



American Board
of Family Medicine

2024 Health Equity Progress Report

Introduction

In the 1897 August issue of *The Atlantic*, acclaimed African American scholar W.E.B. Du Bois described himself as existing with what he referred to as a “Double consciousness.” This term reflected his personal conflict between **how he felt inside** as a man versus **how the world saw him** and treated him as a man of color. Du Bois called this a feeling of ‘two-ness’ and said, “It is a peculiar sensation, this double consciousness, this sense of always looking at oneself through the eyes of others....”

Diversity is often the first causality of fiscal or political restructuring. In an era in which many organizations are pulling back from their focus on diversity, equity, and inclusion, ABFM remains committed to moving forward with health equity in our 2025-2029 strategic plan. Since 2020, when ABFM publicly announced its intentional focus on health equity improvements across all our activities, we have been tracking our annual progress in ABFM’s contributions to our nation’s desire to achieve health equity for all people. This is ABFM’s fourth update regarding health equity.

The first section of the report concentrates on ABFM’s external programming and organizational activities intended to impact the achievement of health care equality – **How The World Sees Us** as a trusted touchstone for credible medical knowledge.

Following information on how the world sees us, the report then presents an examination of what ABFM has done internally to improve the equity within our organization – **How We See Ourselves**. We continue to make gradual progress in achieving greater diversity among our physician volunteers and ABFM staff. This report graphically demonstrates ABFM trends in the diversity of our board of directors, physician volunteers, and staff. We have also broadened our definitions of diversity to include more specificity of groups and osteopathic medicine designations.

The report describes what ABFM has accomplished over the past year. Each section summarizes our activities and concludes with a plan for the upcoming year, identified as **Going Forward**.

ABFM Diplomates continue to address health equity in a variety of different ways. Among these are ABFM supported performance improvement activities which are

specifically related to health equity. An increasing number of Diplomates are focusing on improving disparities in care. Many have done impressive work in this area, resulting in measurable improvements in their patient outcomes. We have highlighted several of these success stories in ABFM communications.

The report provides an update of the ongoing work of the Differential Item Functioning (DIF) analysis panel, which examines questions for unintended cultural, ethnic, or racial bias. The questions reviewed have expanded to include potential implicit biases that may impact first generation college graduates, specifically those in various Asian cultural subcategories, those of Middle Eastern heritage, or those of Northern African background.

With respect to professionalism, ABFM’s research on sexual misconduct, highlighted in last year’s Health Equity Report, has been published and presented nationally. The abuse of the power differential between a physician and patient can contribute to disparities in health outcomes. This report urges other health care organizations to join in the mission to educate themselves on the signs, symptoms, and interventions necessary to stop sexual misconduct violations.

The research and policy work in health equity has been remarkable, both in terms of the volume of publications and the number of national and international presentations. A major focus of our health equity related work this year has been in gender differentials in pay and workforce development. ABFM’s efforts to promote payment adjustments for social risk continue to permeate the Centers for Medicare and Medicaid Innovation payment demonstration strategies. The goal of this effort is to channel more fiscal resources to practices caring for people with unique social needs.

With our support of the Pisacano Scholars, Puffer Fellows, and the visiting scholars’ programs, we continue to make a significant contribution to training the next generation of diverse researchers and future leaders necessary for our specialty to precisely address and achieve health equity for all people.

To learn more about ABFM’s progress on all our health equity initiatives, please review the following report.

Going Forward >>>>

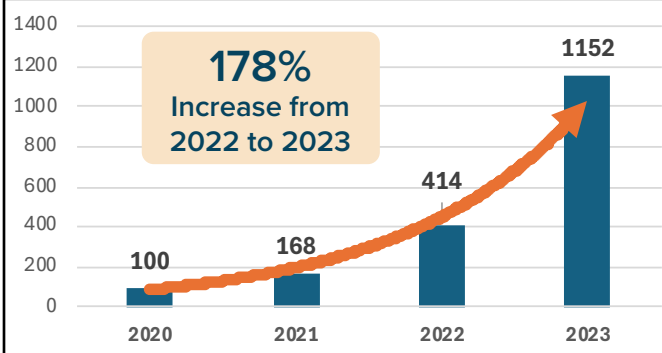
When future generations of Diplomates reflect on the progress of health equity, we hope ABFM is identified as an organization which had the courage to critically examine itself and the circumstances of the world at this time, with a clear goal of contributing to health equity for this and future generations.

