

Roots and Branches:

Cultivating roots to ground us
In solidarity with our communities
To grow and thrive

People of Contra Costa Family Medicine Residency Program (CCFMRP): Highlights



FACULTY: Dr. Asher Vance, MD - OB/GYN

Why is Diversity, Equity & Inclusion (DEI) important to you?

I identify as a Black queer woman. Given the long legacy of discrimination and prejudice associated with some of these identifiers, I have a personal interest in promoting DEI. I am passionate about this topic and it is the primary reason I went into medicine. I knew that I wanted to work with underserved patients, especially women, as this population has experienced a long history of institutionalized and interpersonal discrimination.

What does it mean to be a doctor and faculty member that is under-represented in medicine (URM)?

For me, it means being an ally, not only for my patients but also for other URM physicians, residents, RNs. As physicians, we are in a unique leadership position here at the hospital but also in the community. Another important role that I take seriously is holding people accountable for behaviors or attitudes that reflect negative implicit bias.

What are some examples of ways you are working in the community?

I work in the community by volunteering time at soup kitchens and homeless shelters; serving as a leader on advisory boards and doing advocacy work to raise awareness around maternal and black infant health; in addition to speaking with youth through outreach programs and having young people shadow me in prenatal and gynecology clinics to inspire them to pursue careers in STEM.

What are ways we can help each other rise?

I love this question! We are deeply interconnected...so affirming and validating each of our unique set of life experiences is essential. Only by truly seeing one another and acknowledging the humanity of all people, can we raise each other up! Practicing humility, gratitude and generosity are also important components for this.

RESIDENT: Dr. Jennifer Wai-Yan Kalani Shrestha, MD - DEI Chief Resident

Aloha kakou! What an honor to grow with my URM resident family and become the healers our communities need. I am proud and excited to be moving back to Hawai'i to work at a critical access hospital in Ka'u. I will be the only family planning provider in the area, serving as a primary care clinician, and one of two hospitalists. My grandparents moved from Hawai'i trying to find temporary work in California, and ended up staying in East LA, in the neighborhood of El Sereno. With the significant gentrification of O'ahu, our family never got a chance to move back permanently, so being able to work in Hawai'i feels like I am heeding the *kahea* (call) to come back home and care for our community.



I grew up in a multigenerational home, the first one in my family to go to college. My grandma took care of me, while she worked in a sewing factory. I learned how to do math by calculating her piece work tickets (i.e., 5 zippers at 7 cents a piece, 8 collars at 70 cents a piece, etc.) My uncles were construction workers and taught me how to cut and lay tile, stucco walls, do laminate floors, etc. My mom was a full time case manager in Rampart and Chinatown and taught me to care for everyone with respect and dignity. She went above and beyond to care for others, but had many barriers in caring for herself -- living with anxiety, diabetes, renal failure, going to dialysis 3x a week. I started working in high school as a waitress to pay for college and worked 3 part time jobs during college (waitress, lab tech, and organic chemistry tutor).

I reflect on these experiences. I know that having health care providers that reflect the lived experiences of our patient populations improve health outcomes. Physician diversity and honoring lived experiences matter. Do not ever doubt that; it is just as important as publications, test scores, or past work experiences.

I co-founded the Resident Diversity Council (RDC) to be a support network for our URM residents and to advocate for the importance of our presence in medicine. It has been amazing to see that. Since being in residency, nearly all of the incoming classes have consisted of more than 50% residents who identify as URM, as a person of color, or from a social identity that has been historically marginalized. I know this will make a huge impact for our Contra Costa patients and the communities we serve. Thank you for letting me serve you as your DEI Chief Resident this year. I would like to offer a few last reflections for our community:

- **It is okay to NOT share:** As URMs we are too often expected to share our stories and be a part of every community event that arises. Do not let others have that power over you, your story, or your time. You decide when and what you want to share. As a URM, we hold down a lot of other family and community responsibilities. It is okay to say no, set boundaries, engage in self care, and prioritize your wellbeing.
- **Say your name proudly:** You cannot tell me that people who go to school for years, cannot spell or say your name correctly. I guarantee if it was on a licensing exam, they would get it right. Correct people, to recognize who you are. *This makes a difference. It can exacerbate imposter syndrome. We deserve to see our names spelled accurately and hear our names pronounced correctly in all spaces of the hospital and clinics.*
- **Engage active allies:** Lean on active allies to help you! It is everyone's job to reduce health disparities and improve community medicine.



