

**Report of the Diversity Task Force  
Family and Community Medicine  
September 2006**

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**Introduction**

The Department of Family and Community Medicine (DFCM) Diversity Task Force was appointed by Kevin Grumbach, Chair of the Department, to advise and advance strategic planning for FCM in promoting diversity in our department, education, patient care, research, community service and further enhance the work environment. The Task Force was appointed in 2003 and successfully identified and compiled recommendations in the key areas of collaborative efforts with the University of California San Francisco (UCSF) School of Medicine (SOM), Family Medicine (FM) Residency Program, and university administration. The charge to the committee was also to advance strategic planning using an inclusive definition of diversity that incorporated issues of race-ethnicity, gender, and sexual orientation, among others.

The culmination of the Task Force's work addresses many issues, recognizing that while the DFCM has been successful in internal diversity issues and a leader in diversity efforts school-wide, there is a need for continued exploration and departmental development to promote further progress in these areas. This document provides a status report as well as specific departmental recommendations which stand as a potential template for others within the UCSF SOM community to use for future collaborative efforts. Our anchoring statement on promoting diversity gave us focus in our discussions:

“Our Department is committed to celebrating and promoting diversity in all facets of our programs. We believe that the rich diversity of racial and ethnic heritage, gender, sexual orientation, and other life experiences among the members of our community enhances the quality of our educational programs, patient care, research, community service, and work environment.”

**I. UCSF SCHOOL OF MEDICINE**

**A. Diversity Committee Community**

In recent years, there has been a flurry of activity in the development of committees and activities in the area of diversity on the UCSF Campus. Included are the Chancellor's Executive Committee on Diversity, the Faculty Diversity Committee, Faculty Search Committee Ambassador Program and the SOM Diversity Task Force. Each committee has its unique focus, however there is significant overlap in interests. In order to avoid duplication of efforts, and identify potential collaborative efforts the DFCM Diversity Committee, we discussed potential opportunities for leveraging resources, expertise, and efforts.

**Recommendations:**

- 1) Provide a letter of introduction from the DFCM Committee to appropriate campus committees and programs to identify our mission and solicit common goals and areas of interest.
- 2) Serve as a liaison and repository to the DFCM on such campus-wide activities, thereby facilitating the collaboration of departmental and campus activities through the DFCM committee.

**B. Medical Education and Student Programs**

Within the UCSF Medical School, there are currently many efforts focused on diversity issues. Not only are there specific student groups and activities focused on diversity issues within ethnic and racial groups, but there are options for student interested in these issues as electives, and community based initiatives. The medical school is also working on increasing the diversity of the student body and mentoring underrepresented in medicine (UIM). The recommendations include both current efforts and the future role that the DFCM can play in advancing both the presence of our faculty and staff in these initiatives.

## 1) Student Groups/Activities

- a. *Interest Groups and Registered Campus Organizations (RCOs).* Student groups and RCOs create an important network for students with shared backgrounds or interests. The Asian Health Caucus, FM Interest Group (FMIG), Health Disparities Working Group (HDWG), Latino Medical Student Association (LMSA), and the Student National Medical Association (SNMA) are just a few of the organizations that offer meetings, activities, and peer support/mentorship and community outreach to interested students.

### **Recommendations:**

- i. Encourage and facilitate faculty, staff and resident to participate in student-run groups on campus.
  - ii. Create a list of organizations in which our faculty/staff/fellows/residents are involved (and the roles they play).
  - iii. Reward all staff, residents, fellows and faculty for their work in organizations committed to diversity; others should be encouraged to participate. Interested students/residents should be referred to these point people.
  - iv. Encourage that the FMIG list and link their website to the department's mission to promote diversity.
- b. *Electives.* Many of the student-run electives offered during the pre-clinical years address important health issues facing minority, vulnerable and underserved communities that are not included in the traditional curriculum. For example, the Disparities in African American Health elective is run primarily by African American students who invite prominent UIM minority faculty at UCSF to talk about a range of health issues facing African Americans. Not only do students learn about these disparities, but they are also introduced to UIM minority role models and potential mentors.

