

CAFP Fresno Kings Madera Chapter



LEADING IN ADVOCACY

Welcoming our CAFP
President Dr. Chong

Learning about health care
legislation with Dr. Jasmeet
Bains

Honoring our residents
with the Resident
Advocacy Award

FROM THE EDITOR

As we close another remarkable year in family medicine, I find myself reflecting on what it means to practice in the Central Valley, a region rich with resilience, diversity, and a profound sense of community. This has been a year in which our advocacy efforts have stretched farther than ever, driven by the urgent need to amplify our patients' voices and ensure their stories are heard where decisions are made.

We have confronted significant challenges, limited resources in underserved communities, ongoing concerns about medical coverage, persistent misinformation surrounding vaccines, threats to reproductive health protections, and gender-affirming care. Yet, despite these obstacles, our community of medical students, residents, and physicians has shown extraordinary commitment. Your advocacy, whether through testimony, education, clinical care, or community engagement, has demonstrated compassion, courage, and unwavering dedication to the people of the Valley.

This October, I had the honor of serving as a delegate at the California Medical Association House of Delegates. Standing in that room, surrounded by colleagues from across the state, I was deeply moved to witness more than a third of the House advocating for health equity as a priority. I learned from peers who challenge the status quo, and I was empowered by mentors like Dr. Kimberly Buss, whose leadership continues to shape my own advocacy journey.

As this year comes to a close, one truth stands stronger than ever: the Central Valley has a voice, steady, growing, and impossible to ignore. Together, we will continue to speak up, stand up, and advocate for a healthier, more equitable future for every patient we serve.

Thank you for all you do.

Diana Howard



PRE=MED
MULTICULTURAL REPRESENTATION
IN MEDICINE

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CARE

RESIDENCY ADVOCACY AWARD

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Why Multicultural Representation in Medicine Isn't Optional—It's Essential"

"Representation Heals: How Diversity Strengthens Trust, Care, and Community"



JUNER MENDOZA
(THEY /THEM)
RESEARCH ANALYST
MS CANDIDATE

Being in this journey of medicine has been a long process for me, but it is my vocational desire to practice medicine for the collective community in the San Joaquin Valley. While I am in the process of applying to medical school next year and studying for the MCAT, I have the pleasure of having a full-time career job as a health policy researcher. I am a research analyst for Central Valley Health Policy Institute, CSU Fresno.

As a health policy researcher, I have had the opportunity to work with diverse populations and varying intersectionalities. In the research we conduct, I identify gaps in health indicator trends, health disparities, and health inequities in the San Joaquin Valley. I utilize data analytical tools, conduct mixed-method analysis, and most importantly, the importance of qualitative analysis to write about the narratives of community members. I gain valuable insight into the collective community through the privilege of conducting community-based participatory research in action. Additionally, I have had the privilege of being able to train Community Health Workers (CHWs) and teach CHWs about the importance of health education, health literacy, health inequities, health disparities, health injustices, and structural barriers to medicine.

In my experience as a health policy researcher, I have learned the importance of multicultural representation, those with lived experiences,



and who possess varying intersectionalities are crucial in medicine to help alleviate the structural barriers in medicine. My emphasis is for institutions to really examine hiring more medical students who have lived experiences, possess multiple intersectionalities, have language proficiency in other languages, and have immense empathy, regardless if the metrics are not the most glamorous.

My colleagues who may not have the stellar metrics are the ones who have lived in vulnerable populations that have limited access to resources, and have been impacted by racial and discriminatory legislative policies that have impacted their health and their families' health.

They practice empathetic care. It is these colleagues that can bridge the dialogue of clinical, research and the establishment of trust to community members who have experienced medical distrust.

One of the most prominent examples I can provide is when the COVID-19 pandemic happened. When the COVID-19 pandemic emerged, non-profits and ourselves learned that language barriers and the lack of cultural representation was evident with the medical information. Many community members had no way of understanding what was SARS-CoV-2 and its significant impacts it could have within their neighborhoods. Our coalition formed, and these non-profits hired staff who resembled, spoke languages other than English, and we trained CHWs in health education, health literacy, and delivered culturally-concordant care.

My most distinctive memory was when I was able to provide health literacy and education around the safety and effectiveness of Pfizer and Moderna's vaccines. Many gente in the campesinos and the packing houses asked questions, shared their fears surrounding the vaccine or how it could impact their health with the other comorbidities they had.

When we trained the CHWs and they went out to these neighborhoods, in our monthly narrative reports, I was also able to highlight successes and challenges around health literacy. More family members learned to trust that vaccines were beneficial, they just needed health education and literacy around the complex health information from SARS-CoV-2.

