each and two Associate Program Directors interviewed an average of 64 applicants each. Average interview scores did decrease over the course of the season, though there were no major differences in average aggregate scores across race ethnicity groups.

The biggest differences in scores were between reviewers; some faculty ranked race/ ethnicity concordant applicants much higher on average than race/ethnicity non-concordant applicants; other faculty ranked non-concordant applicants higher than concordant applicants. Reviewing this data together with faculty prompted vigorous discussion and reflection about both negative bias and affinity bias; in some cases, faculty recognized that they had deviated from the scoring rubric and recalibrated their scores for consistency.

The researchers concluded that using data to highlight potential disparities and discrepancies across interviewers promoted a deeper level of discussion among faculty about implicit bias and moved towards better consistency across interviewers. The lack of aggregate disparities across race/ ethnicity supported the program's approach to reducing bias, and variations between individual faculty will inform further training to reduce stereotype-linked bias.

Promoting Continuity



FCM Clerkship Promotes Continuity

FCM is actively involved in learning opportunities at all levels of medical school education through its Student Programs. One program, [FCM 110](#), promotes continuity with learning and patient care. Each student works with one or more preceptors in diverse primary care settings to care for patients longitudinally over third year. This format allows students to build continuity with patients and the health team, advance their outpatient clinical skills, and gain teaching and mentorship by preceptors over their entire third year. 135 medical students have been placed at 65 sites throughout the Bay Area, from Sebastapol to Pleasanton to San Jose.

In 2022 and 2023, we developed ethics curriculum for addiction medicine seminars. We also added seminar discussion of race-based medicine, root cause analysis of racial disparities and social determinants of health. Lastly, we added faculty development on diversity, equity, and inclusion for volunteer clinical faculty

PCLA Supports Student Engagement

FCM's [Primary Care Leadership Academy](#) aids students' interest in family medicine through FCM electives, acting internships, advising, mentoring, summer preceptorships, projects, and attending national family medicine conferences.

Examples of student PCLA projects, include:

- A needs assessment of correctional health rotation at San Quentin and development of reflection curriculum
- A historical review of national health, social, and economic policies as well as seminal events in science and medicine that had impacts on health outcomes and racial disparities.
- A collaborative project, which is aimed at co-designing guiding principles to improve patient experience and minimize health disparities in UCSF Health processes.



The FCM 110 Team: (L-R) Co-Director [Erica Brode, MD](#); Co-Director [Betsy Wan, MD](#), and Coordinator Irina Worthey

Disseminating Knowledge



In 2022, FCM Grand Rounds featured 20 speakers (pictured left) from various disciplines and specialties.

Visit this [link](#) to learn about the speakers and watch their presentations.



FCM's Grand Rounds, led by [Dr. Margo Vener](#) and [Roy Johnston](#), conveys new knowledge gained through translational research and disseminate clinical advances.

The events have provided provocative dialogue on the [insidious effects of carceral care](#) and [microaggressions](#) and how to empower each other to chart a better future together.


Learn more about upcoming [Grand Rounds](#) and watch recordings of previous events on [YouTube](#).



Roy Johnston



Dr. Margo Vener



Providing Whole- Person Care

With more than 100,000 patient visits annually to its practices at San Francisco General Hospital and the UCSF Health System, the Department delivers full-spectrum family medicine care, including comprehensive primary care for patients of all ages, urgent care, inpatient acute care, and obstetrical services.

FCM faculty serve patients throughout San Francisco's many diverse neighborhoods. We take care of the primary care needs of patients of all ages. Many of our faculty also deliver babies.

[Adult Urgent Care Center at SFGH](#)

[Family Health Center at SFGH](#)

[Family Medicine Inpatient Service](#)

[New Generation Health Center \(Young Adult Clinic\)](#)

[SFGH Skilled Nursing Facility](#)

[UCSF Gender Affirming Health Program](#)

[UCSF Center for Geriatric Care](#)

[UCSF Developmental Primary Care Practice](#)

[UCSF Family Medicine Center at Lakeshore](#)

[UCSF Osher Center for Integrative Medicine Clinic](#)

[UCSF Primary Care at China Basin](#)

[UCSF Primary Care at Laurel Village](#)

[UCSF Women's Health Primary Care](#)

[UCSF San Mateo Primary and Specialty Care Clinic](#)



Serving Marginalized Communities

Our residency program has been a leader in providing primary care services to under-resourced and marginalized communities in San Francisco for over 50 years. The program has trained hundreds of family medicine physicians who are committed to and skilled for providing high quality care to populations that are systematically excluded or diminished in medicine. In our primary care clinics, we serve families with deep, rich histories of struggle and accomplishment.

At the Family Health Center and at Family Medicine Inpatient Service (FMIS) we serve a diverse group of individuals and families. Some come from families that have been in San Francisco for generations and are now facing rising housing costs and a tightening job market. Others are new to the country, facing racism, xenophobia, and the threat of deportation. In our refugee clinic, we serve patients who have often experienced profound trauma and need support establishing a new community.

We are committed to a community-oriented model of medicine, where community strengths and values are centered, and care is provided in a respectful, culturally appropriate environment. We want every patient to feel that they are safe and belong when they come to us for care.

Responding to COVID



Class of 2024 showing us how many devices eep at them every day! (L-R) Yumiko Nakamura, Sydnie Turner, and Noemi Plaza

FCM clinicians, researchers, and staff played key roles in addressing COVID throughout the pandemic—from providing clinical care and addressing basic needs to community outreach and driving equity in research.

During the COVID pandemic, FCM residency was a critical part of the hospital's and the city's response system. Residents managed the surges - seeing see tens of thousands of outpatients and a thousand inpatients per year – and provided medical care at critical community-based sites.

Residents provided care at the Shelter-in-Place hotels throughout the city, contributing to the creation of an entirely new structure of housing and care. In addition to COVID, clients in these Shelter-in-Place hotels had extensive medical, social, and psychological needs.

Since then, we have developed new partnerships with community clinics in which our residents provide continuity care at these off campus sites: Castro-Mission Health Center, Silver Avenue Health Center, Southeast Health Center, and Tom Waddell Health Center.

Because of the acute need for on-going care, UCSF is partnering with the SFDPH staff to explore providing outreach and care at the Monarch Hotel. This partnership will allow students to make a meaningful difference in helping address the needs of one of SF's most marginalized populations.

Beyond patient care, FCM's [Center for Excellence in Primary Care](#) worked with the Virtual Training Academy of the California Department of Public Health to train over 10,000 pandemic response workers on utilizing health coaching skills. They also developed the [HEAR Technique](#) as a way to respectfully engage with clients who expressed vaccine skepticism.