How The World Sees Us

Performance Improvement

One of the cornerstones of ABFM Board Certification is continuous performance improvement (PI), and one of the most direct impacts ABFM can have on health equity is to provide Diplomates with performance improvement activities that address health disparities. In June 2020, ABFM developed a Health Disparities/Equity Self-Directed Clinical PI activity. This activity allows Diplomates to choose what they want to assess to reduce disparities in clinical quality metrics among their patients, implement interventions to minimize the negative impacts of social determinants of health, or best link them and/or their patients to community resources where practical life enhancing health interventions can be accessed. The chart illustrates the dramatic uptake in the completion of this activity. In August 2021, we added health equity components to most existing PI activities and have had 4,575 completions across all activities as of July 2024.

Health Disparities/Equity Self-Directed Clinical



Going Forward >>>

Our goal is to increase Diplomate utilization of the health equity performance improvement activities as well as explore the development of more in-depth practice level change strategies for addressing health disparities.

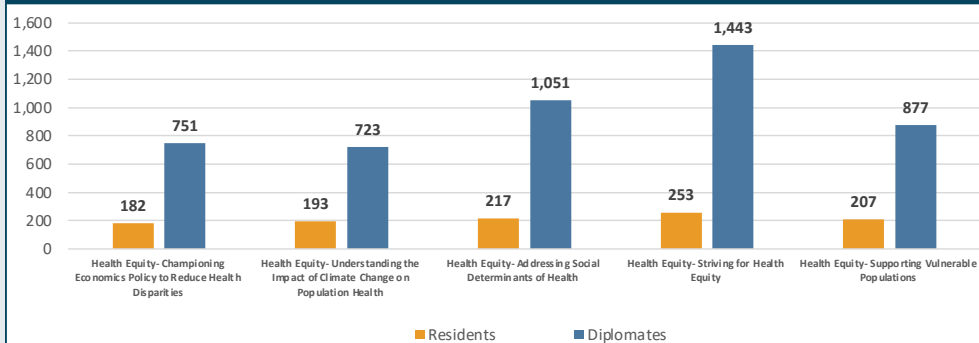
Self-Assessment

From its inception, Diplomate self-assessments have been a cornerstone of certification. With the awareness of an ever-expanding presence of new medical research, technologies, and evidence-based guidelines, it is each Diplomate's responsibility to self-identify implicit knowledge gaps. In 2021, ABFM worked with the American Academy of Family Physicians (AAFP) to develop a suite of assessment activities focused on health equity. At the present time, the activities are temporarily unavailable as they are being reviewed/

refreshed, and look to be available again in the near future through the AAFP member education platform.

There are five activity areas aimed at helping physicians improve their knowledge of health equity. These areas include: Addressing Social Determinants of Health; Supporting Vulnerable Populations; Striving for Health Equity; Championing Economics and Policy to Reduce Health Disparities; and Understanding the Impact of Climate Change on Population Health.

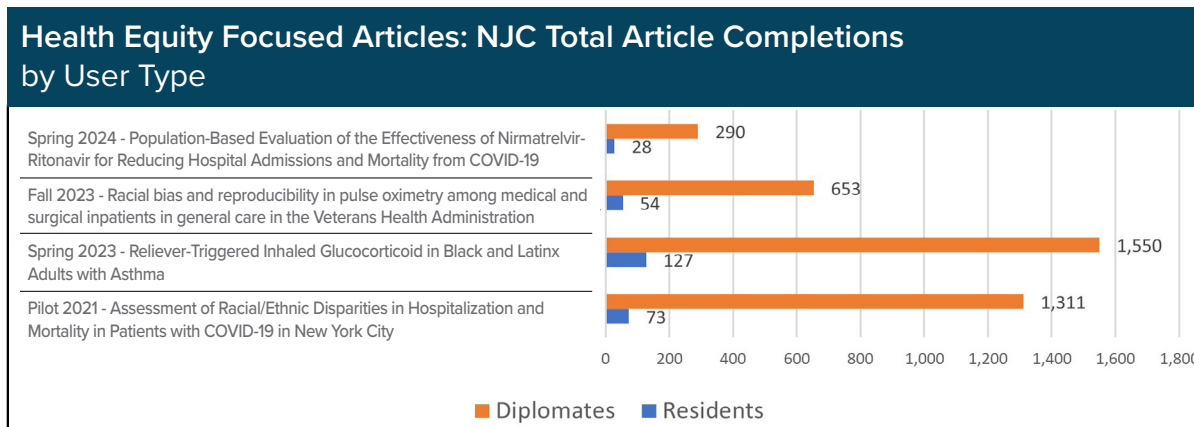
Health Equity Self-Assessment Completions by User



This chart shows the trend in total activities over recent years compared to activities for both family medicine residents and ABFM Diplomates in 2023.