In my interactions with community members, and with my qualitative analysis, I noticed the strengthened importance of multicultural representation in medicine. More trust was established between these populations that carried multiple races and ethnicities. These CHWs shared their similar life experiences and were able to meet these community members and their vulnerabilities.



*HIV Prevention Community Outreach Event at "La Casita Feliz"
(August 2025)*

FRESNO STATE

Central Valley Health Policy Institute

BUILDING HEALTHY COMMUNITIES IN THE SAN JOAQUIN VALLEY: DATA REPORT UPDATE, 2023

Prepared by S. Mendoza along with their team at Fresno State

Given the political climate and uncertainty of this nation, institutions would benefit from having medical students who possess multiple intersectionalities, share the lived experiences with their community members who experienced health disparities and historical medical distrust. These are the future medical providers who are the family members that have read medical reports and explained what the findings mean to their family members, understood pharmacotherapy literacy, provided medical interpretation for their family members, and share similar struggles with those impacted by social determinants of health.

If I must be honest, there are some providers in the San Joaquin Valley who lack the true knowledge of social determinants of health. Medicine is not just treating the medical conditions, but also understanding the impacts by climate injustices, alongside racial and discriminatory policies that have impacted their family and the future generations of family members. Most brown and black students have the shared experience of growing up in areas where their nearest grocery store was 7 miles away or lived in rural towns and needed to figure out how they can travel to their next doctor appointment. It is in these experiences, I have learned from our community members that providers who understand their life experiences, and have immense empathy will trust their providers. In my opinion, when a patient trusts their provider, then more can be done to address structural barriers in medicine, and continue to improve patient outcomes.

As a trans, queer person, there are not many providers who look like me. So, with my ongoing skills and training I have received as a health policy researcher, and volunteered at free clinics, I know my inclusive practices and intersectionalities will make my future patients feel safe. As a future physician and team collaborator in medicine, we can collaboratively work to address the structural barriers, and this will require continuous advocacy for more acceptance of more black, brown, queer, disabled, and those who possess multiple intersectionalities to be accepted into medicine. Multicultural representation matters, and this will help address the systemic barriers that exist in medicine.



**WHEN COMMUNITIES SEE
THEMSELVES REFLECTED IN
THEIR CLINICIANS,

TRUST
STRENGTHENS,
AND WITH TRUST
COMES HEALING.**



*HIV PrEP Outreach Event organized by Gender Alchemy
in Fresno (Sept 2025)*

Multicultural representation in medicine is more than an ideal, it is a necessity that directly shapes trust, access, and health outcomes. As highlighted by our pre-medical contributor, meaningful care in the San Joaquin Valley requires clinicians who understand lived experiences, language, culture, and the historical inequities that shape our communities. This student reminds us that the future of medicine depends on physicians who carry multiple intersectionalities and deep empathy. Their perspective challenges our institutions to see beyond metrics and recognize the unique value of students whose lived experiences mirror the patients we serve.

What do Medical students tell us



Advocacy in medical school

BUILDING INCLUSIVE PRIMARY CARE-INSIGHTS FROM LMSA'S NATIONAL DIVERSITY COMMITTEE EVENT

*“Diversity in Action:
Student Voices Shaping
the Future of Care”*



SARA JHANJAR, OMS-III
CHSU

As a third-year medical student and the National Diversity Committee Chair for the Latino Medical Student Association (LMSA), I had the privilege of helping organize our November 7th virtual session, “Caring with Pride: LGBTQIA+ Health Through a Latinx/e Lens.” Bringing together medical students from across the country, the event was a powerful reminder of why our committee’s work to expand diversity, equity, and inclusion—particularly for LGBTQIA+ members of our Latinx/e communities—is both urgent and deeply personal.

Throughout the evening, students engaged in open, honest conversations about what it truly means to create affirming clinical spaces. One of the most impactful discussions for me centered on **pronouns and identity-affirming language**.

As a trainee navigating clinical rotations, I’ve seen firsthand how small, intentional choices—introducing my own pronouns, normalizing inclusive language, asking open-ended questions—can immediately help patients feel safer.



These practices aren’t just checkboxes; they’re meaningful steps toward building trust, especially for LGBTQIA+ patients who may carry a history of feeling unseen within healthcare.