FCM's [Jonathan Butler](#) and colleagues conducted a community-based participatory research [study](#) that determined that vaccine outreach strategies should include acknowledgment of how longstanding systemic, institutional, and structural racism contributes to mistrust in government and health institutions.

FCM was also part of the UCSF Health COVID Equity Work Group to address racial-ethnic inequities made and ongoing challenges to institutionalize Equity First as standard operating procedure. Watch the [Grand Rounds](#) about its work.

Helping Students Lead



Students consistently report that many of the most compelling and engaging experiences of their preclinical years happen because of their participation in the student-led clinics.

Caring for the unhoused

Student volunteers at the [Shelter Clinic](#) are committed to addressing the health needs of individuals experiencing homelessness. For over 30 years, students and preceptors have cared for unhoused clients at the South of Market MultiService Center. During the pandemic, SF Dept of Public Health provided housing in hotels to many individuals who were unhoused and impacted by COVID. In addition to COVID, clients in these Shelter-in-Place hotels had extensive medical, social, and psychological needs.

Because of the acute need for on-going care, UCSF medical students are currently partnering with the SF DPH staff to explore providing outreach and care at the Monarch Hotel.

This partnership will allow students to make a meaningful difference in helping address the needs of one of SF's most marginalized populations. [We](#) are committed to helping address health needs for individuals experiencing homelessness. For over 20 years, students and preceptors have cared for unhoused clients at the South of Market MultiService Center.



Did you know? Shelter was co-founded by FCM's Margo Vener, MD, in 1991. Watch a [video](#) of Dr. Vener talking about the clinic.

Student-Run Clinics are made possible thanks to support from Joann Anderson, CHE-SFSU, Thomas Clozel, Gilberto Coote, Claude M. Hughes, John J. Hughes, Bonnie Kalbrosky & Fred Kalbrosky, Jo Ann Intili & Edward Kissam, Alejandro Lopez, Rory O'Driscoll & Olive O'Driscoll, PharmD, Schwab Charitable Fund, and Randi Silverman & Alan Tafapolsky.



Clínica Martín-Baró



Mabuhay Health Center

Embedded in the Community

Located in the Mission District, Clínica Martín-Baró, focuses on care of Latinx patients and day laborers. During the pandemic, students and patients needed to explore virtual care delivery models. Students have remained dedicated to providing acute, chronic, and preventive care to Latinx patient populations.

Wanting to meet the needs of this population, the students are conducting a needs assessment of patients, staff, and community stakeholders; the focus is advancing patient care, reducing health disparities, and engaging the community in health and prevention efforts to promote health equity.

Delivering Culturally-Relevant Care

Mabuhay Health Center (MHC) focuses on preventive care and patient education for Filipino patient populations.

Cultural sensitivity at MHC entails navigating around hiya (a sense of embarrassment particular to Filipino cultures) and having volunteers on-site who are fluent in Filipino dialects (to facilitate health education and to encourage conversations – rather than monologues and misunderstandings – about personal health).

After social distancing in the pandemic, both students and patients commented on how impactful it was to meet in person. For students, this helped reaffirm the importance of the patient provider relationship, including the ability to establish rapport, earn trust, and express compassion through face-to-face patient care visits.



As part of the UCSF Health and Human Rights Initiative, the Human Rights Collaborative (HRC) is a student-run organization that provides forensic documentation of the physical and psychological manifestations of torture and ill-treatment experienced by individuals applying for asylum in the United States.

In September, Dr. Suzanne Barakat, Assistant Professor at FCM and Executive Director of the HHRI, received a Presidential "Uniter" award. Learn more about the HRC from this student-produced [video](#).

Affirming Gender



Madeline Deutsch, MD, Medical Director
of the UCSF Gender Affirming Health

"This is really about the kids and the adults who need access to this lifesaving care."

Madeline Deutsch
source: [UC Newsroom](#)

The [UCSF Gender Affirming Health Program](#), formed in 2019, has been providing vital access to medically necessary medical surgical care to over 1200 patients.

Led by FCM's [Madeline Deutsch](#), MD, the Program's aim is to provide evidence-based, cutting-edge clinical care for transgender and gender non-binary communities, as well as to conduct pioneering research and train the next generation of medical providers on all aspects of gender-affirming clinical care.



[Sen Nguyen, MD](#)
Assistant
Professor, FCM,
joined the Gender
Affirming Health
Program in 2022

A clear indication of the program's importance is that its [guidelines](#) receive 10,000 hits per month.

In 2022, the program saw significant expansion. The team welcomed [Sen Nguyen, MD](#), to provide primary care and hormone therapy consultations and a full-time social worker to run preoperative assessment and preparation process.

The Program also embedded new clinics including a gender affirming genital and chest surgery consultation clinic and a general gynecology clinic and will soon embed psychiatry and add a pediatric/adult endocrinologist and an FCM rotation.

In May 2023, the program organized the [Transgender Medicine, Surgery, and Mental Health Care Clinician Training Institute](#), which is the Pre-Conference to the 2023 Transgender Health Summit.

Serving Adults with Developmental Disabilities



The Office of Developmental Primary Care was developed to build the healthcare system's capacity to serve adults with developmental disabilities through clinical services, advocacy, research, training and technical assistance. Led by Clarissa Kripke, MD, FAAFP. Over the past three years, ODPC has provided home-based primary care services to 30 different group homes for medically fragile and behaviorally complex individuals with developmental disabilities. ODPC has expanded its service to new homes and has served as a training site to model interprofessional care in the community.



Dr. Clarissa Kripke at the Senate Judiciary subcommittee hearing on "Toxic Conservatorships" for calling for greater federal oversight on conservatorships, ahead of Britney Spears' court hearing in Sept. 2021.

ODPC provided leadership to the disability community and regional center system in navigating the Covid-19 pandemic, providing timely and accurate information, trainings, and recommending policies and procedures such as closing day service programs before there were public health recommendations to do so, and obtaining PPE for the homes before there were established ways to secure it.

ODPC also advocated for Supported Decision-making and conservatorship reform such as testimony before the Senate Judicial hearing, Toxic Conservatorships led, in part to the unanimous adoption of AB 1663, the conservatorship reform act, which established supported decision-making in statute as an alternative to probate conservatorship so that people with disabilities in California can direct their lives and make their own decisions with the help of trusted supporters.

Listen to a [UNC podcast](#) with Dr. Kripke and Rachel Kripke-Ludwig about respectful and effective care for people who are nonspeaking.