National Journal Club

The ABFM National Journal Club was established in August of 2021 as a new self-assessment activity. Each year, ABFM releases approximately 40-60 new articles two times a year. To date, 245 articles have been released. Four articles have had a central focus on health equity. The following table summarizes Diplomate and resident assessment completions.



Going Forward >>>

Our goal is to promote education and assessment in health equity in 2024-25. We will continue to incorporate, and when available, give self-assessment credit for AAFP activities related to health equity. We will also work with the AAFP to promote these activities.

Communications and Engagement

The ABFM Communication and Engagement team promotes the pursuit of health equity for family physician practices and the public by sharing stories about ABFM Diplomates on our newly redesigned public website and via social media. The **Health Equity in Action** article series began in February 2022 and has grown to more than 17 articles as of June 2024.

The intent of this series is to spotlight family physicians who are initiating improvements in their respective practices to address health disparities and equity of care provided to at risk populations. This past year, seven ABFM Diplomates were selected to discuss a wide range of topics which included improving access to the COVID-19 vaccine, food insecurity, language concordance among Spanish-speaking family physicians and their patients, and health disparities facing the Native American (American Indian) community.

Internally, Dr. Gary LeRoy, ABFM Vice President of Diplomate Experience, in collaboration with the Communications and Engagement staff and the Lexington Kentucky Historic Society, led our second annual

Juneteenth Celebration of Freedom event for ABFM staff. The event included an advance publication of an intra-office article to educate ABFM staff on the significance of Juneteenth for all people, a luncheon catered by local small businesses, and an invited guest lecturer who highlighted African American cultural landmarks and its history in the Lexington, Ky., region.

Externally, in April 2024, we began a campaign to publicly support the diverse images (ex: age, race, ethnicity, gender, practice types, etc.) of ABFM Diplomates on our redesigned public website. This initiative began to raise awareness of the importance of ABFM Board Certification as **A Higher Standard** when compared to medical licensure. Each Diplomate pictured on these ABFM website landing pages share their quoted perspectives on what board certification means to them.

[Click here to read our Health Equity In Action stories that feature ABFM Diplomates.](#)

Going Forward >>>

We plan to increase the number of Health Equity in Action Diplomate stories and will continue to feature a diverse group of ABFM Board-Certified family physicians on the ABFM public website. This year's Health Equity Report will be shared with all ABFM Diplomates.

ABFM Examinations

In 2013, ABFM began to collect race and ethnicity data of Diplomates to assess whether there was implicit bias imbedded in our mandatory cognitive knowledge exams (ex: traditional one-day exam or the longitudinal assessment). An eight-year look-back, done in 2022, found very few (about 0.1%) items on these high-stakes exams contained evidence of cultural bias toward particular groups. Using Differential Item Functioning analysis (DIF), ABFM physician volunteers conduct an annual review of multiple choice questions for evidence of specific racial, ethnic, or gender bias. The DIF panel is a mix of volunteers representing a diverse assembly of race, ethnicity, gender, those of rural ancestry, and those traditionally underrepresented in medicine.

This past year, during the exam registration phase, several Diplomates expressed concern that they could not complete the registration process without identifying their binary gender, race, and/or ethnicity. Because of this concern, a default selection was added to the demographic portion of the registration to permit Diplomates to select multiple categories (multicultural). Hispanic ethnicity has been grouped with race, Asian heritage has been disaggregated into various Asian continent subcultures, and gender now includes non-binary as a selection choice. For both race and gender, Diplomates now have a “choose not to disclose” option.

Since 2022, our certification surveys have included questions that allow us to assess for disparities experienced by other potentially at-risk populations taking ABFM exams. These populations include those individuals with a protracted or non-traditional educational history (e.g. first generation in college, second career student, etc.), rural ancestry or location, and country of origin. This year marks the first official DIF analysis of the Family Medicine Certification Longitudinal Assessment (longitudinal assessment). This analysis incorporates the new race/ethnicity categories of Asian continent subgroups, Middle Eastern, and Northern Africans. It also addresses questions regarding preexisting socioeconomic status.

The 2024 DIF Panel flagged 143 out of 460 (31%) longitudinal assessment items for detailed analysis. Most flagged items were associated with the race/ethnicity reference groups - specifically those in the newly added race and ethnicity groups (Asian, Middle Eastern, African) mentioned above. However, after their analysis, the DIF Panel did not recommend any items be removed from either the one-day or longitudinal assessment exams.

Going Forward >>>>

We will continue the DIF analysis process, while reviewing which groups to look at and how best to use the group of volunteer Diplomates serving on the DIF Panel.



