



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

BLACK HISTORY IN THE MAKING

In celebration of Black History Month, this issue recognizes three members of the ZSFG Department of Medicine who lead efforts all year long to promote a more diverse workforce, create a more supportive and inclusive workplace, and improve health equity.

Helping Early-Career Scientists Get to the Next Level

“Racial and ethnic minority groups like Blacks, Hispanics, Native Americans, Alaskan Natives, and Southeast Asians are underrepresented at research universities,” said Gideon St.Helen, PhD, an environmental toxicologist and Associate Professor in the Research Program in Clinical Pharmacology within the ZSFG Division of Cardiology. “There are also significant racial and ethnic disparities in grant funding from the NIH (National Institutes of Health).”

In response, in 2014 the UCSF Department of Psychiatry established the Learning for Early Careers in Addiction and Diversity (LEAD) Program. It was modeled on the UCSF Center for AIDS Prevention Studies Visiting Professor Program and funded by an R25 NIH training grant. Dr. St.Helen and Carmen



Gideon St.Helen, PhD

Masson, PhD, Professor in the Department of Psychiatry, co-direct LEAD. This three-year training program is based at UCSF, and includes early-career scientists from leading universities across the country who are members of underrepresented minority groups in the field of substance use disorder research.

Scholars spend four weeks each summer in an



intensive onsite program at UCSF, and participate in seminars on topics such as qualitative and quantitative research methods, cultural adaptations of evidence-based treatments, and implementation science. They hone their grant and manuscript writing skills, and receive pilot funding to gather preliminary data in preparation for submitting grant proposals to the NIH.

The LEAD Program is affiliated with the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN), which allows NIDA, researchers, and community-based service providers to collaborate in developing new treatment options at the community level. One of the hallmarks of the LEAD Program is its team mentorship approach. Each scholar meets weekly throughout the year with a primary mentor from the NIDA CTN, and periodically with a UCSF mentor as well as a diversity mentor who advises them about opportunities.

Since inception, LEAD has supported 21 scholars

from top-tier research universities. So far, 12 of these scholars have received NIH awards – nearly twice the national funding rate. “It’s really encouraging to see the success of our program’s scholars,” said Dr. St.Helen. He notes with pride a ripple effect - one of their graduates went on to secure an NIH R25 training grant himself, and is now mentoring the next generation of researchers in substance abuse treatment.

Navigating Headwinds

Many factors contribute to underrepresentation of racial and ethnic minority researchers. “For example, fewer African Americans and Blacks submit grants to the NIH,” said Dr. St.Helen. “When we do, fewer of us have our grants discussed by the NIH, and if they are, they’re more likely to receive poorer impact scores. We also know that Black researchers tend to propose research on topics that the NIH may not be interested in, in so-called ‘non-priority’ areas.” For example, researchers may propose investigating the role of Black churches

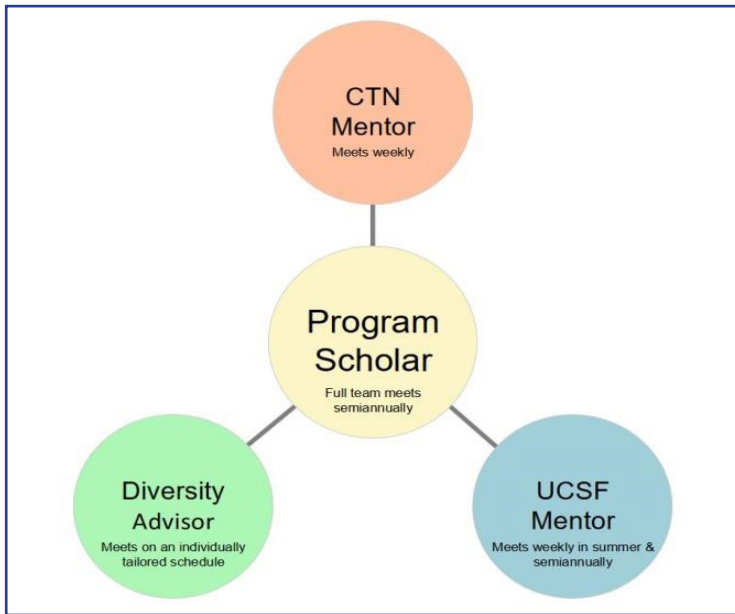


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Each LEAD Scholar is individually supported by an assigned mentorship team
CTN = Clinical Trials Network

in substance abuse treatment. “That may not be of interest nationally, but might be something really important to that specific community, because a lot of Black people are involved in Black churches,” he said.