Addressing the Harms of Mass Incarceration



Transitions Clinic Network provides clinical care for individuals returning home from incarceration and has grown to 48 health systems nationwide. Led by FCM's Dr. Shira Shavit, TCN's efforts in California alone have resulted in 10,000 people with chronic conditions receiving coordinated care from all prisons statewide to community health systems, a historic first in the state.

TCN transforms health systems and addresses systemic health inequities by training community health workers with lived experience of incarceration and employing them in health care teams.



"People who were impacted by incarceration needed to be part of the medical team. People coming home needed to have someone that they could trust, who they could count on, to really be their advocate and liaison and help usher them into the clinic, and that's really where the community health workers help.

Shira Shavit, MD
FCM Clinical Professor
Executive Director, Transitions Clinic Network
Recipient of the 2022 UCSF Thomas N. Burbridge Award for Public Service.

In January 2023, California became the first state to offer Medicaid to incarcerated people pre-release. Dr. Shavit is hopeful that other states will follow. Read more in her STAT News opinion. Watch Dr. Shavit discuss her work

Shira Shavit, MD (above) and Ron Sanders (pictured left, on right side), TCN Community Health Worker, providing care to patients at Southeast Family Health Center in Bayview Hunters Point.

Integrating Equity



Manuel Tapia, MD
Inaugural Vice Chair
of DEIA



JaDawn Wright-Morgan
Inaugural Staff Co-Chair
of the DEIA committee

With our work deeply rooted in social justice, Diversity, Equity, Inclusion, and Anti-Oppression (DEIA) is core to our mission at FCM. FCM's DEIA program has seen significant progress in recent years and has positively impacted the way we work.

Led by Inaugural Vice Chair of DEIA, Manuel Tapia, MD, our activities range from providing antiracism education to community building through racial caucusing and funding awards for early career faculty members working advancing racial equity (see below).

To date, we have completed two years of racial caucusing, trained 20 staff members in facilitation (see names on page 31), and funded the work of four Health Justice Scholars. We have advocated for community faculty and staff titles and continue to provide formal recommendations to the Executive Council and identify and assess community partnership opportunities. We measure our work through our ongoing DEIA climate surveys.

In 2022, we integrated our equity mission in the clinical care enterprise. Our efforts have led to our residency program becoming an exemplar for holistic review and resident selection. We welcomed JaDawn Wright-Morgan as the Inaugural Staff Co-Chair of the DEIA committee, named April J. Bell PhD, MPH as our latest Health Justice Scholar and hired a DEIA operation assistant Emily Lo.



FCM's first "Health Justice Scholars," (top L-R) April Bell PhD, MPH; Cory Johnson, MD, MPH, (bottom L-R) Adrian Tomes, MD, Folashade Wolfe-Modupe, MD, MPH, and each receive \$150,000 in funding over two years, to enhance their career development and advance work in their specific focus area.



(Left) A flyer developed by the FCM Black/African American Caucus and adopted in all areas of FCM operations. Design by Christine Lee (above), Executive Assistant to the Chair and Special Projects Manager.

Making Differences Count

Differences Matter is the School of Medicine's initiative designed to make UCSF a university that is home to people with diverse identities and backgrounds, all of whom are committed to advancing equity, belonging, and anti-oppression in medicine and science. Four FCM leaders are among those chosen to help guide in this initiative.

Jae Rouse Iniguez, MSHA, MA, and Manuel Tapia, MD, MPH, have been appointed co-directors of Diversify Medicine. This focus area is aimed at expanding faculty and leadership from historically excluded groups to transform UCSF and the nation's medical schools to better solve the complex problems that continue to face our increasingly diverse communities.

Maddie Deutsch, MD, MPH, has been appointed a co-director for Generate, Disseminate and Apply New Knowledge. This group will critically analyzing and exploring the role of race, ethnicity, gender, gender identity, sexual orientation and oppression related to membership in diverse groups in medicine, science and health; in particular in emerging fields of population health and precision medicine.

Monica Hahn, MD, MPH, has been appointed co-director for Build Anti-racism/Anti-oppression Expertise within UCSF. This team will establish competencies by role and devising educational strategies for individuals to develop these competencies, using both internal and curated external resources.



Maddie Deutsch,
MD, MPH



Monica Hahn, MD,
MPH



Jae Rouse Iniguez,
MSHA, MA



Manuel Tapia, MD,
MPH

In March 2023, the National Minority Forum named Medical Director/Faculty Advisor for Clínica Martín-Baró Dr. Manuel Tapia (above) among the "[40 Under 40 Leaders in Minority Health](#)." Dr. Tapia also serves as the inaugural Vice Chair of Diversity, Equity, Inclusion and Anti-Oppression for the UCSF FCM department. Fun fact: FCM's Dr. Monica Hahn made the list in 2021.

Special thanks to FCM's Racial Caucusing Facilitators

Annie Le, Ed Kobayashi, Lydia Leung, Monica Hahn, Mukund Premkumar, Kirsten Day, Randy Jackson, Shawn Demmons, Manuel Tapia, Roberto Vargas, Evelyn Garcia, Anjana Sharma, Jae Rouse Iniguez, Yuri Cartier, Brianna Stein, Diana Coffa, Erin Lutes, Isabel Lee, Kristen Marchi, Lealah Pollock, Sarah Wulf, Paula Fleisher, and Sandra Hall

Building Capacity in HIV Care



Since 1993, the **National Clinician Consultation Center (NCCC)** has provided over 300,000 clinical consultations on HIV/AIDS to healthcare providers across the country.

Its clinicians are practicing physicians, nurses, and pharmacists. They provide U.S.-based clinicians of all experience levels prompt expert responses to questions about managing HIV/AIDS, perinatal HIV, pre-exposure prophylaxis, and blood-borne pathogen exposures. All services are cost-free and confidential.



The NCCC team - Learn more about them.

In 2022, the NCCC expanded its services. It launched the PrEP (Pre-Exposure Prophylaxis) Champion Preceptorship, a new Digital Call Center and Chatbot, and the Ending the HIV Epidemic Webinar Series. In addition, it has revamped its Annual Perinatal HIV Roundtable, a discussion bringing providers together to learn from clinical and legal experts as well as people living with HIV who have breast/chest fed.



"My identity as someone who's living with HIV really drove me to the work that I do here at UCSF."