### **Recommendation:**

- i. Continue to sponsor these electives through faculty and staff support. DFCM should also advocate for the inclusion of some of the elective material into the traditional curriculum, especially material relevant to issues of diversity and minority health.
  - ii. Advocate through curriculum and policy means for all medical students learn this material (as per Institute of Medicine recommendations), with particular attention to exposing more UIM minority faculty members to undergraduate medical education curricular activities.
- c. *Student Outreach/Community Activities.* Many student activities are directly related to the RCOs listed above. Some activities are specifically designed to inspire UIM minority students in high school (Medlink) or post-baccalaureate programs (Adopt-a-Post-Bac) to hopefully apply and successfully matriculate into medical school. Other activities are aimed at improving the health of minority and underserved communities.

### **Recommendations:**

- i. Continue to support student activities, which should be regularly documented. Faculty sponsors can help students develop successful and sustainable programs.
- ii. Continue to encourage and support student collaborative with the community. The DFCM is fortunate to house the Community Resource Center (CRC) and we should encourage students to contact and collaborate with the CRC.
- iii. Identify a faculty member to be the point person to coordinate and record these collaborative activities.

## 2) Support/Funding for Student Projects

- a. *LEARN*. LEARN is a grant run by our department, offering small grants for student projects addressing multiculturalism, health disparities and issues of workforce diversity.  
**Recommendation:** Seek alternative sources to provide students with project support other than the current LEARN funding that ends in 2006-07.
- b. *Social and Behavioral Sciences (SBS)*. SBS is a grant that funds most of the social and behavioral science curriculum in the pre-clinical years. SBS can support and fund relevant student projects.  
**Recommendations:**
  - i. Encourage funding for projects that directly (or indirectly) promote diversity and have DFCM faculty serve as mentors for these projects.
  - ii. Advocate for inclusions of curricular objectives related to promoting medical workforce diversity and improving the health and health care of minority, vulnerable and underserved communities through DFCM faculty.
- c. *Area of Concentration (AoC)*. AoCs are courses that students take to complete a project of special interest to them (AoCs are usually taken in the fourth year, but students can also start earlier). Examples of AoCs include one that addresses community health and social advocacy, and another that teaches students how to conduct ethnographic research (both are co-led by a FCM faculty member).  
**Recommendation:** Support the AoC curriculum and advocate for inclusions of curricular objectives related to promoting medical workforce diversity and improving the health and health care of minority, vulnerable and underserved communities. Particular attention can be made between AoC projects and community collaborative through the Community Resource Center.

### 3) Curriculum Programs/Initiatives

- a. *SBS, AoC*. see above
- b. *Model SFGH and Model Fresno*. Model SFGH is a new third year clerkship model for students interested in working with urban underserved populations. Participants in this model complete 3 of 6 rotations at SFGH (FM, pediatrics and internal medicine), participate in monthly seminars designed to address issues of urban underserved care, and receive mentoring from SFGH faculty. FCM faculty involved in Model SFGH received an Academy of Medical Educators grant 2006/7. Model Fresno, a more established program than Model SFGH, currently offers 3 clerkships in Fresno.  
**Recommendations:**
  - i. Ensure that students receive strong mentorship and support from our faculty and residents during their time at SFGH/Fresno.
  - ii. Support and advice UIM medical students and those from diverse backgrounds interested in applying for residencies in FM.
- c. *Program in Medical Education for the Urban Underserved (PRIME-US)*. PRIME-US is a new pilot track at UCSF designed for medical students interested in and committed to working with the urban underserved. The pilot program begins this fall and aims to train medical students by integrating the PRIME curriculum into the undergraduate medical training. PRIME-US also aims to train and support leaders in the care of urban underserved in all specialties (primary care and specialty care) and areas of interest (clinical care, medical education, research, public health, and policy development).  
**Recommendations:**
  - i. Emphasize that FCM faculty involved in PRIME-US should ensure that by focusing on excellent patient care of the urban underserved, the program remains committed to the recruitment, admission and support of underrepresented in

medicine (UIM) minorities and students from diverse backgrounds.

- ii. Provide PRIME-US students interested in FM should receive targeted and structured mentorship and guidance from our department faculty and residents both at UCSF and UCSF Fresno sites.