We also reflected on how to make our clinical environments more inclusive in tangible ways. Students learned strategies like wearing inclusive pins, advocating for diverse educational materials, and ensuring clinic spaces reflect the communities we serve. For many of us, this conversation reaffirmed that creating a sense of belonging is both structural and interpersonal—and that we each have a role in shaping it, regardless of our current training status

"CELEBRATING THE NEXT GENERATION: MEDICAL STUDENTS LEADING THE WAY IN INCLUSIVE, COMMUNITY-CENTERED CARE"



"Medical students across the Central Valley continue to demonstrate exceptional commitment to diversity, equity, and inclusion, work that strengthens the future of Family Medicine and the communities we serve. We proudly uplift and celebrate these students for shaping a more equitable and welcoming future for all patients."

A theme that resonated deeply with attendees was allyship. As medical students, it's easy to feel like our influence is limited, but this event reminded me that allyship begins now. Whether it's challenging assumptions in the exam room, speaking up when we witness bias, or uplifting patients whose identities intersect across race, ethnicity, gender, sexuality, and disability, we hold real power to advocate for healthier, more equitable systems.

This session also aligned closely with the ongoing efforts of the LMSA National Diversity Committee. Over the past year, we have been intentionally expanding our initiatives to better support the LGBTQIA+ community, disabled students/patients, and all students affected by increasing hostility within the DEI space. Creating educational spaces like this one is part of that commitment—ensuring that future physicians are not only clinically competent, but also culturally responsive, inclusive, and grounded in compassion.

By the end of this event, I felt a renewed sense of purpose in my path toward Family Medicine. This session was a reminder of why I chose this field: to meet people where they are, honor who they are, and ensure that every patient—regardless of identity or ability—experiences care rooted in dignity, affirmation, and belonging.

OUR RESIDENTS PERSPECTIVE



We are excited to showcase the dedication of our residents as they advocate passionately for their patients and shape the future of medical practice.

Residency Advocacy Award

Dr. Jennifer Romo

PGY-4 UCSF Fresno Health, Equity, Action and Leadership (H.E.A.L) Initiative Fellow

My journey into medicine began out of my love for family. Growing up in LA, I was surrounded by an inspiring matriarch (my grandmother), many bustling cousins as a result of having 8 aunts and uncles on my mother's side of the family, and two younger sisters. Our gatherings as a family were intentional yet chaotic with meals that were nothing short of delicious. That was our love language and a very powerful mode of communication that inspired me to practice culinary arts which ultimately led me to study nutrition and its effects on the body: My first taste at holistic care. It was my grandmother's illness of metastatic breast cancer that strained my family and introduced me to the feeling of powerlessness. To this day, the events leading up to her passing are not quite understood by me. However, it still lies as a suspicion that due to complex social determinants of health- a language barrier, poor health literacy- that my beloved matriarch passed despite overcoming cancer once before. I would always ask, what happened? Why did she fall through the cracks and not have surveillance for remission?

Like many first-generation Latinos, Spanish can be a challenging language to perfect when you go to school and are solely taught English. Despite the continued embarrassment that I face when I stutter or cannot enunciate words in Spanish, I was determined to improve this as much as I could by majoring in Spanish and Nutrition at UC Davis.

For me studying was not enough, therefore I pursued immersion as I continued my education in medicine by attending a foreign medical school in Mexico to become culturally competent for the population I wanted to serve, the Latino people who have a hard time navigating this insanely difficult healthcare system.

“ Yes, navigating this healthcare system is challenging. I remind myself and others, for those that work in this challenging medical system, to give oneself grace.



As fate would have it, I matched and trained in central California, where the people I wanted to serve the most reside and where I would continue to serve underserved areas through a fellowship with UCSF HEAL, determined to promote health equity thought the action of showing up.

As a granddaughter of a Bracero, it has been an honor to grow into a Chicana physician that feels a little more hopeful that I can show up and serve my patients in a way that is similar to family. But as with any family with complex dynamics, to navigate socio-cultural norms in a language that often does not come easy to me and also in a political climate that is threatening and seemingly more totalitarian is to helm a ship in a hurricane with surrounding darkness. To work in this imperfect system is to be a limited therapist, mother, father, social worker, physical therapist, translator, lawyer and friend.

But also, to be a family medicine doctor is to be a person that offers relief, respite, empowerment, safety, encouragement, humility, advocacy, and connection all with the satisfaction of dissolving barriers.

I tell myself, if I can be a part of avoiding another tragic passing of a matriarch, to me, there is no greater feeling. That feeling of powerlessness that first met me with the passing of my grandmother, I feel has evolved into something more hopeful and empowering. We know to be true that PCPs improve healthcare outcomes for one person. But I think what is not often reminded enough is to show up and touch one life, can have a lasting impact on a family- to me that is the truest form of holistic medicine. That my friends, is the essence of relentless incrementalism the practice of constantly showing up despite the challenges with the relentless determination to make small yet powerful incremental changes for good. To remind oneself of this, I believe is to cast light and hope in what only seems as an insurmountable time.