The 2024 DIF Panel

Content Development

In 2024, four (4) self-assessment activities (Preventive Care, Hospital Medicine, Diabetes, and Pain Medicine) underwent major content revisions. Each of these activities now include at least one detailed discussion regarding health equity or social determinants of health. Since 2023, at our annual item writing workshops, we encourage each physician item writer volunteer to produce at least one item on health equity. Our new item bank classification system will allow us to more easily track these Priorities in Health Care topics (e.g. Health Equity) throughout each phase of exam item production.

This past year, we were delighted to increase the diversity of every group (ex: item writers, review committee, etc.) of our physician volunteers. The addition of family medicine volunteers to the Sports Advisory and Assessment Committees significantly contributed to increasing the diversity of item writers in both youth and ethnicity.



DIF Panel Members, left to right: Goutham Rao, MD, Mojgan Sarmadi, MD, and Suping Hsieh, MD.

Going Forward >>>

One of our goals for the coming year is to develop a new strategy for recruiting volunteers that will be broader and more inclusive.

Professionalism

ABFM upholds a consistent and impartial standard operating procedure in assessing a physician's compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct. To minimize the risk of reviewer bias, identifiers that could lead to potential discrimination are not requested of Diplomates who appeal disciplinary actions. If such identifiers are included in the case findings, they are not considered during the review or adjudication process.

Sexual misconduct remains a sinister presence in our society. The medical community is not immune to its presence. Sexual misconduct, in the form of abuses of the power differential between a physician and patients, or their supporting health care staff, can directly or indirectly contribute to disparities in health outcomes. Since our last Health Equity Report, the ABFM study of sexual misconduct was presented at the annual American Board of Medical Specialties (ABMS) meeting in Chicago was published this fall in the Journal of the American Board of Family Medicine.

Going Forward >>>

We are exploring how to engage the specialty in a broader dialogue about professionalism. We are also designing and implementing an ABFM Professionalism Dashboard, which will be integrated into our Customer Relations Management (CRM) system. We will use the dashboard to assist in tracking trends in professional misconduct and disciplinary case management.

Research and the Center for Professionalism & Value in Health Care

Health Equity is a major focus of our research and policy work. Our research team and collaborators can demonstrate a gender pay gap using EHR data and survey data from you, our Diplomates, showing a \$35k-\$45k (17-21%) difference for women in family medicine.

Research and the Center for Professionalism & Value in Health Care (CPV) team members continue to engage federal health agencies about supporting health equity. The CPV social risk payment adjustment efforts supported by ABFM, Commonwealth, Robert Wood Johnson and Arnold Ventures Foundations will increase payments to practices caring for the underserved. These adjustments are now woven into multiple CMS payment programs that aim to support primary care physicians in improving health equity. These adjustments are critical as our collaboration with Mathematica revealed significant challenges for independent family medicine practices caring for underserved and minority populations.

Our research and Measures That Matter program helped get Continuity on the forthcoming Federal Primary Care Dashboard and as a central aim of the new Medicare Advanced Primary Care Management payment.

Recent work on the National Health Service Corps and Teaching Health Center GME program contributions to access and equity was presented in person, by invitation, to HRSA's Bureau of Health Workforce. The CPV also led an International Conference on Implementing High Quality Primary Care which focused on health equity and policies needed to support it.

Finally, our work with the US Census Bureau and Stanford University is focused on building better deprivation indices for policy purposes. This will continue to support payment adjustments for social risk but is also of interest to other health agencies for improving our understanding of quality disparities.

Going Forward >>>>

ABFM's investments in research and the CPV will strive to inform policies and payment that help family physicians receive the resources they need to meet the health and health care needs of their patients and communities.

RESEARCH PAPER SPOTLIGHT

Family Medicine's Gender Pay Gap



Read about how female physicians earn less than their male counterparts. Many explanatory factors have been offered to account for these differences. An analysis of the 2019 American Board of Family Medicine New Graduate Survey Data demonstrates that women make 16% less than men, regardless of experience or hours worked.

Residency Standards

The new ACGME Family Medicine Residency Standards were effective on July 1, 2023. These new standards include a major focus on community engagement, health care outcome disparities, and addressing social determinants of health. In response to this charge, family medicine must develop robust post-graduate

community experiences for its residents. With the July 2024 reversal of the ACGME (Accreditation Council for Graduate Medical Education) Board of Directors policy on residency faculty time, faculty can now devote more time necessary to address health disparities and community engagement.