#### 4) Mentorship/ Support

- a. *Minority Mentorship Program.* Offers monthly seminars and dinners to UIM minority students to facilitate networking with UIM minority faculty mentors and learn about successfully navigating future career paths.  
**Recommendations:** Encourage faculty, fellow and residents to positively promote FM and our department while actively participating in this program as potential mentees and mentors.
- b. *Advisory Colleges.* All students are assigned to one of the 4 advisory colleges when they matriculate into medical school. Advisory colleges offer academic advising and mentorship. Several of the advisors are UIM minority faculty members.  
**Recommendation:** Publicize the advisory college system and help direct students in need and faculty should participate as advisors.
- c. *Informal Processes* - Research has shown the importance of informal mentorship. A study conducted by a student at UCSF also demonstrated a need for more mentorship opportunities for UIM minority students to encourage more students in medicine as well as into FM.  
**Recommendations:** Provide mentorship for UIM minority students/residents using all members of the departments. Care should be taken to avoid overburdening the few UIM minority faculty members diversity efforts.
- d. *Areas of Need:* Findings of UCSF medical student study found a medical student clear need for a centralized multicultural student support office that facilitated a physical “home” and foundation for coordinating and linking cultural outreach, community collaboration, and social support service and RCO activities between medical students, UCSF SOM and the surrounding community.  
**Recommendations:** Support the creation of a central multicultural student office on the Parnassus campus that is financially funded through the SOM.

#### 5) SOM Admissions

- a. *Mission Statement Revision.* The University’s Academic Senate approved a new Diversity mission statement emphasizing the importance of diversity in the student body and staff. While the SOM is still formulating a mission statement that reflects this new focus, Dr. Wolfsy, the Dean of Admissions, has already publicly presented a mission statement for the Admissions Committee, which states that the Committee is committed to “producing physicians and physician-scientists who will contribute to society through their work in:
  - Patient care (with an emphasis on narrowing health care disparities)
  - Discovery (basic sciences, clinical and translational science, health services research)
  - Education (leadership, innovation)
  - Public policy”**Recommendation:** DCFM should continue to emphasize the importance of diversity in the student body, staff, and those committed to serving underserved and diverse communities.
- i. Continue to encourage the current SOM admissions process to evaluate students for a strong academic record, demanding and relevant extracurricular, (especially activities that demonstrate experience in underserved populations), with special consideration for applicants who

- are UIM and/or are former residents of rural or urban underserved areas in California.
- ii. Continuing to include a member of the DCFM within the committee as an important method to encouraging diversity.
- iii. Ensure that the DFCM is represented on committees that aim to evaluation and develop UCSF SOM admission policies.
- iv. Facilitate protected time for our faculty, particularly of diverse backgrounds, to participate in this process.

## II. Department of Family and Community Medicine

- A. *Department Promotion & Outreach.* The department must continue to promote and advertise our diversity efforts with respect to medical education, clinical care research, policy, advocacy, and community outreach. Multiple methods should be employed to share our mission statement, current initiatives, and ongoing strategies with prospective and current medical students, FM residents, fellows, staff, faculty, the UCSF SOM campus, and San Francisco (SF) communities.

**Recommendation:**

- 1) Feature the DFCM diversity page that clearly states the department’s mission statement and course of action by outlining past and current task force recommendation documents, listing diversity links to SOM-wide diversity efforts, referencing the diversity SOM resource list, and providing quarterly information on current clinical, research, community, and advocacy efforts.
- 2) Continue regular quarterly department newsletters to highlight these same endeavors to share with the greater SOM community and local SF area.
- 3) Begin public relations efforts to local newspaper and television in order to update our surrounding Bay Area communities, constituents, community advocates and potential benefactors in the way of fundraising.

- B. *Job Outreach.* The department continues to grow in scope devoted to medical education, clinical, research, advocacy, policy, community service and administration. To meet these growing needs, emerging staff positions and faculty should continue to be recruited from a diverse pool of applicants. In addition, staff hiring goals should clearly reflect our efforts for a diverse department.

**Recommendation:**

- 1) Include methods of job outreach and recruitment efforts for diverse faculty members through contacts within UIM minority professional organizations public postings and alumni networking.
- 2) Focus on staff outreach, recruitment and hiring with local community and state colleges and universities, local job fairs, community resource centers, collaboration with DPH, and national job searches.
- 3) Concentrate efforts on external job searches to maximize state and national faculty and staff diversity pools.