STAFF: JoAnn Valencia - Residency Program Coordinator

My name is JoAnn Valencia and I am a mother of four adult daughters (two of my own and two stepdaughters) - two are registered nurses (RNs), one is a respiratory therapist (RT), and another a dental hygienist. In addition, I have four grandchildren, with the fifth soon to be born in August 2020. My family is what keeps me grounded and fills me with love and meaning, in addition to my faith in Jesus Christ. I was born in San Francisco and both of my parents came from Nicaragua. I love my culture, its people, and of course the food!

What brought you to CCRMC?

I came to CCRMC over ten years ago on a temporary assignment, when the mortgage company I was working for, suddenly closed its doors as we began to deal with the mortgage crisis.

What keeps you motivated?

Most simply put, it is our residency program's mission statement. Growing up in San Francisco has afforded me the opportunity to deeply appreciate diversity, almost like a first language. I am blessed to work with and for such truly amazing people from our wonderful residents, faculty, and staff.

How does CCRMC community support you?

Our program director and core faculty have really done an amazing job in understanding many of the challenges our office faces and works side-by-side with us to help us in any way they can. It is also how our residents and staff are always so appreciative of our office staff, and stop in to say hello or just stop in to hand out hugs! Last, by not least, it's our office staff. Each one of our office staff are team players, hard working and most of all are lovely human beings!

What are ways we can help each other rise?

I think in moments like now with facing COVID-19, we recognize how important it is to continue to work on the great things we already have going for us, such as clear communication, team work, supporting and being empathetic to one another.

What does diversity mean to you?

I would define diversity as "everyone is included and everyone matters" regardless of sex, age, race, color, religion, disability, social status, etc. In the end, we are all a part of the human race and each deserves respect.

Community Words: Allyship in learning environments

by Marian Younge, MD PGY-1 and Carla G. Castillo, MD PGY-1

Allyship in medical education involves more than a focus on inclusion, it imposes the need and responsibility to cultivate environments that allow those individuals to thrive. It requires more than creating a seat at the table, or even an invitation, but rather a sustained, intentional, and authentic effort to ensure that those spaces provide a platform of equity for everyone. As allies, we show up by standing down or creating space when individuals within affected groups share their experiences. We listen authentically and value these opinions, without trying to explain away behaviors, thinking or actions. We attempt to understand the more nuanced and systemic ways in which non-dominant groups have been affected over generations and how those compounding factors impact the ways in which individuals show up in the world today.

Despite how far we've come, or how humble our beginnings, entering the medical profession places us within a power dynamic in relation to our patients. While we constantly strive to empower patients, and limit some of these effects, it would be dishonest to not acknowledge our standing and power differential. Thus, we are likely most familiar with working to be allies and advocates for our patients through our direct clinical work.

Similarly, allyship has a place in inter-professional work and learning environments. This is particularly pertinent as we work to recruit and retain a health care workforce that reflects our nation's demographics. Across the country, medical schools and residency programs are looking at ways to diversify classes based on social identities including race, gender, sexuality, class and socio-economic status. With a more heterogeneous workforce, issues of allyship are important now more than ever. While the RDC aspires to unite under the umbrella category of "underrepresented in medicine (URM)," we each bring our own lived experiences under a complex array of systemic and structural oppression and privilege. Being a person of color does not afford one an intuitive understanding of gender violence, in a similar manner by which living as a sexual minority does not guarantee one an understanding of class oppression. In fact, our personal experiences can rarely be generalized to those we share demographics with; we do not walk around living our lives within a single narrative. We rely on each other to push our knowledge about the effects of racism, religious intolerance, ableism, and in return we all strive to be prepared to accept responsibility for times we

have perpetuated structural violence, and are actively considering how to take steps to be able to support one another as allies. In the coming years, we will create opportunities to learn about key guidelines for enacting allyship with one another in clinical settings, including how to support colleagues who have experienced racist comments and microaggressions from patients, staff, faculty, and/or leadership. This also includes acknowledging and developing a sensitivity to the additional burdens carried by residents as learners.