Hoa Su, MPH
NCCC Program Manager
2022 Recipient, UCSF Chancellor Award for Public Service
[Watch Hoa's story](#)



THE Collaborative team in April 2022 at a retreat in Pacific Grove, CA. Monica Hahn (front), (behind L-R) Brian Abascal, Maddy Shiber, Portia Morris, Prescott Chow, Lisa Georgetti-Gomez, Kirsten Balano, David Amarathithada, and JaDawn Wright

The Training & Health Equity (THE) Collaborative provides capacity building, technical assistance, and training to healthcare organizations in the West region. Housed within FCM, our programs include the Pacific AIDS Education & Training Center Regional Office, the Alameda County Training & Development Unit, and the HIV Age Positively West Regional Care & Wellbeing Center.

We envision a healthcare system that is accessible, responsive, culturally affirmative, centered in social justice, and health equity, where the lessons of HIV and chronic care are fully integrated into patient- and community-centered models. In this system, providers will have access to the most relevant, current and accurate information and the skills to implement change that meet the needs of their patient populations.

In 2022, we rebranded our parent identity thru strategic planning, launched the Sunset ACCC project, funded the Care & Wellbeing Center. We organized a faculty development conference for the PAETC and formed a research advisory board.



Senior Management Team of PAETC and THE Collaborative at the PAETC Faculty Development Conference in May 2022 in Asilomar (L-R) Prescott Chow, Monica Hahn, Jae Rouse-Iniguez, JaDawn Wright).

Generating Evidence To Drive Equity



FCM has a long history of conducting innovative research in family medicine and community health that focuses on the upstream social and structural factors that drive deep disparities in health outcomes.

We are internationally recognized for our pioneering research programs in primary care and community health.

Our research community, which includes FCM faculty, staff, and trainees involved in research and scholarly activity, has conducted groundbreaking research that has had a significant impact on clinical practice and policy.

Many of our research activities are multidisciplinary involving faculty members from other departments in the UCSF School of Medicine as well as Nursing, Dentistry and Pharmacy and the UC Berkeley School of Public Health.

FCM receives over \$25 million annually in research grants funding a wide array of research programs. Since 1985, we have collectively published more than 1550 studies.

(L-R) FCM Vice Chairs for Research, Christine Dehlendorf, Christine Dehlendorf, MD, MAS, and Danielle Hessler Jones, PhD; Program Manager Shashi Sarnaik, MPH/MID; and Research Community Coordinator Evelyn Garcia,

Community of FCM Researchers



SYNC

VabLab



Reducing Harm



SYNC ethnographic team members organizing that day's fieldwork in San Francisco, CA, September 2022 (L-R): Jason Fessel, Dan Ciccarone, Sarah Mars, Nicole Holm, Jeff Ondocsin

The US drug overdose crisis continues to escalate driven by illicit fentanyl. Fentanyl's higher potency relative to heroin has led to a worsening risk environment for persons who use drugs, but also organic risk mitigation adaptations and innovations, e.g., intake through smoking over injecting.

Led by PI [Dan Ciccarone, MD, MPH](#) and Co-I [Sarah Mars, PhD](#), the NIH/NIDA-funded Synthetics in Combination (SYNC) study seeks to determine the different roles played by changes in the drug supply, including increases in low cost methamphetamine availability, and in poly-drug-use patterns. The multi-disciplinary team SYNC team also includes Dan Rosenblum, economist at Dalhousie U., Jay Unick, statistician at U. of Maryland, Georgiy Bobashev, mathematical modeler at RTI, and Allison Schlosser, ethnographer at U. of Nebraska.

The study aims to understand the complex interplay between supply changes, e.g. explicit fentanyl markets, changing use patterns, eg the rising culture of fentanyl smoking, and evolving morbidity and mortality.

At the core is our ethnographic work: coordinated by Lead Ethnographer Jeff Ondocsin and Project Manager Nicole Holm, the team recently conducted observation and interviews with people who smoke fentanyl in San Francisco, producing a better understanding of the local drug culture while also elucidating new risk and mitigation factors. Critical findings have been presented to international audiences and are being prepared for publication.

[Dan Cicarrone, MD, MPH](#), Justine Miner Endowed Professor in Addiction Medicine, helped architect the first national drug control policy to include harm reduction as a main pillar. His advocacy work has helped de-regulate buprenorphine.



[Hannah Snyder, MD](#), assistant professor at FCM and co-founder of the [California Bridge](#) program, an implementation facilitation program for opioid use disorder treatment in California emergency departments. Dr. Snyder's work is focused on reducing barriers for patients seeking medications to treat substance use disorders. In March 2023, Dr. Snyder and co-authors published [research](#) on California Bridge guidelines for high-dose buprenorphine for effective management of withdrawal in fentanyl-exposed ED patients. [Watch](#) Dr. Snyder talk about the Addiction Medicine Fellowship.

Refuting race-based medicine



Michael B. Potter, MD



Hunter K. Holt, MD, MAS

Generations of physicians have been taught that Black people with high blood pressure should be treated with a narrower range of medication options than all other racial groups. But a study led by FCM researchers has revealed this race-based approach has no apparent patient benefit. The researchers published their results in January 2022 in the Journal of the American Board of Family Medicine.

“Race provides a poor proxy for precision medicine,” said first author Hunter K. Holt, MD, MAS, a former FCM primary care research fellow now at the University of Illinois Chicago. “Our study provides evidence that race-based prescribing is ineffective, unwarranted and may even be detrimental to Black patients in the long run.”

In the UCSF study analyzed two years of electronic health records data from 10,875 patients with hypertension in the San Francisco Bay Area. The patients were on one- or two-drug regimens including ACEI, ARB, thiazide diuretics, or CCB. Of the patients studied, 20.6% of the patients were identified as Black.

In April 2022, Dr. Potter received the 2022 Award for Excellence in Family Medicine Research from the California Academy of Family Physicians.

The data show that, on average, primary care doctors are following race-based recommendations by prescribing ACEI/ARBs to Black patients far less frequently compared to non-Black patients. However, Black patients still tended to have more poorly controlled blood pressure than non-Black patients. Almost half (46.4%) of the Black patients had uncontrolled hypertension compared to 39% of non-Black patients. The researchers concluded that race-based prescribing is widespread but likely not warranted by observational data.

“It’s clear that selection of hypertension medication should be tailored to the individual, rather than driven by considerations of race,” said senior author Michael B. Potter, MD, a professor of Family and Community Medicine and director of the San Francisco Bay Collaborative Research Network. “Physicians shouldn’t settle for anything else but excellent blood pressure control in their patients and should make use of all available options to achieve this.”



Changing Systems



Monica Hahn (right) with keynote speaker [Camara Phyllis Jones, MD, MPH, PhD](#) (left) at the PAETC Faculty Development Conference in Asilomar, CA in May 2022.

"I cannot count how many of my patients have experienced bias or discrimination in health care settings. Caring for them has fueled my advocacy work."