- C. *Hiring/Tracking.* Hiring goals for ethnicity are tracked as part of the annual Affirmative Action/Diversity report. The reporting is managed by the UCSF Office of Affirmative Action. The University’s Affirmative Action form is processed by the DFCM Personnel Unit (and is submitted to the UCSF Payroll Division). The DFCM Mission Statement is inclusive of far more aspects of culture and diversity.

**Recommendations:**

- 1) Include all/more specific data to be collected in the annual Affirmative Action/Diversity reports in order to demonstrate comprehensive diversity measures.
- 2) Conduct a formal survey DFCM to ascertain all possible diversity categories that can potentially be expanded or changed to include gender, sexual identity, and additional racial/ethnic subgroups.
- 3) Encourage that categories that are to be reported on the annual Affirmative/Diversity report should match the University’s Affirmative Action form.
- 4) Report inclusively the headcount for males as well as females in the Affirmative Action/Diversity report.

- 5) Include other groups identified in the departmental mission statement, such as LGBT classifications including but not limited to reporting categories of male to female (MTF) or female to male (FTM).
  - 6) Review and prioritize the inclusiveness of ethnic/racial subgrouping that should be tracked to reflect regional and local representation and community generalizability.
  - 7) Allocate time to discuss and review alternative grouping or sub categories that will require school wide input, discourse and legal review on multiple levels, notwithstanding issues of personal privacy.
- D. *Staff/Faculty Development.* The UCSF SOM offer opportunities for staff development through the Wings Award, which offers funding for educational opportunities, the mini-Medical School, and the Women's Leadership Forum. For senior and junior faculty and fellows, the SOM offers several seminars including the UCSF-Coro Faculty Leadership Collaborative, Preparing Future Faculty, Professional & Academic Success Skills series, and seminars with the Academy of Medical Educators, which includes the Teaching Improvement Program and Teaching Observation Program (TIP-TOP). In particular, the DFCM offers the faculty development fellowship which has trained generations of junior faculty and fellows in the greater Bay Area. In addition, there are University-based funding opportunities for career development as a junior faculty, such as the Research Evaluation and Allocation Committee (REAC) grant. Outstanding school service is recognized community-wide including groups that have been traditionally under-represented in the medical professional community, such as the MLK award and the GLBT award. Outside of the University, the Robert Wood Johnson Foundation and the NIH research supplements to Promote Diversity in Health-Related Research provide career development opportunities as well.

**Recommendation:**

- 1) Create a community board or DFCM point person to systematically disperse by email or other means to staff, fellows, and faculty around relevant development opportunities.
  - 2) Implement Independent Development Plan (IDP) reports for all fellows and faculty to encourage academic career advancement and appropriate mentoring with supervision and evaluation of these IDP reports by designated DFCM fellow advisors and senior faculty members in the department respectively.
- E. *Research.* A survey of the research grants, projects, and centers listed on the Department of Family & Community Medicine website revealed that 68% efforts (n=31) mention health disparities, diversity, cultural competence, underserved, or vulnerable populations. The DFCM has a committed and extensive history of contributing to the research literature in these areas.

**Recommendations:**

- 1) Conduct a survey of DFCM faculty members who actively conduct research to inventory the diversity research done in departmental affiliated research groups, study aims, and Health Disparity Centers.
  - 2) Facilitate efforts working with diverse communities and develop new research collaboratives by utilizing departmental expertise that has focused on conducting health disparity and workforce diversity research, and thereby share this potential resource capital both with new researchers and those who have less experience working with diverse communities.
  - 3) Foster and train future leaders in health disparity research by early identification of medical student and FM residents to encourage participation in existing projects or assist the development of independent projects vis a vis outreach to the UCSF FM residency program, medical student interest groups, PRIME-US, and AoCs.
- F. *Medical Student Teaching.* Medical students are exposed to clinical teaching within the DFCM at the Lakeshore, Family Health Center and SFGH sites through the Foundations of Patient care continuity coursework, FCM 110 required clerkship, FM electives, PRIME-US, Model SFGH, Model Fresno, and the FM Inpatient Service Sub-Internship (Sub-I). Many of our current faculty are exceptional leaders in these areas.

**Recommendations:**

- 1) Encourage and support faculty and residents to continue active involvement in the above mentioned clinical teaching opportunities.