There are other barriers to success that particularly affect underrepresented minorities. “There is inadequate culturally relevant mentoring,” said Dr. St.Helen. “You don’t have to be a Black individual to be a good mentor to someone who is Black, but you have to have a certain understanding of your mentee’s culture, be respectful, and see yourself in them.”

Black academics and others from underrepresented minorities may pay a “minority tax,” disproportionately serving on time-consuming committees focused on issues such as diversity or health disparities because there are so few people of color at their institution. There may also be conflicts between personal values and academic culture. “Academia demands that you spend so much time away from your family, even on Sundays, but you may think it’s much more important to be with your family and go to church,” said Dr. St.Helen. “We also deal with issues such as microaggressions and discrimination. All these things compound to make life a little more challenging compared to the majority demographic. The LEAD Program tries to help people overcome obstacles that could

Dr. St.Helen was initially a bit hesitant to apply to become a LEAD scholar. “Carmen Masson invited me to apply, but I said, ‘I don’t know – there’s so much going on,’” he recalled. “But she was really insistent and said, ‘You need to apply!’ It was a good thing I did.”

One of the biggest benefits was developing a broader network. “At UCSF, sometimes I’m the only person [in a room] who looks like me,” said Dr. St.Helen. “That can lead to imposter syndrome, where you think, ‘I’m not really good enough to be here.’ But when you’re part of a program with people doing really great work who are from leading universities and look like me, as well as Hispanic individuals, Native Americans, and others, it gives you a feeling of belonging. It’s really good to know this network of really accomplished individuals.”

The team mentoring approach is also invaluable. “It’s important to have an additional set of eyes and more mentoring support, not just from my current science mentor, but someone else who can communicate a different perspective,” said Dr. St.Helen. “It’s also wonderful to have a sponsor who can say to their colleagues, ‘He does this type of work and could serve on this committee, or contribute to that effort.’ Instead of just having one mentor, having a network of mentors who can

impact their longevity in academia.”

Gaining First-Hand Perspective

Dr. St.Helen is himself an alumnus of the LEAD Program. He graduated from LEAD in 2019, joined the program’s executive committee, then was appointed in 2022 as the program’s Co-Director following the retirement of Co-Director James Sorensen, PhD, former Chief of Substance Abuse Services at ZSFG.

“speak to different issues is beneficial.”

For years, Dr. St.Helen had been receiving guidance from Neal Benowitz, MD, now Professor Emeritus in the ZSFG Division of Cardiology, former Chief of the ZSFG Division of Clinical Pharmacology, and a leading authority on the human pharmacology of nicotine and nicotine addiction. “I was already working with Neal Benowitz, who is the world’s expert in my specific area,” said Dr. St.Helen. “I didn’t need another expert in that area. But my LEAD Program mentors helped me with other issues, such as how to set up and run a lab. These things are never taught [in graduate school]!”

LEAD scholars also hone their grant writing skills, writing a pilot grant as part of their seminar work. “Before this, I had never been taught how to write a grant or develop a grant budget,” said Dr. St.Helen. “One of the most important things I learned is to write with the reviewer as your audience. It’s different than writing a manuscript, where you’re basically selling an idea. I learned to write clearly, fill in holes in my argument, and think about the most critical pieces of information I need to present to convince the reviewer that my grant is worth a good impact score.”