Residency Advocacy Award

Dr. Arianna Crediford

PGY-3 SAMC

Dr. Arianna Crediford is a third-year Chief Medical Resident at St. Agnes Medical Center in Fresno and a proud native of Sanger, CA. Returning to the Central Valley was always part of her vision to serve and uplift the community that raised her. Family medicine is deeply personal for Dr. Crediford, not only because of her passion for preventative care and patient education, but also because medicine runs in her family. Her mother and aunt are both physicians in the Valley, inspiring her lifelong commitment to advocacy and inclusion in healthcare.



A dedicated member of the California Academy of Family Physicians since her medical school years, Dr. Crediford has consistently championed health equity and patient empowerment. The Resident Advocacy Award recognizes her leadership in advancing these values through initiatives that improve communication, break down barriers to care, and strengthen trust between patients and providers. Looking ahead, Dr. Crediford plans to continue practicing in the Valley and expand her advocacy work, ensuring that the region she calls home has access to compassionate, inclusive care for generations to come.

BUILDING BURNOUT-PROOF, INCLUSIVE CARE: THE STORY OF FRESNO INCLUSIVE AND THE QUEER COLLECTIVE



JULIE NICOLE MD
(SHE/HER)
FRESNO INCLUSIVE



SAM SCHMITZ MD, PGY-3
(SHE/THEY)
FRESNO INCLUSIVE

The story of Fresno Inclusive began in October 2024, when Dr. Julie Nicole (she/her) set out to build something rare in modern medicine—a burnout-proof medical practice. After years of witnessing colleagues struggle under the weight of unrealistic demands, Dr. Nicole wanted to reimagine what a healthy, sustainable, and inclusive clinic could look like—one where the wellbeing of both patients and clinicians came first.

From the beginning, the vision centered on recruiting medical students and residents early in their careers, helping them shape the kind of practice they wanted to see in the world. One of those residents was Dr. Sam Schmitz (she/they), then a second-year Family Medicine resident at UCSF Fresno. Sharing a deep commitment to LGBTQ+ health and social justice, Dr. Nicole and Dr. Schmitz co-founded the Fresno Collective for Inclusive Medicine, Inc., the foundation upon which Fresno Inclusive would be built.

Together, they searched for a space that was centrally located and accessible by public transportation, determined to make care reachable for everyone. Using their own savings, they leased a space at 3032 Tulare Street, and after a year of extensive renovations, Fresno Inclusive officially opened its doors, as a place designed not just to serve, but to belong to the community.



Dr. Julie Nicole (left and Dr. Schmitz (right) during the Pride Parade in Fresno June 7th 2025

Inside, every detail reflects that philosophy. Staff enjoy 100% paid medical, dental, and vision insurance, along with free lunches, snacks, and coffee—small gestures that build connection and help prevent burnout. Paid holidays and flexible hours are offered.

They are also enforcing a policy where the highest paid executive's salary is capped at no more than five times the salary of the lowest-paid employee (unusual in other healthcare settings where CEOs earn millions of dollars per year).

BEYOND CLINICAL CARE, FRESNO INCLUSIVE IS DEEPLY COMMITTED TO EQUITY IN MEDICAL EDUCATION

By creating a supportive and nourishing environment, Fresno Inclusive signals that the well-being of its employees matters as much as the care they provide to others. In essence, such organizational care practices embody the clinic's values of justice and compassion, transforming everyday workplace culture into a form of resistance against the very injustices that cause moral injury.

Even the patient experience was reimagined: Dr Schmitz designed special examination pants that help patients stay warm, covered, and comfortable during sensitive exams. Tea and water are also offered to visitors as they wait for their appointments. Fresno Inclusive's services are wide-ranging and patient-centered. They offer HPV self-swabbing for those unable to tolerate traditional pelvic exams, PrEP for HIV prevention (including the six-month injectable), and gender-affirming care, among many other services. Electrolysis hair removal is provided by Carlos Lopez (he/him), the clinic's skilled electrologist technician.

Dr. Nicole provides full-spectrum gynecological care, including hysterectomies, management of abnormal uterine bleeding and pelvic pain, sterilization, preventive care, and STI screenings. Dr. Finnian Steele (they/them) joins the team twice a week to provide pediatric care. In the summer of 2026, Dr. Sam Schmitz will practice at Fresno Inclusive full-time as a family medicine physician offering primary and gender affirming care.