Monica Hahn, MD, MPH, MS

Clinical director and co-principal investigator,
Pacific AIDS Education & Training Center and THE Collaborative

FCM Associate Clinical Professor [Monica Hahn, MPH, MS, MD](#), was honored by the [American Association of Family Physicians](#) for her many contributions to advancing public health. The AAFP called Dr. Hahn "an exemplary example of leveraging her public health, clinical and teaching experience for the betterment of public health."

Dr. Hahn is the clinical director and co-principal investigator of the [Pacific AIDS Education & Training Center](#) and [THE Collaborative](#), co-founder of the [Institute for Healing and Justice in Medicine](#) (IHJM), author of several peer-reviewed articles, an alumnus and Co-Director PRIME-US at the [UCSF-UC Berkeley Joint Medical Program](#), co-director the Family HIV Clinic and provides perinatal HIV care as the Associate Medical Director at HIVE Clinic at SFGH. And on top of it all Dr. Hahn is a community volunteer and fierce advocate for historically marginalized patients.

Along with UCSF colleague [Dr. Deborah Cohan](#) and [UCSF HIVE](#), Dr. Hahn's started a petition in 2020 that called for the Food and Drug Administration (FDA) to end the discriminatory ban on blood donations by gay and bisexual men that was signed by more than 500 doctors, researchers, and public health specialists.

In May 2023, after years of tireless campaigning, the FDA announced it would ease the restrictions. Dr. Hahn said in a tweet via [HIVE](#). "This is a big step in the right direction & a testament to the powerful advocacy that many fought to finally bring about these changes to an unscientific and discriminatory policy. We have a ton more work to do and today we celebrate this win."

Dr. Hahn is also part of the eGFR working group at the IHJM, which led a successful petition and advocacy campaign at SFGH and UCSF, one of the first institutions to eliminate race-based eGFR. Their efforts helped lead to a national policy change in 2021.

Advancing Reproductive Autonomy



The PCRHP team: (top row, L-R) Alyssa Lindsey, Sarah Wulf, Mahima Ali, Rebecca Kriz, April Bell, Whitney Wilson, Rachel Logan; (bottom row, L-R) Christine Dehlendorf, Evelyn Garcia, Sonja Goetsch-Avila, Erin Wingo, and Lindsey Gibson.

The Person-Centered Reproductive Health Program (PCRHP), led by Christine Dehlendorf, MD, MAS, strives to advance reproductive autonomy and address health disparities through research, training, clinical care innovation, and policy advocacy.

PCRHP has pioneered the use of innovative, client-centered approaches to reproductive health care and tools such as My Birth Control which allow patients to explore contraceptive options based on their individual preferences and needs. The program's research and advocacy efforts have contributed to the development of evidence-based policies and guidelines, improved access to care, and increased awareness of the importance of person-centered care.

PCRHP developed the Person-Centered Contraceptive Counseling (PCCC) measure, a patient-reported outcome performance measure that has been endorsed by the National Quality Forum. It has also received NQF endorsement for trial use of a Self-Identified Need for Contraception (SINC)-based electronic clinical quality measure (eCQM). The program plans to seek full endorsement in 2024.

PCRHP has also developed a range of training programs that have been widely adopted by health care organizations and have helped to improve the skills and knowledge of providers, leading to better patient outcomes.

“Primary care providers must join the struggle and normalize and integrate abortion. I chose family medicine to care for the whole person, to be a partner in my patients’ lives, and to trust them in their decision about their health care. The increasing regulation of abortion care strikes at the core of who we are as primary care physicians.”

Christine Dehlendorf
MD, MAS
Director, PCRHP
Source: [Rewire](#)

In 2022, a PCRHP study revealed the high rates of coercion and non-consented procedures experienced by Black pregnant people of color and called for action to transform care experiences and ensure health equity and human rights are at the center of care provision. (Birth, Rachel Logan et. al, June 2022)

Another PCRHP study shed light on the numerous multi-level governmental and institutional roadblocks that family physicians face in seeking to provide medication abortion and outlined interventions to address these challenges and improve abortion services in primary care. (Journal of the American Board of Family Medicine, Na'amah Razon et al, May 2022)

On the advocacy front, PCRHP has championed policy changes that support reproductive rights and improve access to high-quality reproductive healthcare for all. It has worked to normalize abortion provision in family medicine and calls for more primary care providers to become abortion providers. Watch the Grand Rounds.

A Beacon of Science

In 2022, Dr. Dehlendorf was honored by the Society of Family Planning (SFP) with the Beacon of Science Award for her visionary contributions towards just and equitable abortion and contraception informed by science.

PCRHP's April Bell, PhD, MPH, (pictured left front at table) earlier in the year received a Changemaker in Family Planning award from the SFP. Dr. Bell recently launched the GirlXLab, a Black woman-led research group that is developing new ways to improve the health and well-being of Black adolescent girls of all gender identities.





ICAN Uganda training with peer mentors to launch the pilot social support program to support women's contraceptive decision making (Mayuge, Uganda, February 2023)

Dr. Kelsey Holt leads two large grants from the Bill and Melinda Gates Foundation that aim to improve contraceptive care in sub-Saharan Africa: The Innovations for Choice and Autonomy ICAN project and the Innovations for Counseling and Follow-up (ICAF) project. Dr. Holt and Beth Phillips (Project Director) work in partnership with colleagues in the School of Nursing, including co-PI Dr. Jenny Liu, and partners from six African universities on ICAN and ICAF”

Collectively ICAN and ICAF aim to:

- Improve understanding of who may be the most likely to benefit from the introduction of self-injection (SI).
- Improve understanding of effective approaches for introducing and supporting the use of SI (in the context of a full basket of contraceptive options) in a way that helps women overcome barriers and optimize facilitators to contraceptive decision-making and use.
- Improve understanding of the role SI can play in promoting empowered contraceptive decision-making and autonomy.
- Improve understanding of effective approaches to contraceptive counseling and follow-up to help users manage side effects and continue or switch methods
- Improve mixed methods research capacities and quality among research partners in Ethiopia, Kenya, Malawi, Nigeria, Uganda (see map), and United States.



Photo from ICAF formative research convening with ICAF teams (Nairobi, Kenya April 2023)





Tackling Homelessness & Food Insecurity

In March 2023, FCM Researcher, Jonathan Butler, PhD, serves as the inaugural chair to the city's Homelessness Oversight Commission. The seven-person commission will be responsible for overseeing various processes of the Department of Homelessness and Supportive Housing, including approving budgets, reviewing contracts, and providing policy oversight.