The feedback he received from his mentors and cohort was invaluable. “You can’t become a good grant writer if you don’t actually practice,” said Dr. St.Helen. “It’s like trying to learn to swim without getting in the pool. We reviewed each other’s grants and manuscripts in the workshops. When they critiqued it, you initially feel so defensive. This is something you’ve been working on, and it’s your baby – and then someone tells you it’s a good idea, but it’s not fully developed, or it might not be fundable. The LEAD Program helped me stop thinking of these criticisms in a personal way, and to grow a thicker skin. It’s better to get the criticism from your friends than the people who determine whether you’ll get funded or not.”

Wonderfully, during the LEAD Program, Dr. St.Helen started to develop a research question related to co-use of cannabis and tobacco, and last year was awarded an R01 grant to pursue this line of investigation.

Magnifying Impact through Mentorship

Now in his role as Co-Director of the LEAD Program, Dr. St.Helen has the joy of paying it forward. “With my own research, I can do something, but when you mentor three or four people, it really magnifies your impact,” he said. “It also helps you become a better researcher. Mentees are really smart, and bring fresh ideas and new approaches to the same problem.”

He continues to receive mentoring from Dr. Mason, his Co-Director, as well as members of the executive and advisory committees. “I’ve learned a lot about administering a program, from the importance of recruiting quality people to your advisory committee who share ideas about ways to improve, to cultivating relationships by having regular conversations with them and sending them thank you notes after meetings,” said Dr. St.Helen. He also appreciates the vital contributions of the program’s administrative team, which currently includes Michael Shopshire, PhD, project policy analyst and Jack Swinkels, clinical research coordinator.

“We can’t take credit for our LEAD scholars already being excellent, but we’re just trying to give them that extra boost to help them get to the next level and become independent researchers who obtain grants to sustain their research programs,” said Dr. St.Helen. “The LEAD Program advances UCSF’s PRIDE values and its commitment to diversity.”

Always Building Community

In 2020, Fonda Smith was the Operations Manager for the UCSF Memory and Aging Center when George Floyd was murdered. “That motivated me to respond to members of my community and offer a safe space to process and heal, and use



Fonda Smith

our lived experiences to educate folks,” said Ms. Smith, who became the Manager of the ZSFG Division of Experimental Medicine in 2023.

At the Memory and Aging Center, she had worked with more than



The Black Leadership Advisory Council (BLAC) helps fight racism and better support the Black Community at the UCSF Memory and Aging Center.

200 colleagues, including about 10 who self-identified as Black. “It was difficult to process our experience in a space where we didn’t have a lot of folks who looked like us,” she said. Although she knew each of her Black colleagues, most of them – including fellows, administrators, research and patient care coordinators – did not know one another, because they worked in different areas of the center.

Ms. Smith grew up in San Francisco, has a background in community organizing and social justice, and majored in criminal justice. To bring the community together in this time of crisis, she founded the Black Leadership Advisory Council (BLAC). “It was a very diverse group,” she said. “Some individuals came to America because of their fellowship experience, and experienced being Black in a very different way. But we all have a common thread in our lived experiences, and we use our voices for change and to spark conversation. We continue to have open dialogue with our leadership to put a voice to what’s happening.”

Ms. Smith secured a UCSF Community Wellbeing Grant and other funds to create a professionally produced video, “Walking Alone...The BLAC Experience,” featuring members of BLAC talking about their experiences with microaggressions, police brutality and other forms of racism. “We wanted to educate folks in a meaningful way, but also encourage people to be more involved in creating change,” she said. “It was a very vulnerable piece, with people talking from the heart about their experiences living as Black individuals

in America. We wanted to provide something beautiful out of a terrible experience.” The filming was especially meaningful because it was the first time most BLAC members met one another in person, since they had been meeting on Zoom due to COVID. They presented the video to their colleagues at a staff meeting, as well as to leadership and other departments.

She received positive feedback from many of her colleagues. “Members of BLAC have a lasting community and connection with one another,” said Ms. Smith. “Leadership was also grateful to me for creating a safe space for them to be vulnerable and say, ‘This is new to me, but I want to offer support.’ Seeing leadership and someone who doesn’t look like you show up as an ally is meaningful.”