For example, female medical professionals are less likely to be perceived as leaders, experience a lack of salary parity for the same amount of work, and are promoted at differential rates relative to their male counterparts¹. In other contexts, research of stereotype threat shows that individuals perform below their maximum abilities under the threat of conforming to a group stereotype². This threat poses an additional layer of stress that has been associated with a reduction in mental capacity, increased emotional regulation and a decrease in motivation and engagement. As allies, our role in cultivating equitable learning environments involves promoting spaces that mitigate stereotype threat and providing a safe space and climate for learners. This includes calling out microaggressions or other interactions that can jeopardize this safe space and learning climate.

Current work on prioritizing a safe learning climate for our learners has focused on prioritizing faculty development. For example, one of our priorities is for all core faculty and residency leadership to complete an all day foundational training on diversity, equity and inclusion at UCSF. There are opportunities for faculty and leadership to enhance their professional development even further through a Teaching for Equity and Inclusion Certificate Program at UCSF that includes workshops on equitable assessments, curricular development focused on equity and inclusion, microaggressions in the educational environment, racial bias in clinical learning, etc. Growing faculty and resident interest in structural competency, anti-racism / anti-oppression, race-based medicine and other important teachings exists, and we are working to deliver content and invite local experts to teach these critical didactics.

Additionally, our individual residents continue to center social justice, racial equity and cultural humility in their academic pursuits, having delivered presentations as part of Journal Club, M&M and noon conferences that focus on gender and cardiac disease, disparities in postpartum pain management, systemic pitfalls in support of patients with HIV, patient care during Ramadan, and racial microaggressions in the medical encounter. These resident teaching sessions enhance our collective awareness of more nuanced challenges across learning environments and help us to cultivate safe learning spaces and climates.

¹Women physicians as healthcare leaders <http://chlnet.ca/wp-content/uploads/Women-as-health-leaders-Roth-et-al.pdf>

²Stereotype threat <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3315611/>

CCRMC Recruitment: Welcome Class of 2023!

Carla G. Castillo, MD PGY-1, Marian Younge, MD PGY-1

The Contra Costa Family Medicine Residency Program is excited to welcome the incoming Class of 2023. Our new interns will be one of the most diverse classes of residents: Nine of our 13 incoming interns identify as under-represented in medicine. Our future house officers hail from medical schools all over the nation, including California, New York, Texas, Illinois, Connecticut, Colorado, Iowa and Washington.

As part of our mission to train diverse physician leaders who champion health equity, we have incorporated multiple changes to our admissions process, which include but are not limited to: a set of standardized questions pertaining to our mission statement and commitment to diversity to reduce bias in our interviewing process; maintain holistic review of all applicants; prioritize distance traveled and mission-driven values reflecting our program's commitment to service and health equity; organize a Diversity 2nd Look Celebration inviting URM applicants to learn more about our program; and ensuring inclusion of RDC leaders with voting

power on the admissions committee. We are grateful to RDC Junior Co-Chairs Skender Najibi and Shakir Saud who served on the admissions committee during the 2019 - 2020 application cycle. We are excited to continue to work with residency leadership in the coming years and to support our RDC members who serve in multiple leadership roles in recruitment at LMSA and SNMA regional conferences, advocate on the admissions committee, conduct outreach, answer questions and share our residency experiences with URM applicants.