Also the Associate Director of the UCSF Black Health Initiative and Executive Director of the San Francisco African American Faith-Based Coalition, Butler was a mayoral nominee to the role.

During the pandemic, Dr. Jonathan Butler partnered with the San Francisco African American Faith-Based Coalition (SFAAFBC) to address food security in SF. Since March 2020, the SFAAFBC has distributed over 600k hot meals and 70k fresh produce boxes to SF's most vulnerable residents. Many of our FCM faculty and staff members have volunteered with delivering hot meals to community members.

"Less than 4%...of our population is Black; 40% are homeless. That is something I wake up [to] every morning, trying to figure out what I can do, what role I can play, to ensure that Black folks in the City can be whole and have the best of opportunity to live that holistic life."

FCM researcher Jonathan Butler, PhD, addressing the SF Board of Supervisors regarding his nomination to the city's commission on homelessness.

[Watch his remarks](#)





“The soda tax is working here in San Francisco—especially for communities most impacted by chronic disease.”

Abby Cabrera, MPH
Co-Chair, SF Sugary
Drinks Distributor
Tax Advisory
Committee
Project Manager,
CEPC



Reducing San Francisco's Sugary Drink Intake

In March 2023, [Abby Cabrera, MPH](#), project manager at FCM's [Center for Excellence in Primary Care \(CEPC\)](#), was reappointed for her second term as co-chair for the San Francisco Sugary Drinks Distributor Tax Advisory Committee. Watch [Abby's remarks](#) about her nomination.

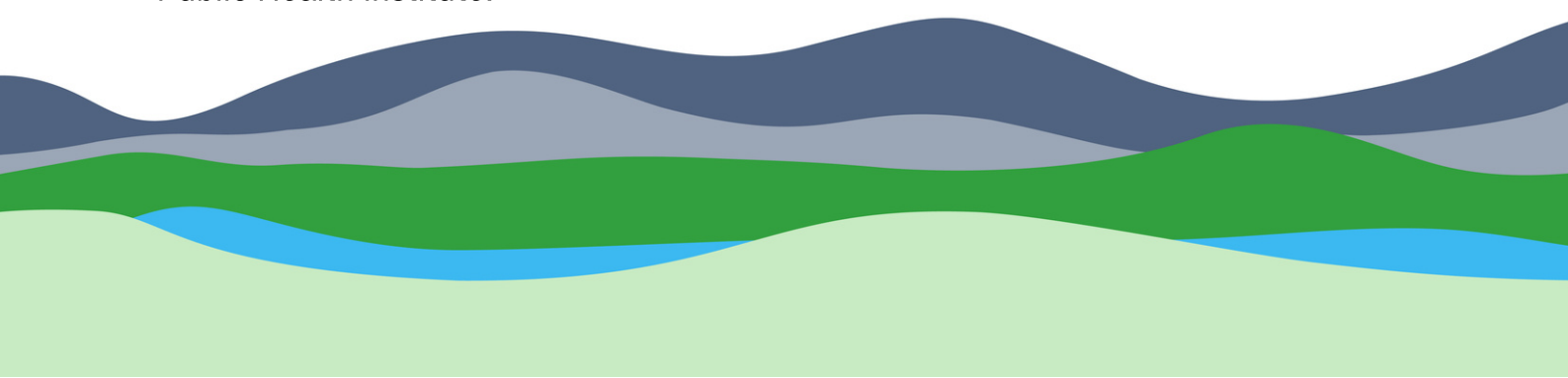
The “SF Soda Tax,” first implemented in January 1st, 2018, established a 1 cent per ounce fee on the initial distribution of drinks with added sugar, generating about \$15-16 million each year. The committee evaluates the effectiveness of the soda tax and makes recommendations on which community programs to fund with its revenues.

Within two years of implementation, the tax program has led to a 34% decrease in sugary drink consumption in San Francisco, according to a [study](#) by the Public Health Institute.

"Not only are San Franciscans drinking fewer sugary beverages, the city has raised more than \$50 million in soda tax revenues since 2018, and it is going right back into community programs to reduce sugary drink consumption, increase access to water and promote active living," said Cabrera in a [PHI press release](#).

These new revenues fund a wide variety of health initiatives in San Francisco designed to address the root causes of systemic health inequities and the needs of disenfranchised communities, particularly low-income communities and communities of color.

Fun fact: FCM's Jonathan Butler and Roberto Vargas also previously served as co-chairs of the SF Sugary Drinks Distributor Tax Advisory Committee.



Improving Outcomes



The UCGC team buzzing with enthusiasm at its flu vaccination clinic in 2022. That year it saw a significant increase in patient uptake.

UCSF Center for Geriatric Care (UCGC) offers personalized care from doctors who specialize in caring for older adults. Led by FCM's Daniel R. Pound, MD, the practice serves approximately 1,000 patients each year. It also teaches medical students, geriatric fellows, and law students.

UCGC has achieved significant progress in its clinical and practice improvement efforts in recent years, boosting its provider and patient satisfaction. Among its many developments, it has expanded its services to include Psychiatry, Podiatry, and Social Work, and increased the age limit requirements to 80 years old. It also increased its rates for flu clinic vaccination and advanced directives.



Family Medicine Center at Lakeshore Team

In addition, UCGC has balanced its panel size and offline work, increased MyChart usage and implemented new administrative protocols. It has also increased patient satisfaction and time spent during appointments. Patients' loved ones were also very appreciative of UCGC's newly developed grief resources packet.

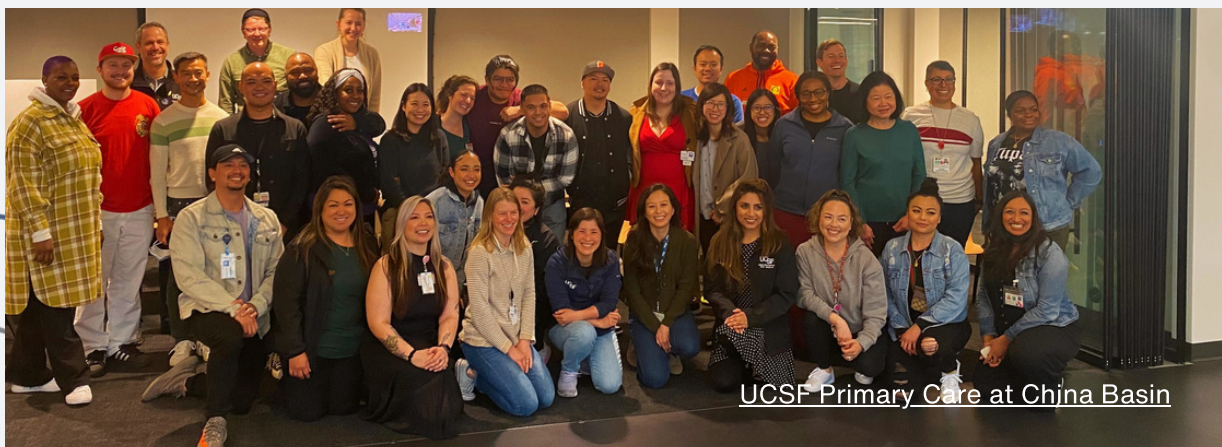
UCSF Partnership Reduces Disparities

Mirroring national trends, Black/African American patients at UCSF with hypertension had much lower levels of blood pressure (BP) control than the overall population. During the first year of COVID, blood pressure control rates declined precipitously.