BLAC also provides support to the wider community. “If there was ever an unfortunate time that impacted another community, like instances of antisemitism or events that impacted the LGBTQIA+ communities, we always offered our space to them,” said Ms. Smith. “Some chose to come and use our group as a safe space to process, and to lean on us. People from other labs or divisions would say, ‘We love what you’re doing. How can we learn from you?’ It allowed us to establish partnerships in creating similar spaces [elsewhere]. We’ve always served as allies to everyone in our communities, to the best of our abilities. We don’t understand lived experiences of other communities and individuals, but we can offer allyship based on how we’ve built community and



grown together.”

Ms. Smith recognized this broader need among her colleagues. “These past few years, unfortunately, have been really trying, and so many communities have been impacted in different ways,” she said. “It was important for me to create opportunities for continuous, structural change, and to make sure we support all individuals. How do we collectively share our experiences and bond together, and celebrate the beauty of our differences?”

That desire led her to found another group, the Memory and Aging Center Coalition on Diversity, Equity and Inclusion (CODE). It includes a broad range of faculty, staff, learners and others.

In recognition of her efforts, in 2022 Ms. Smith received the Lloyd Holly Smith Award for Exceptional Service to the School of Medicine, which acknowledges contributions that result in broad and long-lasting benefit. She was also featured in the Chancellor’s State of the University Address, and last year delivered the Black History Month address during the Chancellor’s monthly update.

Building Anti-Racism and Anti-Oppression Expertise

Since 2022, Ms. Smith has also had a leadership role with the School of Medicine’s Differences Matter initiative, serving as co-director of a group focused on building anti-racism and anti-oppression expertise within UCSF. She and her colleagues are working to define and disseminate policy around engaging in this work among faculty, staff and learners within the School of Medicine. They are also developing ways to evaluate these initiatives, providing venues for members of the UCSF community to provide feedback and engage in dialogue. They are also creating tools and resources to help people be equitable, inclusive leaders. “Having something like Differences Matter is so important, because it shows the institution’s commitment moving this work forward,” she said.

A culture of anti-racism and anti-oppression is vitally important to all of UCSF’s missions of patient care, research and education. “How are we delivering care? How well do we understand the communities we are interacting with and advocating for? How are we representing our local community?” asked Ms. Smith. “Unfortunately,



Differences Matter Phase 2: Left to Right (front row), Matthew Bucknor, MD (Executive Sponsor), Fonda Smith (Co-Director), Leah Pimentel (Co-Director), Alejandra de Alba Campomanes, MD, MPH (Co-Director), Mindy Hebert-DeRouen, PhD, MPH (Co-Director), Manuel Tapia, MD, MPH (Co-Director). Left to Right (second row), Jae Rouse Iniguez, MSHA, MA (Co-Director), Julis Oatts, MD (Co-Director), Rana Barar, MPH (Co-Director), Maddie Deutsch, MD, MPH (Co-Director), Cherrie Boyer, PhD (Co-Director), Gina Moreno-John, MD, MPH (Co-Director)

some people possess unconscious biases that show up in the care that is delivered and how we interact with one another. For example, our climate survey results show that individuals in certain communities have different experiences in how they feel in belonging here at UC, whether it’s individuals who have disabilities or those who have a preferred name. Creating awareness so people have an opportunity for self-reflection and growth is so important. There is always structural change that needs to happen, and [parts of] our legacy that need to be dismantled and rebuilt.”

Faculty, staff and learners also face challenges. “For example, physicians may encounter a situation where a patient is delivering racial slurs,” said Ms. Smith. “How can they navigate that and still offer compassionate care? Many of us are not equipped to manage those instances. We want to create a space where everyone, regardless of their role, is educated and supported through those challenges. We want to create an environment where everyone belongs, is recognized, and has equitable and inclusive opportunities for growth, change and advancement.”

One goal that Ms. Smith and her colleagues have is identifying anti-racism and anti-oppression best practices and established programs throughout

UCSF, and creating an easily accessible repository of those resources.

Creating an anti-racist and anti-oppressive community is hard work. “Everyone is starting from a different place, whether that be their own comfort level of understanding situations or of self-reflection and understanding privilege,” said Ms. Smith. “In this work, you can’t force; you can only encourage. We’ve had a lot of discussion about how to get people to hear and understand lived experience so they don’t feel defensive about their own lived experiences, but reflect how those experiences may be different.”