- 2) Explore new ways to include formal cultural competency and health disparities in the students' clinical training, implementing recommendations from the HDWG and AoC projects, and current collaboration projects with the Division of Internal Medicine in these areas by involving DFCM faculty involved in the above activities.
  - 3) Develop ways to include clinical teaching models in practical examples of how to work with diverse patient backgrounds. Clinical instructors should continue to provide opportunities to work with various providers of diverse clinical and cultural backgrounds to see different clinical styles in patient encounters by training DFCM involved in undergraduate medical training/ education.
- G. *Sub-internships (Sub-I)*. The fourth year acting Sub-I rotation is based within the FM Inpatient Service. A substantial proportion of the participating medical students are interested in FM; some are visiting students from other schools who are exploring residency program options. This rotation provides a unique opportunity for residency recruitment. Recently, there has been a waiting list for this rotation, especially in the months before residency applications. Currently, the sub-internship experience is entirely based within the inpatient service. Medical students have ample exposure to the residents on service and to inpatient residency teaching they meet with chief residents for individual teaching.

**Recommendations:**

- 1) Include Sub-I outreach and recruitment in Student Group Outreach efforts so that pre-clinical second year as well as third year students are aware of rotation opportunities and skills learned on service.
  - 2) Recruit students interested in FM and the urban underserved with emphasis on UIM minority registered student groups (i.e. SNMA, LMSA, CHE, etc.) and primary care interest groups at UCSF.
  - 3) Extend large scale recruitment to state and national student conferences since the majority of graduating UCSF entering FM do not apply to the UCSF FM residency program.
  - 4) Provide exposure to the Residency Program's outpatient training, with fourth year acting internship should include a visit to the FHC Linkage intern clinic. Ideally, this visit could entail the follow-up of a patient recently discharged from the hospital.
  - 5) Introduce acting interns during their early orientation and goal setting sessions with an attending or chief resident, in order to refer them to faculty or residents who may share similar interests or backgrounds.
- H. *Career Mentoring*. Faculty mentorship has largely been informal in the DFCM, but as part of a university-wide effort to increase formal mentorship relationships between junior and senior faculty, the DFCM is launching a formal faculty mentoring program. The Minority Mentorship Program offers regular dinner and lecture sessions for students, resident and faculty, but is especially geared towards medical student and post-baccalaureate mentorship. For the LGBT community, there is the UCSF Lesbian, Gay, Bisexual, Transgender Students Association (LGBTSA) and the Lesbian Gay Bisexual Transgender Staff Group for students, residents, faculty, and staff. The Women Medical Students Association and American Medical Women's Association (AMWA) encourages mentorship for female medical students and physicians and provides a resource for managing career issues common to female health professionals.

**Recommendations:**

- 1) Support the development of a formal faculty mentorship program in the DFCM.
- 2) Strengthen mentorship connections through AMWA, and LGBTSA and Lesbian Gay Bisexual Transgender Staff Group.
- 3) Encourage the Office of Affirmative Action/Equal Opportunity/Diversity to change their focus, away from matters of liability and discrimination cases and towards being a home base for students, residents, faculty and staff of color. This locale could be a center that fosters inter-departmental career mentoring for minorities, among other enriching possibilities for minorities at UCSF.
- 4) Orient all new faculty to the on-line listing of the Addressing Health Disparities and Promoting Diversity: A Catalogue of Programs and Resources at the UCSF SOM, accessible at [http://medschool.ucsf.edu/admissions/apply/pdf/diversity\\_disparities\\_catW06.pdf](http://medschool.ucsf.edu/admissions/apply/pdf/diversity_disparities_catW06.pdf),

through the Office of Outreach and Academic Advancement in order exposed them to the plethora of campus organizations that enhance diversity efforts.

- I. *Local professional societies.* There are any number of local medical societies, many of which have diversity issues as major emphases of their mission and purpose.

**Recommendation:**

1. Determine the degree to which members of the department are involved in these groups to identify potential areas of building liaisons and collaborations around shared goals and thereby fostering coordinated efforts.
2. Encourage faculty participation in these external affairs.