Going Forward >>>>

The 2026 standards emphasize participation and leadership in community engagement around disparities and social determinants of health. To promote dialogue about how best for residencies and residents to engage with patients and communities, we are collecting data on the spread of patient and public advisory panels and the community-based rotations mandated by the 2023 residency guidelines. We will report this information out to the community in the coming year. ABFM is also catalyzing several efforts for Graduate Medical Education social accountability. We are working with the Robert Graham Center and US News and World Report about creating new program/institution rankings for GME outcomes to include primary care, general surgery, psychiatry, and rural physician outcomes, and study the impact of Federally Qualified Health Centers on community mortality.

Leadership Development

ABFM promotes both diversity among scholars and medical schools. One of ABFM's signature commitments is to develop family physicians as leaders over the course of their careers. The Pisacano Leadership Foundation (PLF) Scholars program is our flagship program. As a result of generous donations to the scholars' program, the foundation has doubled the size of its annual Pisacano Scholars. Similarly, using donations to the ABFM Foundation, we were able to double the cohort of

National Academies of Medicine Puffer Fellowships as well. The medical schools from which the PLF Scholars are selected has broadened substantially. This past year, an osteopathic dean was elected to the PLF Board of Directors. Subsequently, we are proud to announce that the new cohort of PLF Scholars for the first time includes an osteopathic medical student. The work of our current and recent Puffer Fellows reflects their ongoing commitment to addressing health equity issues.

Going Forward >>>>

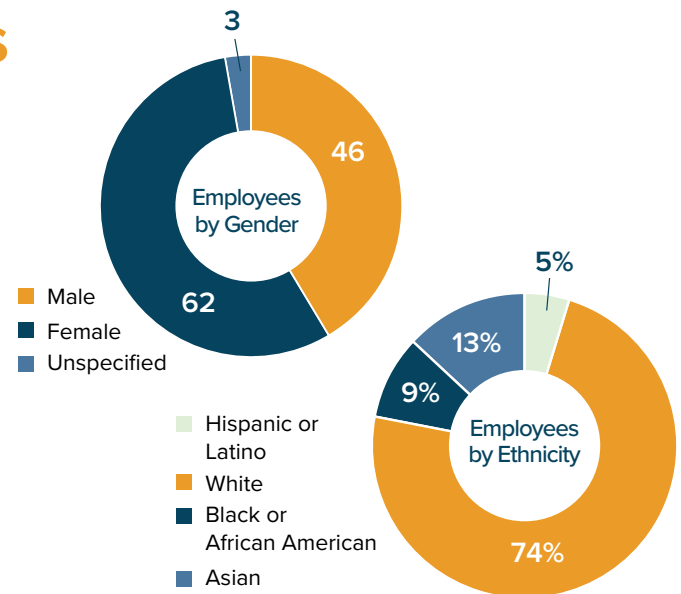
Our goal this year is to develop a new fellowship of community leadership for a diverse segment of family physicians. The goal is to support Diplomates with race, ethnicity, underrepresented in medicine, women, or those practicing in rural areas to develop leadership in care transformation, education, and community leadership. We will continue to promote diversity in the selection of Pisacano Scholars and NAM Puffer Fellows.

How We See Ourselves

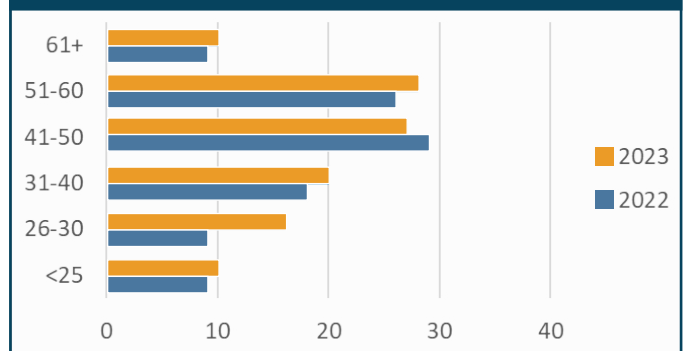
ABFM and Executive Staff

ABFM headquarters is located in Lexington, Kentucky. For the purpose of a comparative analysis of our progress, ABFM uses Kentucky population demographics, with the caveat that Fayette County and Lexington, Kentucky's employable population do not mirror state demographics. In Kentucky, the Black/African Ancestry population is 12.4% and the Hispanic/Latinx population is 18.7%. These numbers depict the current trends in the diversity of ABFM staff.

Since these annual equity reports began in 2020, there have been improvements in the diversity and gender balance at the executive staff level of ABFM. There were hiring/promotions of females to executive level positions including a Chief Financial Officer, Associate Counsel, Director of Communications, Director of Psychometrics and Innovation, and Co-Directors of Content Development.