CONTRA COSTA HEALTH SERVICES • CLASS OF 2023

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|--|---|---|--|
|  Carrillo, Mayra, MD UC, Davis |  Cuervo, Isabel "Isa", MD Weill Cornell Medicine |  Devries, Jennifer, MD, MPH UC San Diego |  Escamilla, Daniel, MD UC Davis |
|  Elvira Gonzalez, MD Universidad Autónoma de Guadalajara |  Guerrero, Nery, MD University of Texas Rio Grande Valley |  Gutierrez, Gabriel, MD UC San Francisco |  Kane, Myriam Aisha, MD Yale School of Medicine |
|  Milne-Price, Shauna, MD University of Washington |  Muralles, Sara, MD Loyola University Chicago |  Perez, Megan, MD University of Colorado |  Ray, Kyra, MD Frank H. Netter MD |
|  Sullivan, Eleanor, MD University of Iowa | <p>UNOFFICIAL PHOTOS OF THE CLASS OF 2023</p> <p>😊 WELCOME 😊</p> <p>Official Photos Will Be Available by June 30th</p> | | |

Advocacy In the Time of COVID-19

Carla G. Castillo, MD PGY-1 and Angela Echiverri, MD, MPH

The COVID-19 pandemic has exposed many mechanisms and contradictions in our health systems at the local, national and global settings. The spread of SARS-CoV-2 challenges the viability of isolationism in a globalized world. It has exposed weaknesses in our health system and government, as a disjointed system struggles to provide an adequate response to a pandemic. Health care is no longer safeguarded even for the privileged, and protection for healthcare workers is evaporating. It has laid bare the threadbare labor protections for the majority of Americans, and the precariousness of our economy.

At CCRMC, residents and faculty have been working together and actively involved in our health system's response to the pandemic. This has involved assisting with the development and implementation of screening protocols, staffing tent clinics to triage and screen for COVID, advocating on behalf of our patients, creatively delivering curriculum through virtual learning spaces, and developing a surge plan for clinical settings in case of escalating levels of care and acuity. Furthermore, residents have worked to prioritize translation of resources into multiple languages, assess the availability of community resources to address

patient needs, spearhead efforts to continue to care for vulnerable patients, etc. The CCRMC community has shared resources for undocumented patients, and lifted up organizations who are collecting donations to support domestic workers and migrant farmworkers affected by illness or increased financial hardship.

Below are advocacy initiatives at the local and national level. We encourage you to review and support these initiatives, which include online petitions to consider signing on to, particularly those that support the release of detained and incarcerated peoples, some of the highest risk populations in the country.

- [Release or Home Confinement for Federal Prisoners from COVID-19 Coronavirus](#)
- [Open Letter to ICE From Medical Professionals Urging the Release of Individuals in Immigration Detention Given the Risk of COVID-19](#)
- [Call Congress \(202\) 224-3121, Pass the Essential Worker Bill of Rights](#)
- [Medical Providers Urge Release of Individuals in Florida Jails and ICE Detention Facilities During Global COVID-19 Pandemic](#)
- [Pledge to give part of your stimulus check to undocumented families! via Cosecha's Undocumented Worker Fund](#)
- [Pledge to #ShareMyCheck at sharemycheck.org](#)

If considering donating part of your stimulus check:

- [Venmo @oaklandworkersfund to support black, brown, trans Oakland workers](#)
- Support Undocu trans folks: [undocublack.org/donate](#)
- [gofundme.com/f/undocutrans-stimulus-fund](#)
- [Northern Arapaho Tribe at Wind River Reservation: fundly.com/regenerationonthereservation](#)
- Rent Relief for Immigrants [gf.me/u/xxkpyf](#)
- Bail out black mothers in prison: [linktr.ee/nationalbailout](#)
- Support Indigenous Tribes in New Mexico: [secure.acceptiva.com/?cst=iRVYCY](#)
- Crip Fund is pooling money for chronically ill, disabled, and immunocompromised people in serious financial need during this ongoing time of love, coronavirus, and apocalyptic joy & pain. [www.gofundme.com/f/crip-fund](#)

Sustainable Community Engagement:

The Ladder

THE LADDER is a pipeline program for young folks aged 9-24 years old focused on health careers and science enrichment. These sessions take place on the 3rd Saturdays of every other month at West County Health Center, with the goal of expanding the Ladder to our three main health centers. Our family medicine residents have led workshops focused on the lungs and asthma; the brain and stroke; basic CPR techniques and emergency medicine; moving through the GI tract and constipation; eyes and vision; ears and hearing; oral health. This is a program modeled after a successful health career pathway program launched in Minnesota by Dr. Renee Crichlow, the mentor of one of our graduates and now attending physician, Dr. Mariel Lougee. Mariel went to medical school in Minnesota, and helped grow and run the program as a medical student leader. She brought The Ladder to WCHC in 2018 and has led its development and growth, and has taught many sessions and led hands on activities.