Fresno Inclusive finds creative ways to meet community needs. In 2023, while attending the USPATH (U.S. Professional Association for Transgender Health) conference, Dr. Nicole, along with April Taylor-Salery, a local therapist and treasurer of Trans-E-Motion—a nonprofit providing direct aid to transgender and nonbinary individuals in Fresno and surrounding counties—met with national leaders in gender-affirming electrolysis.



Inspired by the potential to expand access locally, Trans-E-Motion successfully crowdfunded the equipment and training costs (including tuition, room, and board) for Carlos Lopez, who has since become Fresno Inclusive's in-house electrologist while attending nursing school.

This model of uplifting community members by investing in their professional growth has become a cornerstone of Fresno Inclusive's mission—demonstrating how health equity can begin by creating an opportunity.



*“TRANSFORMING LOCAL HEALTH EQUITY: FRESNO INCLUSIVE
OPENS ITS DOORS FOR GENDER-AFFIRMING AND PREVENTIVE
CARE”*

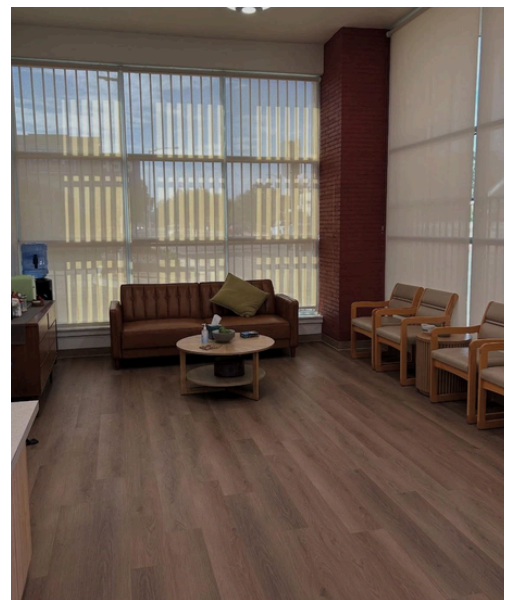
Beyond clinical care, Fresno Inclusive is deeply committed to equity in medical education. Recognizing the underrepresentation of Black and Brown medical students in the field, the clinic offers quiet but consistent mentorship and support to help nurture the next generation of inclusive physicians. Dr. Nicole hosts a quarterly Anti-Racism Journal Club, a space where physicians and learners come together to learn—but also to unlearn—racist bias embedded in medical training. The most recent session explored the dangerous myth of the “strong Black female infant” in the NICU, a stereotype sometimes cited by staff that has led to disparities in neonatal care. By creating room for open discussion and reflection, Fresno Inclusive works to dismantle these biases at their roots.

While seeing patients in their temporary space next door, Dr. Schmitz saw another opportunity to extend their mission. They chose to keep that lease and transform it into something more: the Queer Collective, a community center supported by their nonprofit, the Fresno Inclusive Foundation. The Queer Collective now houses the Dr. Alan Hart Branch of PFLAG Fresno’s Little Queer Library and a free community space available to other nonprofits for meetings, events, and programming.

What began as a vision to create a sustainable medical practice has grown into something far greater—a living model of inclusive, compassionate care, powered by collaboration, community, and a belief that healthcare can be both healing and human. At Fresno Inclusive, healthcare feels safe, personal, and respectful, no matter who you are.

If you want to refer patients to the Fresno Collective for Inclusive Medicine inc. please fax your requests at 559-422-6151.

The clinic is located at 3032 Tulare St, Fresno, CA 93721 (call 559-889-3246 for appointments, their web site is fresnocollective.com). The Queer collective is located at 3034 Tulare St, Fresno CA 93721 (queer-collective.org).



Picture of the waiting room of the Fresno Inclusive office

WHAT NOT TO SAY: LESSONS IN COMPASSION FOR PREGNANCY & INFANT LOSS AWARENESS MONTH

“Whether if it is your patient or a loved one going through grief, it is helpful to have a few statements in your back pocket to use as the need arises. ”



**KATIE P.
NGUYEN MD**
UCSF FRESNO

It is your first day on as the senior resident on the labor and delivery unit. You have a bright-eyed intern who is ready to catch her first baby. Little do you know, your first case happens to be a young mom who recently lost her child at 39 weeks. You’ve handled these cases before, but your poor intern turns to ask you for any insight in talking with the grieving parents. Which of these is the appropriate response in this situation?

- A) “It’s okay. You’re a very young couple, you can always have more children.”
- B) “Everything happens for a reason. It’s all part of God’s plan.”
- C) “Your child is in a better place now. You should be grateful for what you have currently.”
- D) “At least you already have other children waiting for you at home.”
- E) “I know how you feel.”
- F) None of the above

If this question is difficult for you to answer, you are not alone. As clinicians, we are trained to handle many different scenarios. However, most people are not trained on the art of navigating through grief even though grief is a universal experience. The fact that it is so difficult to know how to navigate and process grief is what makes us human as we all have our own needs, memories, and experiences. What works for one person may not work for another, even amongst husband and wife.