### III. UCSF-SFGH FAMILY MEDICINE RESIDENCY PROGRAM

- A. *Residents.* The Residency Program continues to offer residents a high-quality, comprehensive primary care education that emphasizes the social, economic, and cultural dimensions of health and illness; promote collaborative, family-centered health care which supports and relies on our patients' autonomy, strengths, and values; and, attract residents, faculty, and staff of diverse cultural backgrounds and life experiences and inspire them to work toward broader social change. To accomplish this mission statement, we continue to focus on promotion and outreach of our residency applicants, to teach our current residents culturally competent care, and to mentor our residents for future careers in patient care of diverse and underserved patient populations, in research in areas of diversity, and in teaching medical students in excellent patient care.

- 1) *Program Promotion & Outreach.* Our program directors and residents continue to encourage diversity on our residency applications through various strategies.  
**Recommendations:** Continue to support the recruitment efforts into this program though attending conferences of UIM medical students, continuing to advertise focusing on these targeted recruitment efforts, and to highlight the diversity of current residents in our program though pictures on the residency website, slide shows and interview sessions during recruitment season.
- 2) *Interviewing Process.* Emphasize in the interviewing process a focus on the patient populations we serve at SFGH and continue to encourage those applicants interested in serving ethnic and racial diverse patient populations to consider our program. In addition, in an effort to have a diverse residency class, applicants should have an opportunity to interview with a member of the diversity recruitment committee with an intent to match interviewers and individuals of similar backgrounds in order to promote program diversity and facilitate the sharing of experiences of the program.  
**Recommendation:** Support the efforts of diversity recruitment committee with initial recruitment and contact, interview day opportunities, as well as post-interview day follow-up efforts.
- 3) *Residency Selection.* The Residency program continues to encourage the input of residents in our match rank process. The Program directors submit the final list, but continues to encourage the collective interests and impressions of residency program applicants from their academic records, recommendation letters, testing scores, personal statements, and interviews.  
**Recommendation:**
  - a. Support the efforts of the residents involved in the process that interview, evaluate, and recruit future applicant with our stated emphasis on academically strong, clinically excellent and experientially diverse applicants.
  - b. Continue to evaluate and systematically review the efforts of recruitment, interview and post-match results in order to provide feedback to improving the process in achieving these goals.
- 4) *Clinical Teaching.* The UCSF-SFGH FCM Residency Program provides post graduate primary care training in the setting of a diverse and underserved patient population. Residents often join the program because they are interested in addressing health disparities and aim to provide future care to the urban underserved. The training program contains many components of cultural competency and health disparities

curriculum dispersed throughout its three years of training. These components occur in core curriculum didactics, Practice Management training, and Community Oriented Primary Care. Behavioral science training in the Family Care Unit and weekly inpatient rounds provides unique opportunities to reflect on patient-provider interactions and the effects of racial, cultural and socioeconomic diversity. Additional opportunities to pursue these topics exist in outpatient small group seminars and noon lectures.

**Recommendations:**

- a. Integrate components of cultural competency and health disparities throughout the residency program curriculum, so that such education is not separated from daily patient care and clinical training.
- b. Review the core curriculum with faculty involved in clinical education so that all can contribute to its goals, content and design.
- c. Include background information on health or health care disparities in all core education didactics relevant to prevention or specific disease states.
- d. Offer to residents the tools and skills to analyze health and health care disparities within their patient populations and local communities. Opportunities for such analysis should be formalized within Practice Management and COPC.
- e. Encourage faculty and residents to include discussion of health and health care disparities, race, culture, and socioeconomic factors in daily patient care. Opportunities for such reflection will enrich training and allow an environment in which the diversity of providers and patients may be acknowledged and appreciated.

- B. **Mentoring/ Career Development.** Every resident is assigned an advisor. The advisor/advisee program is improving, but there is concern among residents that it could be strengthened. A major limitation to its development is lack of time among both residents and faculty. Another potential venue for career mentorship and development is through the Directly Observed Sessions, where there is a clinic team-specific pairing of a faculty member and senior residents for clinic observations and general mentoring and career development guidance. Much of the mentoring is informal in the DFCM. Outside of the DFCM, the aforementioned Minority Mentorship Program is a great opportunity for residents to meet with medical students, fellows and faculty of color. There are also LGBTSA and AMWA-related activities for residents.