Since its beginning, a handful of our residents have led sessions on topics like BONES, BRAIN and HEART! We look forward to continued partnerships with students as we continue to promote our mission of extending the health care pipeline to the next generation.

For more information about The Ladder, refer to this website: <https://theladdermn.org/>



Partnership with UCSF Benioff Children's Hospital Oakland (CHO)

by Jennifer Shrestha

A Big Thank You to CHO, especially Dr. Emily Frank, and Life Academy, a small public high school in Oakland geared towards helping URM students excel in the sciences, who invited us to do a pipeline event for their students! We were honored to share what Family Medicine Doctors do! The students warmed our hearts when they said this is the type of medicine they want to bring to their communities! We welcome the Students of Life Academy, the next generation of Family and Community Medicine physicians! Your community needs you!



Community Information & Resources

Information and resources for community including food, healthcare, education, immigration can be found at

- Contra Costa Health Services (CCHS) COVID-19: <https://www.coronavirus.cchealth.org/>
- Community Clinic Consortium: <https://clinicconsortium.org/>
- Lincoln Advocacy: [Contra Costa County Resources](#)
- One Degree: <https://about.1degree.org/covid-19-sf-en#contra-costa>
- Food Bank of Contra Costa & Solano: <https://www.foodbankccs.org/get-help/foodbycity.html>
- RYSE Center: <https://rysecenter.org/blog/resources-covid19>
- Immigrant Rising - Resources for Undocumented Communities:
https://docs.google.com/document/d/1PxLuuH0-hwHXftUXuEi52Q1qWUDegN8_1L4u1lFwzk/edit?usp=sharing

Harm Reduction Guidelines for COVID-19 for people who use drugs. Withdrawal and COVID-19 infection can look similar. There is increased risk of serious illness or death as COVID will worsen breathing impacts of opioids, benzos, and alcohol difficulties.

- [Guidance for People Who Use Drugs re: COVID-19](#)
- [Safer Drug Use During the COVID-19 Outbreak](#)
- [COVID Resources for People Who Use Drugs and People Vulnerable to Structural Violence](#)

Resident Diversity Council (RDC)

The Resident Diversity Council (RDC) is a leadership taskforce dedicated to improving and sustaining diversity in our residency program. To that end, we advocate for increasing diversity by prioritizing health career pathway or pipeline programs, and active recruitment of URM students into higher education across college, health professional programs, and into our county's health system overall. We recognize that diversity, equity and inclusion is important to patient care, health outcomes and to our overall professional development. to have physicians that reflect and understand the diverse backgrounds and experiences of our patient population. We advocate for an increased presence within our communities.



Resident Diversity Council (RDC) Leaders

R3: Margot Albert, Jennifer Shrestha
R2: Joana Loeza, Carol's Montes-Rouse, Skender Najibi, Shakir Saud
R1: Ana Boulos, Carla Castillo, David Pichardo-Gomez,
Lilia Sanchez, Fatumata Saho, Marian Younge

LEADERSHIP

Founder & Senior Chair: Jennifer Shrestha (DEI Co-Chief)
Junior Co-Chairs: Skender Najibi & Shakir Saud

COMMITTEES

Communications & Publications

Carla Castillo & Marian Younge
Editors: Angela Echiverri & Jenn Shrestha

Community Outreach & Advocacy

Ana Boulos, Fatuma Saho, Lilia Sanchez

Community Liaison

Carol's Montes-Rouse

Health Career Pathways / Pipeline Programs

Ana Boulos, David Pichardo-Gomez, Fatuma Saho, Lilia Sanchez, Jennifer Shrestha

Recruitment

Carla Castillo, Skender Najibi, David Pichardo-Gomez, Lilia Sanchez, Shakir Saud, Marian Younge

Faculty Advisor

Angela Echiverri

Contact Us!

residentdiversitycouncil@cchealth.org