Employees by Age Group 2022 vs 2023



ABFM Policy Development

Over the past year, ABFM has updated and revised its personnel manual. ABFM believes that diversity in the workplace is essential to a high functioning organization, and we remain steadfast to our commitment of fostering and preserving a culture of diversity and inclusion. Unlike some organizations which assign the responsibility of creating a diverse work environment to a designated Chief Diversity Officer or an Office of Diversity, Equity and Inclusion. All ABFM employees share in this responsibility.

All employees are responsible for compliance with a codified policy which states that they are expected to always treat others with dignity and respect and to exhibit conduct that reflects this commitment of inclusion during work, and all work-related events.

Among existing mandated policies are those regarding workplace safety, employee disabilities, equity, discrimination and – beginning in 2024 – participation in a mandatory anti-harassment training module that all staff and management must successfully pass.

Going Forward >>>

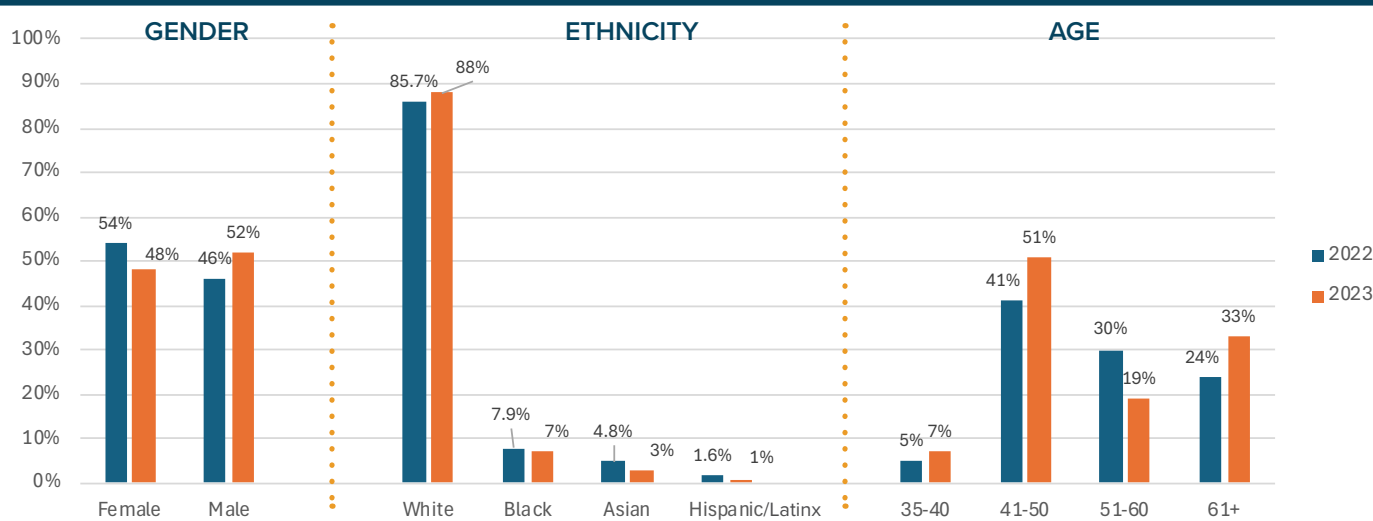
We will continue to use our expanded definition of diversity and regional population demographics as objective measures of how ABFM is doing in these areas of self-examination and commitment to creating an inclusive work environment.