**Recommendations:**

- a. Implement IDP Plan reports for all residents to encourage academic career advancement and appropriate mentoring with supervision and evaluation of these IDP reports by designated DFCM senior faculty members in the department.
- b. Attempt in all possible cases race/ethnic and/or gender matching in the advisor/advisee program.
- c. Foster formal career mentorship program within the DFCM for residents of color and/or GLBT residents.
- d. Distribute a copy or refer all new residents to the on-line listing of the Addressing Health Disparities and Promoting Diversity: A Catalogue of Programs and Resources at the UCSF SOM, which can be accessed at [http://medschool.ucsf.edu/admissions/apply/pdf/diversity\\_disparities\\_catW06.pdf](http://medschool.ucsf.edu/admissions/apply/pdf/diversity_disparities_catW06.pdf), through the Office of Outreach and Academic Advancement to be exposed to the plethora of campus organizations that enhance diversity.

**IV. FHC**

- A. *Staff Recruitment.* The clinical staff is an integral component with respect to meeting the needs of the diverse communities served at the health center because they most often directly interface with patients. The greatest staffing needs appear to be focused around language access and cultural and

clinical needs of the population served at the FHC. Current expansion of the MEA staff has allowed for enhanced patient care, case management and clinic flow. Ostensibly, the extensive dialect and language needs of the patient population require that our staff mirror this diversity. Currently there is only one health educator who speaks Cantonese, Vietnamese, and English for the entire clinic.

**Recommendation:**

- 1) Continue to recruit language concordant and culturally diverse and/or cultural sensitive clinic staff to reflect the FHC patients' language, racial, ethnic, and cultural backgrounds. Future areas of focus can emphasize patient-staff concordance around religion and sexual orientation when the above needs are first met.
- 2) Develop language or racial/ ethnic specialized teams/ "pods" that can deliver comprehensive culturally sensitive and culturally competent care.
- 3) Improve the quality of patient care, since there is an immediate need for additional Spanish speaking health educators, with future emphasis on Russian and Arabic speaking health educators.
- 4) Increase grant writing capacity to create health educator positions that support patient care, case management, community outreach, data collection, and patient teaching responsibilities.
- 5) Recruitment and outreach to SFGH job postings, job fairs, nursing schools (Bryman College, City College, Mission vocational, and SF State University), and community resource centers (CARECEN, Chinatown services). Ideally, we should focus these efforts locally and regionally at job fairs and local training programs including nursing schools and training programs.

B. *Staff Training.* Many clinic staff come with prior professional or personal experience in working with diverse communities, however FHC patient panel provides unique challenges in the way of language access, racial/ ethnic, cultural, religious, social, gender and sexual orientation needs. Many new SFGH staff are trained in clinical skills at the FHC through the SFGH float pool. FHC staff are often selected for permanent positions via the SFGH float pool. Recent MEA graduates are often not prepared to manage the clinical and social needs of the clinic patients and clinical flow at the FHC.

**Recommendation:**

- 1) Expose and train all new and established staff members to diversity training, and incorporate updates in how new clinic interventions are addressing health disparities and health care disparities, and offer cultural competency training.
- 2) Foster efforts to promote the FHC as a model training program for all levels of health professionals including MEA, RN, and NP students.
- 3) Provide grant writing resources to develop a MEA training model based at the FHC so as to build capacity for future health care providers that are trained to work in underserved urban communities. Potentially a training site can serve to recruit future staff members.

## V. COMMUNITY OUTREACH

The Community Resource Center (CRC) continues to improve public health through focus on supporting partnerships and leveraging resources for improving involvement of the university and department in community efforts. The center continues to work on efforts addressing violence, mentoring, and resource management.

**Recommendations:**

- 1) Develop new strategies in medical education and extracurricular activities in order to engage medical students and residents in community driven efforts. The CRC will continue to recruit volunteers by fostering long-term relationship with established school-aged youth mentoring, training, or tutoring program in SF communities.
- 2) Support the development and maintenance of a database for UC-Community partnerships, which would include interactive web-based resource access.
- 3) Pursue community outreach efforts and advertising campaigns so that the CRC can foster continued collaboration with community based health initiatives, such as health fairs, community health education and promotion programs, with the network of established and future contacts with the CRC. An established communication network for community based organizations can increase access to available health professionals, and promote concerted awareness of such volunteer opportunities for staff, faculty, residents, and students.

- 4) Combine resident led COPC projects and the CRC's project efforts in order to align and facilitate sustainable community relationships, promote community led activism, and monitor process and impact evaluation of participation between the residency program, community based organizations, and community partners.