Ms. Smith encourages those who are just beginning their own explorations to connect with the UCSF Office of Diversity and Outreach and its wealth of resources. “Engage and be curious in this space, and understand that developing in this area takes time,” she said. “Our goal is always to meet people where they are and help them to grow.”

Her own lived experience and passion for social justice fuel her commitment to this work. “It’s important to take time to reflect on who we are, how we show up, and what our goals are for being thoughtful, inclusive and loving community members here at UCSF,” said Ms. Smith. “It’s always



important to me to continue building community. I hope people are inspired to think about what their own contributions can be in this space.”

Improving Health Equity through Education

A few years ago, ZSFG Division of Rheumatology faculty discussed how they could be more anti-racist and anti-oppressive in their work.

“Because I’m a medical educator, I thought about



Sara Goglin, MD

this through the lens of education,” said Sarah Goglin, MD, Associate Professor of Medicine in the ZSFG Division of Rheumatology, who also holds leadership roles in educating medical students, residents and fellows.

“In preparation for a talk, I reviewed the American College of Rheumatology image bank and noticed that there were a lot of images from white patients, but not as many from patients with other skin colors,” said Dr. Goglin. She worked with her colleagues as well as one of her mentees, Adrienne Strait, MD – then a medical student and now a UCSF internal medicine resident – to systematically review more than 1,000 patient images in several well-known rheumatology resources. <https://acrjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/acr.24602> They found that dark skin was significantly underrepresented compared to the proportion of people of color in the U.S. This is particularly significant because some rheumatologic diseases with skin manifestations, such as lupus, disproportionately affect Black patients and other patients with darker skin tones.

“In rheumatology, there are often clues in what we see on the skin that can help us diagnose a more systemic disease,” said Dr. Goglin. However, the same disease may appear differently depending on skin tone. For example, a person with light skin color may have a lupus rash that is light pink, whereas it may appear more violaceous in someone with dark skin. “Some of these rheumatologic diseases are very serious with high risk of morbidity and mortality, and can lead to complications



such as irreversible kidney disease,” she said. “It’s important to educate physicians to recognize these problems in people of all skin tones, so they can make a timely diagnosis and start patients on treatment early”

Although similar studies had been done in dermatology, to her knowledge this was the first study to analyze representation of darker skin color in rheumatologic clinical images. Their published study contributed to a dialogue already underway about the need to diversify rheumatology image banks and textbooks to more fully reflect the patient population, especially those populations disproportionately affected by these diseases. For example, the New England Journal of Medicine and the American College of Rheumatology committed to diversifying their image banks. Dr. Goglin and her colleague, Mary Margaretten, MD, MAS, Professor in the ZSFG Division of Rheumatology, also successfully advocated to have images of four patients with darker skin tones who had lupus rashes included in the New England Journal of Medicine’s “Images in Clinical Medicine” section. Historically, that section only features clinical images from a single patient, accompanied by a case description.

“We wanted to focus the teaching not just on this single patient, but also to demonstrate how this rash looks different in people with different skin colors,” said Dr. Goglin. “That’s not their usual approach, but they were really receptive to our rationale and made an exception for us. I got emails from people who said it added to their learning. One very senior clinician told me, ‘I’ve never seen

them do this before,’ so that was exciting.”

Dr. Goglin and her colleagues are now completing a follow-up study to assess whether there has been any improvement in representation of diverse patients within rheumatology image banks over the past two years.

Creating More Inclusive Teaching Tools

Dr. Goglin, Dr. Margaretten, and a recent rheumatology fellow, Michael Thomashow, MD, are also contributing to a project led by Lisa Zickuhr, MD, MHPE, a rheumatologist at Washington University in St. Louis, Mo. Together they are developing open source, online teaching modules designed for medical students, residents, and primary care providers. “We wanted to improve the educational materials that we’re using to reflect diverse patients,” said Dr. Goglin. “It’s a huge team effort.”