October is Pregnancy and Infant Loss Awareness Month. The pregnancy journey can be the most magical time for a family, but it could also be one of the most tragic. Whether if it is a miscarriage, stillbirth, fetal or infant loss, each loss is felt tremendously by the family. Grieving parents are inducted into this perinatal loss group, a group that no one wants to be a part of, but the loss community has some of the strongest human beings who have found the strength and courage to take a step forward.



A reminder that the most powerful care we give during pregnancy and infant loss is grounded not in answers, but in empathy and humanity.

It can be challenging to know how to talk to a grieving parent. Rather than what to say, it is often what not to say that matters most. Some people will talk a lot about their experience. Some people will remain silent. Sometimes, just listening with an open heart and offering support is more than enough. Choose your words wisely and compassionately. Think about if what you are trying to convey would be interpreted as dismissive, insensitive, or in any way minimizing their life changing trauma. Take a look at the examples above. All of the options are dismissing their current loss. Some of the choices suggest that their child is somehow replaceable, which is not true.

Knowing what to say does not come easy. Whether if it is your patient or a loved one going through grief, it is helpful to have a few statements in your back pocket to use as the need arises.

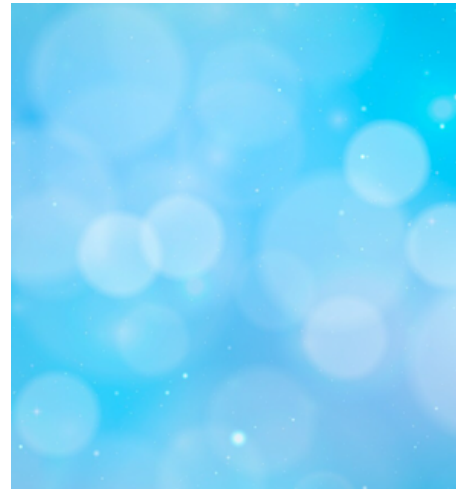
"I am deeply sorry for your loss. Does your child have a name?" This helps because you are acknowledging their child and being present.

"Is there anything I can do for you right now? Please let me know how or if I could support you in any way." You're not going to magically fix the situation, but knowing that you are available will help.

The art of grief is not perfect. And knowing what to say or not say is not perfect either. Life is one big messy journey, but you will be amazed on where it can take you if you remain open to it.

In loving memory of my dear son Warren

If you or someone you know is seeking grief support, the Center for Grief & Healing with Hinds LifeCare is one of many resources available to the Fresno, Madera, and Merced Counties. (<https://hindslifecare.org>)



MEET OUR NEW CAFP FRESNO KINGS MADERA CHAPTER PRESIDENT

DR. ZHOOBIN BATENI”



FALL 2025

EVENTS



Resolution Workshop

Social Event

SUPPORTING DR. JASMEET BAINS “FROM PRIMARY CARE TO POLICY CHANGE: DR. BAINS LEADS THE WAY”



**DIANA HOWARD, MD AAHIVS
(SHE/HER)**
UCSF FRESNO

I first met Dr. Bains during my Psychiatry in Primary Care Fellowship Conference in San Diego, where she delivered a powerful speech on advocacy and the physician's role in shaping policy. As a Central Valley physician myself, I felt immense pride seeing her represent our region with such clarity, passion, and purpose. Her words highlighted not only the challenges our communities face, but also the transformative potential of physicians who step forward to lead.

Our paths crossed again at the All-Members Advocacy Meeting in Sacramento, where Dr. Bains continued to champion issues that matter deeply to the Valley's health equity, behavioral health resources, primary care access, and the lived experiences of underserved populations. Each encounter reinforced her authenticity, her integrity, and her deep roots in the community she serves.

The Fresno-Kings-Madera Chapter proudly recognizes Dr. Jasmeet Bains, family medicine physician, Assembly Member, and long-time advocate for health equity, as she embarks on her campaign for Congress. Dr. Bains has dedicated her career to advancing the health and dignity of Central Valley communities, bringing the voice of frontline primary care to the policy arena where it is most needed.

As a family physician, Dr. Bains has cared for patients across the lifespan, championed evidence-based public health policy, and advocated fiercely for behavioral health, addiction treatment, and underserved populations. Her leadership in the California State Assembly reflects the values of family medicine: compassion, integrity, community service, and a commitment to improving systems that shape the lives of our patients.