To address the problem, the UCSF Office of Population Health partnered with the UCSF Primary Care Services (including the China Basin and Lakeshore practices), and the UCSF School of Pharmacy to incorporate health coaching and pharmacist support in improving blood pressure control in the Black/AA population.

The teams were able to reduce the disparity gap in HTN control amongst Black patients within a 2-year time frame using population-level outreach efforts combined with change management/pharmacy visits.

The program has now expanded to include diabetes control in Black and LatinX populations. Next steps includes continuing with additional disparity populations and chronic conditions. UCSF Health was recently honored by the National Association of Accountable Care Organizations (NAACOS) in recognition of the success of this effort.



In May 2021, UCC charge nurse and Building 5 lobby nursing staff received a Daisy Award for their work. (L-R) Gregory Middleton, Yong Luo, Ayala Mirande, Jun Li, and Victor Chew.

The Adult Urgent Care Center (UCC) at SFGH had a remarkable year in 2022, rising to meet a significant increase in patient demand while also innovating its practice.

It is a major portal of entry for new patients into San Francisco Health Network (SFHN) and major source of urgent, non-emergency care for SFHN and other safety-net patients in San Francisco. The UCC was the first clinical service at SFGH to adopt Lean methodology for performance and quality improvement.

As a result, in recent years, the UCC has significantly increased patient visits, offloaded hundreds of patients per month from the Emergency Department, and completed two-thirds of visits within 90 minutes from check-in to check-out. During the pandemic, it diagnosed thousands of patients with COVID-19 and provided 200,000 COVID-19 vaccines.



Transforming Primary Care

CEPC team: (L-R) Tom Bodenheimer, Kevin Grumbach, Rachel Willard-Grace, Anjana Sharma; Patricia Mejía, Richard Ceballos, Sara Syer, Abby Cabrera, Adriana L. Najmabadi, Mansi Dedhia, Madelyn Olmos-Rodriguez, and Lucy Villalta. [Read their bios.](#)

The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care.

CEPC provides training in team-based care, offers practice facilitation to spur and support transformation, broadens the evidence base through research and evaluation, and advocates for policy that promotes high performing primary care.

In 2022, Rachel Willard-Grace, MPH and colleagues collaborated with Orlando Harris PhD, FNP, MPH, of the UCSF School of Nursing to map health coaching to Dr. Harris's model of the Stages of Vaccine Readiness. That year, CEPC trained almost 2,500 health professionals in using health coaching skills to discuss vaccines, Long COVID, and COVID-19 treatments through the Virtual Training Academy (VTA). They trained an additional 1,700 healthcare professionals in complex care management, health coaching, practice coaching, health coaching.

The team also developed a number of new courses in 2022 including Health Coaching to Discuss Long COVID and Test-to-Treat and Pandemic Fatigue + Burnout.

Co-founder Tom Bodenheimer, MD, MPH, published articles in the Annals of Family Medicine on Revitalizing Primary Care that were called “a descriptive tour de force of the history of primary care.”

CEPC's Richard Ceballos (pictured top right) played a key role in the creation of P4PC, a patient storytelling campaign conceived by CEPC co-founder Kevin Grumbach, MD, and patient activist Maret Felzien aimed at raising greater awareness of its vast benefits and the urgent need for policymakers to make it a national priority.

CEPC's research team continued their studies in assessing family friendly care, pulmonary specialist health coaching, health equity for sleep apnea, and video visit access and utilization among non-English speaking patients. It also co-developed with stakeholders a new survey to measure support for caregivers of children with complex healthcare needs.

A Lifetime of Rallying Family Medicine



Kevin Grumbach, MD, chair of FCM from 2003 to 2022, was honored in November by the North America Primary Care Research Group (NAPCRG) with its prestigious Maurice Wood Award for Lifetime Contribution to Primary Care Research.

Dr. Grumbach is a Founding Director of the UCSF Center for Excellence in Primary Care and Director of the Community Engagement Program for the UCSF Clinical and Translational Science Institute. He served as Vice President for Population Health for the UCSF Health system from 2015-2018. With Tom Bodenheimer, he co-authored the best-selling textbook on health policy, Understanding Health Policy - A Clinical Approach, now in its 8th edition, and the book, Improving Primary Care - Strategies and Tools for a Better Practice, published by McGraw Hill. Dr. Grumbach's vast research and scholarship on the primary care workforce, innovations in the delivery of primary care, racial and ethnic diversity in the health professions, and community health improvement have widely influenced policy and practice.

Danielle Hessler-Jones, PhD, co-director of SIREN and vice-chair for research at FCM, presented the award, with a moving tribute to Kevin. She said, "I have a long-standing hypothesis that proximity to Kevin Grumbach is directly and positively associated with experiencing a joy for primary care and primary care research."

"Ultimately, what is at stake is not just the common good, but our common humanity."

Kevin Grumbach, MD at NAPCRG 2022

Dr. Grumbach delivered an impassioned acceptance speech about the need for patients to be partners in efforts to shape primary care policy and to become the face and voice of advocacy campaigns to promote primary care. To that end, he debuted a video about P4PC (Patients4PrimaryCare), a patient storytelling initiative aimed at raising public awareness of the value of primary care and the urgent need for it to become a national priority.

Dr. Grumbach closed his speech with a call for the primary care profession to join with patients, community members, and other allies in a broad-based social movement demanding a fundamental restructuring of the health system. "We should not accept less," Dr. Grumbach said. "Ultimately, what is at stake is not just the common good, but our common humanity." Read an adaptation of Dr. Grumbach's speech in the Annals of Family Medicine.