That team includes patients, especially those with darker skin tones, who have chosen to contribute images. When Dr. Goglin is obtaining informed consent from willing patients, she has also started explaining how their participation can make a difference. “I can now say with a great degree of confidence that we have data showing that people like them are not represented historically in what has been taught, and one of our goals is to improve that,” she said. “That seems to resonate with a lot of people. Patients are often surprised to be asked, because it may be the first time they’ve been asked to participate in scholarly or research-related work. Often they really want to be able to contribute and give back. I’m very grateful to them.”





Their first completed module focuses on cutaneous lupus across skin tones, and includes a rich blend of clinical images from patients with a wide variety of skin color, as well as detailed captions explaining clinically relevant features of each photo. In particular, it describes how the same disease may look different depending on skin color, points out the sometimes subtle presentations in darker skin, and features side-by-side comparisons of patients with a range of skin tones.

The module also describes different subtypes of lupus, shows how skin manifestations of the disease may progress over time, presents case studies, and explains how to differentiate lupus from other conditions affecting the skin. It offers exercises to apply this new knowledge, such as tests to assess how well people understand the material and virtual flash cards. The module also includes a section on how to take the best photos of lupus, including tips for optimizing images of patients with darker skin tone. Those strategies include avoiding the use of flash, and choosing a light, solid background to provide the best contrast.

“In addition to wanting this to represent diverse patients, we wanted to make this module as interactive as possible by using different principles of educational design, such as having them sort and match items,” said Dr. Goglin. “We wanted to improve their retention and increase the likelihood of completing the module.” She and her colleagues recently published a paper describing how medical students and internal medicine residents at UCSF and Washington University met the intended

learning goals of the module and retained this knowledge a few months later. Dr. Goglin and her team hope to create similar modules for other rheumatologic diseases such as sarcoidosis and systemic vasculitis.

Shaping the Dialogue

While there has been some improvement in representing a diversity of rheumatology patients in educational materials, Dr. Goglin sees many opportunities for improvement. “I went to a national meeting a few years ago, and someone gave a talk on cutaneous lupus in which there was not a single picture of a Black person,” she said. “I didn’t want to shame the person, but during the question-and-answer session I said, ‘I noticed in your section on discoid lupus you had several images of Black patients, so I was able to appreciate the differences between darker skin and lighter skin. But in the section on acute cutaneous lupus, there weren’t any images of people with darker skin tone. I’m wondering if you could give us tips for how you make that diagnosis in people with darker skin.’ The speaker was initially flustered and embarrassed, but then did give us some tips. It’s important to speak up in a diplomatic way.”

Dr. Goglin also finds inspiration in serving as a resource for her colleagues nationally. “I’ve gotten multiple requests for images of Black patients and other patients of color from other rheumatologists who are writing or updating a book chapter,” she said. She also shared images from her collection with another UCSF faculty member who was

developing a lupus disease activity score, in which patients could view pictures of different kinds of lupus rashes and self-assess how active their disease had been in recent weeks. “It takes time to obtain patient consent and collect these images, but it’s clear that it’s useful for my colleagues, and ultimately for patients and our efforts to advance their care,” she said.

Elizabeth Chur

Editors: Neil Powe, Laurae Pearson

SPOTLIGHT

February is Black History Month

For community events and resources, please see: <https://mrc.ucsf.edu/events/black-history-month-events>

Learn about the UCSF Black Caucus at: <https://blackcaucus.ucsf.edu/>

See shared identity article with **Neil Powe, MD**: <https://magazine.hms.harvard.edu/articles/shared-identity-and-doctor-patient-relationship>

Gabe Ortiz, MD, PhD, Hospital Medicine, has been named ZSFG’s new Chief Medical Officer

Nominate a colleague!

- **Holly Smith Award** - <https://medschool.ucsf.edu/our-people/staff-faculty-appreciation/holly-smith-award>
- **STAR Award** - <https://medschool.ucsf.edu/our-people/staff-appreciation/star-awards>

UCSF International Women's Day events are scheduled March 4-8, 2023. <https://womenucfsfhealth.ucsf.edu>