Honoring Leadership: Supporting Dr. Jasmeet Bains in her Run for Congress

Her decision to run for Congress represents an extraordinary opportunity to elevate the Central Valley's priorities at the national level. We are proud to see a family physician stepping into this historic moment, bringing clinical experience and lived understanding of community health challenges to federal decision-making. Our chapter extends our warmest support and encouragement to Dr. Bains. We applaud her courage, her vision, and her dedication to the people of the Central Valley. Thank you, Dr. Bains, for continuing to lead with heart, and for showing what family physicians can achieve beyond the clinic walls.

WELCOME TO OUR CAFP PRESIDENT DR. ANTHONY CHONG : CELEBRATING LEADERSHIP AND CONNECTION IN THE CENTRAL VALLEY



Image L: Dr. Zhoobin Bateni, Dr. Anthony Chong, Dr. Diana Howard and Raul Ayala

The Fresno-Kings-Madera Chapter of the California Academy of Family Physicians is honored to welcome Dr. Chong, President of CAFP, to our region. Dr. Chong's visit reflects CAFP's ongoing commitment to strengthening relationships with chapters across the state and uplifting the essential work of family physicians who serve diverse and underserved communities. During this visit, our chapter is proud to share the impact of our local advocacy efforts, our expanding clinical and educational initiatives, and the innovative work our physicians, residents, and medical students are leading in the Central Valley.

Dr. Chong's leadership at the state level continues to inspire us, championing equitable access to care, advancing the role of family physicians, and supporting the next generation of clinicians dedicated to primary care. We extend our deepest appreciation to Dr. Chong for spending time with our chapter, recognizing the unique challenges and extraordinary strengths of our region. We look forward to continued collaboration with CAFP leadership as we work together to improve the health and well-being of the communities we serve.



Finding Community and Purpose: My Experience at the CAFP Fresno-Kings-Madera Advocacy Workshop



ADRIAN GARCIA MD

PGY-1VHT



As a first-year Family Medicine resident new to the Central Valley, I have been grateful for how warmly I've been welcomed by the Fresno-Kings-Madera chapter of the California Academy of Family Physicians (CAFP). Even from the first virtual meeting, I immediately felt included and supported. Attending the in-person Advocacy Resolution Writing Workshop on November 16 further confirmed that sense of belonging and showed me that I am part of an inspiring and unified community of physician advocates.

Walking into the workshop, I wasn't entirely sure what to expect—new chapter, new colleagues, new environment.

But any hesitation quickly disappeared. The room was filled with residents, attendings, and leaders who not only welcomed me, but genuinely made me feel like I belonged. That sense of fellowship—of being part of something larger than myself—was one of the most meaningful takeaways of the day.

A highlight of the event was meeting Dr. Jasmeet Bains, Congress Candidate and a powerful voice for underserved communities. Listening to her speak reminded me that as physicians, our responsibility extends far beyond clinical practice.

ADVOCACY



"I left the workshop motivated, inspired, and proud to be part of a chapter that embodies collaboration, compassion, and the true spirit of family medicine."

Her example reinforced an important truth: stepping into advocacy, leadership, and even politics is not only possible for doctors—it is essential if we hope to address disparities and improve access for our patients.

I was also honored to meet Dr. Raul Ayala, CAFP Past President, whose genuine support for Dr. Bains reflected the deep unity and mutual respect within this chapter. His leadership and encouragement showed how strong we become when we uplift one another with a shared purpose.

Connecting with our current CAFP President, Dr. Chong, was another inspiring moment—especially as someone with ties to San Diego. Hearing his statewide perspective while recognizing his support for our local chapter made me feel even more confident that I am part of a community with both local strength and statewide collaboration.

Perhaps the most uplifting part of the afternoon was the turnout. Seeing so many residents and attending physicians gathered together—discussing resolutions, sharing ideas, celebrating award recipients, and advocating for our Central Valley community—was a powerful reminder that we are united by a shared mission. As someone new to the area, I felt not only welcomed, but truly connected.

CAFP Fresno Kings Madera



Advocacy Event Nov 2025

A Lifetime Achievement Award by the Fresno Madera Medical Society to Dr. Sherriffs

Congratulations to Dr. Alex Sherriffs, a longtime faculty member of UCSF Fresno and advocate of the Central Valley

Dr. Sherriffs completed his BA with Honors in History at Yale College in 1974, including a USAID project focusing on mathematics education in Ghana and epidemiologic research on epidemic meningitis. He earned his MD from UC Davis in 1978 and completed his Family Medicine Residency at UCSF Fresno in 1981.