ABFM Diplomate Volunteers

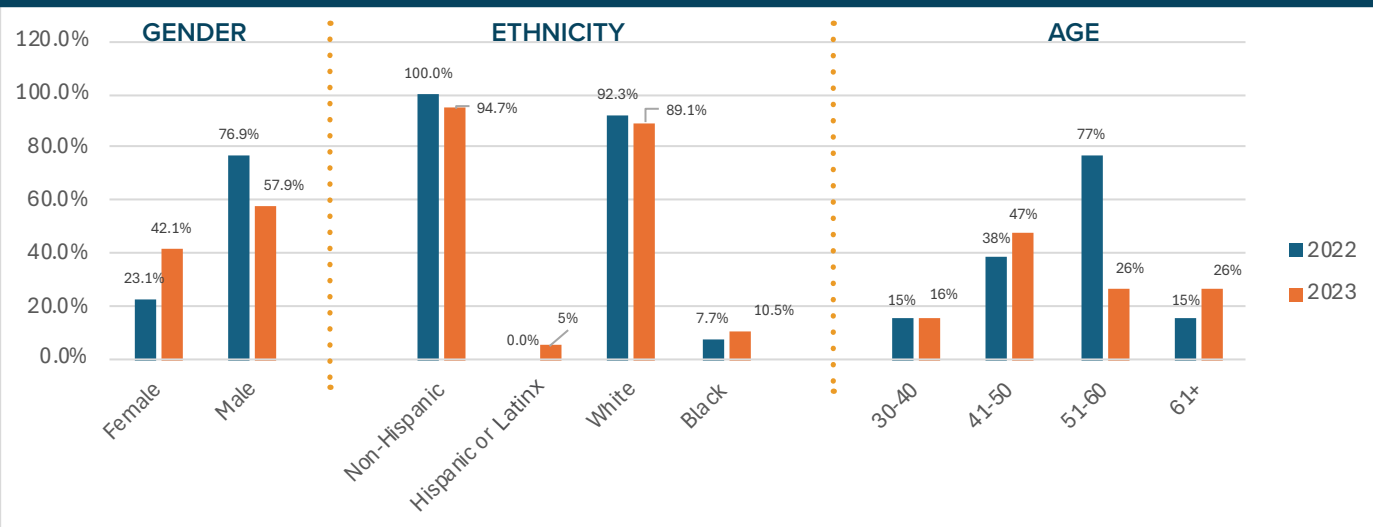
Many educational activities of ABFM are supported by the generous intellectual and skilled contributions of physician volunteers. The most noticeable are the family physician item writers who are the principal authors of the cognitive exam questions used for both the longitudinal assessment (aka: Family Medicine Certification Longitudinal Assessment) and the traditional one-day Family Medicine Certification Exam. Other volunteers serve on examination committees, the National Journal Club Committee, and in a variety of other capacities. The

table below shows modest progress in the recruitment of a diverse array of ABFM physician volunteers. Of note, as more Diplomates are becoming employed by health care institutions, we are now tracking the diverse clinical demographics of these volunteers. At the 2024 October ABFM Board of Directors meeting, along with ratifying the essential elements of our strategic plan for 2025-2029, we discussed new strategies for recruiting and retaining these critical volunteers.

Item Writers: Gender, Ethnicity, and Age 2022 vs 2023



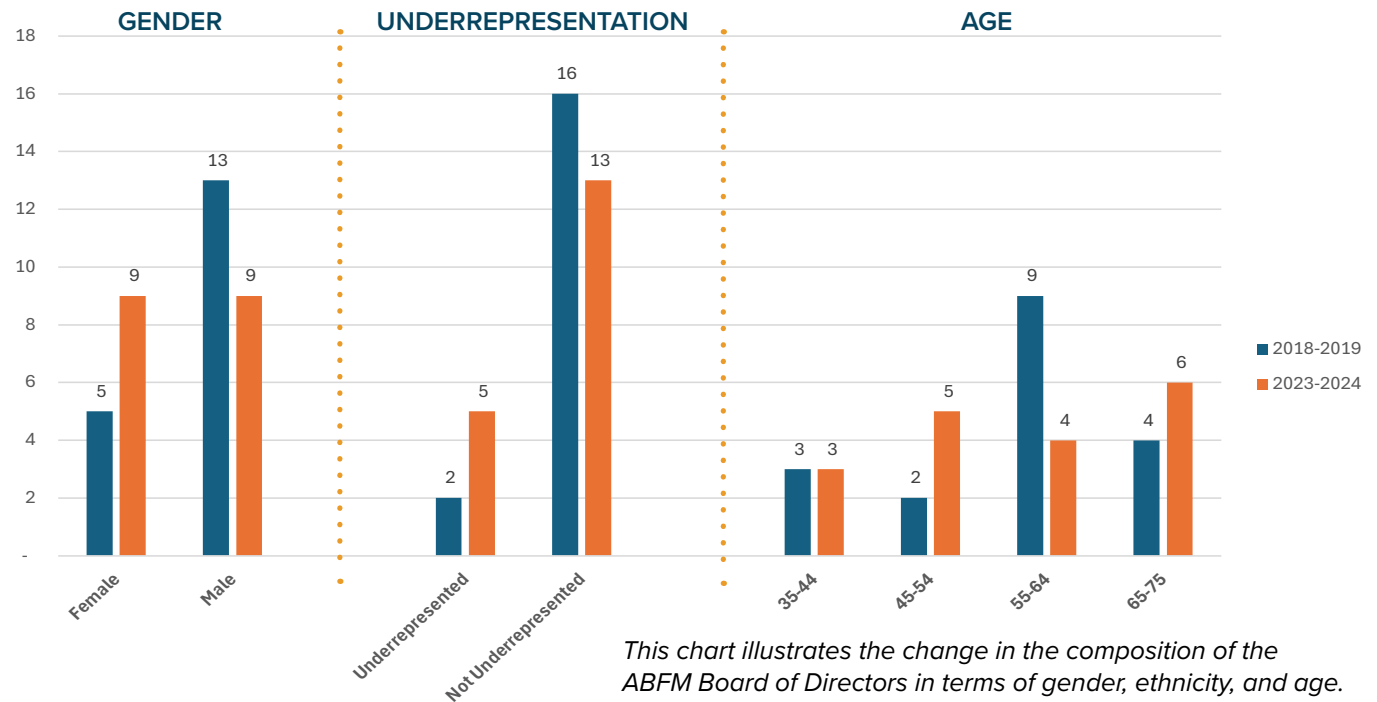
National Journal Club Committee: Gender, Ethnicity, and Age 2022 vs 2023