Dr. Grumbach (third from right) with P4PC founding activists, including Nina Graham (first on left), an FHC PAC member

Researching Upstream



The MIHA team, comprised of UCSF and CDPH staff, at an offsite (June 2022). (L-R) Miranda Brillante, Monisha Shah, Katherine Heck, Kristen Marchi, Jaynia Anderson, Chuncui Fan, Christine Rinki, Anna Flynn, and Monica Villarruel

The Center for Health Equity (CHE) plays a leading role in research looking at upstream factors to improve health equity in the United States. CHE contributes to efforts for greater health equity by:

- Conducting rigorous research into upstream (fundamental) factors such as racism, poverty, and their health consequences, to inform policies and programs
- Translating and disseminating that research to make an impact
- Building capacity by training and mentoring the next generation of health equity researchers
- Collaborating with and providing technical assistance on health equity research

CHE is comprised of UCSF faculty and staff and affiliated faculty at several other U.S. academic centers. Paula Braveman, MD, MPH, is the Founding Director of CHE. Her seminal writings on health equity and the social determinants of health are recognized nationally and internationally. Kristen Marchi, MPH is the Executive Director of CHE and the lead investigator of MIHA, supported by the MIHA/CHE team including Dr. Braveman, who was formerly the MIHA lead investigator.

MIHA was designed to answer equity-focused questions such as the prevalence of experiences of racism, poverty, childhood trauma, food security, housing insecurity, and intimate partner violence among the maternal and infant population in California, overall and by social advantage/disadvantage.

The CHE team's recent work includes issue briefs using MIHA data to look at the impact of the COVID-19 on job and income loss, mental health, food insecurity and housing instability among individuals giving birth in California. In collaboration with community leaders, the CHE team also created a report on the health of Black birthing people and their families in California, highlighting the impact of structural racism.



CHE's Christine Rinki and Kristen Marchi with their colleague Kim Robinson from Black Women for Wellness.

Over a period of 12 years, using multiple national data sources, CHE produced several issue briefs for the Robert Wood Johnson Foundation which were widely disseminated to decision-makers. Topics of the briefs included systemic racism; defining health equity; and mass incarceration as a threat to health equity.

Anusha Vable, ScD, MPH, joined CHE this May as the Associate Director. Learn about Dr. Vable's work on page 50.



"Laws and policies created racism and only laws and policies can get rid of it." -



A Health Affairs (HA) article titled "Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling" penned by CHE founder and co-PI, Paula Braveman, MD, MPH, topped the list of the most read HA in 2022. Dr. Braveman spoke about her article in an HA Racism & Health expanded on the topic in her new book, The Social Determinants of Health and Health Disparities,

Monitoring Family Outcomes

The UCSF Family Health Outcomes Project FHOP, led by Jennifer Rienks, PhD, identifies and develops indicators of health and wellness and approaches for longitudinal monitoring of indicators and tracking of individuals. FHOP provides technical assistance and training to state and local health jurisdictions related to using data for assessment and planning. The project also does research on the factors which impact maternal/child health outcomes.

In 2022, FHOP published an evaluation of the CalWORKs Home Visiting Program's work during the height of the pandemic. Despite facing many obstacles, FHOP found that CalWORKs HVP was universally considered a "lifeline" for families.



Jennifer Rienks, PhD
Associate Director, FHOP

Integrating Social Care



The Social Interventions Research and Evaluation Network ([SIREN](#)) is a national network of researchers and health system leaders dedicated to improving health and health equity by advancing high quality research on health care sector strategies to improve social conditions.

In Fall 2022, over 700 people from across the country and internationally joined SIREN's National Research Meeting (NRM) on Racial Health Equity in Social Care for a series of panels, workshops, research presentations, small group discussions, and even mindfulness exercises. The meeting featured plenary sessions on abolition, measuring racial health equity, and lived experience. There were also concurrent sessions on community-engaged data collection and research, an anti-racism data equity framework, and anchor institution approaches to advancing racial health equity.



Pictured at top of page: The SIREN team: top row (L-R) Co-Directors Caroling Fichtenberg, PhD, MS; Laura Gottlieb, MD, MPH; Danielle Hessler-Jones, PhD. Bottom row: Holly Wing, MA; Yuri Cartier, MPH; ands DylInne Gonzalez, BS. [Read their bios.](#)

"The idea that health care organizations can help patients by focusing on screening and referrals feels misguided at best and willfully ignorant at worst. If the health care sector is genuine...it must invest in interventions that are actually going to move the needle on those needs."

SIREN Co-Director [Caroline Fichtenberg, PhD, MS](#) and [Taressa K. Frazee, PhD, NEJM Catalyst, March 2023](#)

Since 2020, SIREN has hosted a [podcast](#) focused on hot topics in social care research, policy, and practice, including episodes from the NRM and about the SCREEN report, a comprehensive look at the evidence on screening validity and implementation.

During the SIREN'S 2022 [NRM opening plenary](#), (pictured left) Rhea Boyd (pediatrician, public health advocate, and scholar), Osagie Obasogie (School of Public Health at UC Berkeley), Darion Wallace (Stanford Graduate School of Education) discussed "Lessons from abolition work in other sectors."

Identifying Structural Solutions



(L-R) Haobing Qian, Anusha Vable, Aayush Khadka, and Jilly Hebert at the Society for Epidemiologic Research meeting in June 2022.

Led by social epidemiologist [Anusha Vable, ScD, MPH](#), the VabLab is an 8+ person research team that focuses on identifying and advocating for structural solutions to health inequities. They focus on socioeconomic exposures (particularly education, but also occupation and income) and diseases associated with aging. The Lab has received 3 R01-equivalent grants as PI or mPI to support these goals.

Broadly, the VabLab evaluates if socioeconomic exposures and policies are racist/discriminatory (widen inequities) or anti-racist/anti-discriminatory (narrow inequities).

"The State of California is under-investing in our kids. We know that education is the primary mechanism for opportunity and social mobility in this country, therefore it is vital that we convince the state to adequately fund the education system."

[Anusha Vable, ScD, MPH](#)

Methodologically, the VabLab has two areas of expertise that are important for equity research.

First is quantile regression, a method to evaluate how exposures impact the entire outcome distribution (vs. the mean, which is typically evaluated). This is important for equity research because the most structurally minoritized individuals are typically in the tails of the outcome distribution. Quantile regression enables evaluation of the whole outcome distribution.

Second is sequence analysis, a powerful and totally underutilized method to characterize variables that occur over time or over the lifecourse. The VabLab has been using sequence analysis to understand trajectories for education employment; air pollution; state-level abortion access, Earned Income Tax Credit, etc., and how these exposures predict subsequent health outcomes.

Dr. Vable's advocacy focuses on building the evidence base for the state of California to invest in the public education system at 3 levels: Early childhood, K-12, and higher education.