Dr. Sherriffs and his spouse, Family Physician Dr. Joan Rubinstein, volunteered for two years with the U.S. Public Health Service/Indian Health Service in Kincheloe, Michigan, with their first child.

Driven by a commitment to rural, full-spectrum family medicine, they returned to California and opened a community-centered “mom and pop” practice in Fowler in 1983. They shared a Song-Brown Faculty Development Fellowship (1983–1985), focusing on establishing geriatric training for Family Medicine residents in partnership with UCSF faculty.

Dr Sherriffs and Dr. Rubinstein founded a teaching nursing home rotation for resident physicians inspired by mentors in California Association of Medical Directors. They developed the Community Medicine rotation for PGY-1 family medicine residents focusing on social and community determinants of health and community resources, doctors as change agents.



They offered an annual summer rural clerkship for medical students with students living in the Sherriffs-Rubinstein home for a month every summer. Both also served as local faculty for the UCSF House Calls Curriculum for UCSF medical students. In 1999 Dr Sherriffs received the CAFP Barbara Harris Teaching Award, and in 2013 Drs Rubinstein and Sherriffs were co-recipients of the CAFP Preceptor of the Year award. Dr Sherriffs took a .5 FTE position with Central California Faculty Medical Group (now Inspire Health) in 1985, and is Professor, Health Sciences, Family and Community Medicine, UCSF.

He has followed patients at the UCSF-Fresno Alzheimer's and Memory Center since shortly after its founding in 1984, and continues a weekly teaching clinic and serving as Co-Director.

He served in multiple positions at Fresno-Madera Medical Society including President in 1999.

Noting increasing prevalence of asthma and COPD in practice along with scientific literature connecting air quality and respiratory diseases, Dr. Sherriffs worked to revitalize Fresno-Madera Medical Society Public Health Committee to focus on air quality. 2011 Governor Brown's appointee with Senate confirmation to California Air Resources Board and the San Joaquin Valley Air Pollution Control District Board. Reappointed by Governor Newsom in 2020, and reappointed in 2024 (with Senate confirmation) to the SJVAPCD.



Dr Sherriffs continues to serve on the FMMS CME Committee, and initiated an annual Healthy Aging program in 2024, dedicated to include a lecture each year focusing on Climate, Aging, and Health. This year he served on 2025 CAFP Climate Health subcommittee to develop language to support CAFP Board policy actions.

Dr Sherriffs is grateful for the opportunities presented by organizations like the Fresno-Madera Medical Society and CAFP to make a local impact improving patient care and community health, and for the many individual partners and leaders in each endeavor.

"The many colleagues at the FMMS Gala was a joy and humbling. Dr Blossom was the Family Medicine program director when Joan and I were residents.

CLIMATE CHANGE AS A THREAT TO PUBLIC HEALTH

**FAMILY MEDICINE
POP!
PRISM OF PRACTICE**
San Diego!

**Wildfire Smoke, Health, and Climate Change:
Helping Patients and Practices Respond**

Alex Sherriffs, MD; Fellow, AAFP; Professor, Health Sciences, UCSF;
Governor's Appointee, San Joaquin Valley Air Pollution Control District

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Speaker and all moderators and planners have no relevant financial relationships
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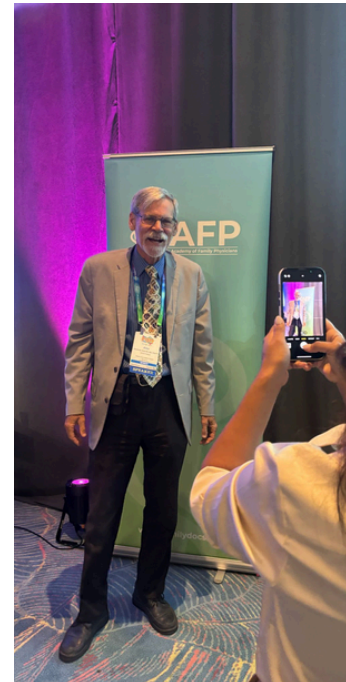


Image: Dr. Alex Sherriffs presenting about Climate Health at CAFP POP San Diego 09/2025

Dr Zweifler was director after that, Roger Mortimer an interim director, Dr Ivan Gomez program director and now Chief. Dr Padilla was critical to making the medical student rotations a success. Marcia and Oscar Sablan came from Firebaugh- we shared students, we shared the ups and downs of small town practice. It was wonderful to see the UCSF-Fresno Dean, Dr Sanchez at the FMMS event. I could name names for hours!" He thanks everyone for their engagement.

He thanks everyone for their engagement with professional and civic organizations and for using those opportunities to champion science and fact-based decisions to promote public health.