Board of Directors

Beginning with our 2018-2024 Strategic Plan, ABFM has made positive changes in a diverse presentation of board members to best serve the interest of the public and the family physician.

ABFM Board of Directors: Gender, Underrepresentation, and Age 2018/2019 vs 2023/2024



2024-2025 Board of Directors

FAMILY PHYSICIANS



Andrea A. Anderson, MD, ME6, FAFAP
Chair, 2024-2025
Term: 2019-2025



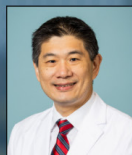
Carlos R. Gonzales, MD, FAFAP
Chair-Elect, 2024-2025
Term: 2021-2026



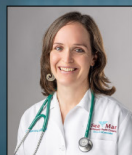
Mott P. Blair, IV, MD, FAFAP
Treasurer, 2024-2025
Term: 2019-2025



Tiffani N. Maycock, DO, MS
Member-at-Large, Executive
Committee, 2024-2025
Term: 2021-2026



Y. Jack Chou, MD
Term: 2024-2029



Christine A. Hancock, MD, MS
Term: 2022-2027



Grant Hoekzema, MD
Term: 2023-2028



**Sabesan Karuppalah, MD, MPH,
DFM, FAFAP**
Term: 2022-2027



Christina M. Kelly, MD
Term: 2024-2029



Stephen A. Wilson, MD, MPH, FAFAP
Term: 2023-2028



Gerardo Moreno, MD, MSHS
Immediate Past Chair, 2024-2025
Term: 2018-2024

PUBLIC MEMBERS



Tanya Elise Lord, PhD, MPH
Term: 2022-2026



Barbara G. Rabson, MPH
Term: 2023-2028



Joan Anzla, MD
Specialty Board Member -
Psychiatry and Neurology
Term: 2021-2026



Brenessa M. Lindeman, MD, MEHP
Specialty Board Member - Surgery
Term: 2023-2028



Anna R. Kuo, MD
Specialty Board Member -
Pediatrics
Term: 2022-2027



George A. Macones, MD
Specialty Board Member -
Obstetrics and Gynecology
Term: 2019-2025



Jonathan J. Roberts, MD
Board Member - Internal Medicine
Term: 2024-2029

Mission

To safeguard the public and the profession through rigorous standards for residency education and continuing board certification, support for improvement of health and health care, and research about family physicians and their practices.

To accomplish this goal:

- We certify family physicians who have a commitment to professionalism, life-long learning and self-assessment, cognitive expertise, and a dedication to improving the care they provide.
- We partner with ABFM Diplomates throughout their careers, across all communities and capacities they serve.
- We collaborate with organizations, specialties and other partners who share our commitment to a higher standard than licensure and improvement in health care and the health of the public.
- We set rigorous standards for ABFM board eligibility and support excellence and ongoing innovation in residency education and continuing professional development.
- We will advance professionalism in family medicine.
- We will conduct research that advances the science of certification, monitors how family physician' evolve over time, improves the clinical and policy environment that family physicians practice in and advances the scientific basis of family medicine.
- We will support the development of future leaders for the specialty, the profession, and health care.

Values

Strategic Action

In a complex and rapidly changing health care environment, we act strategically on behalf of the public to shape the future of health care. Our decisions will be open, evidence-based or informed, and we will be publicly accountable for them.

Collaboration

We work with Diplomates and all who share our commitment to improve health and health care.

Continuous Improvement and Innovation

We are committed to ongoing quality improvement in all that we do. We regularly review the effectiveness of our programs and policies and work to improve our performance.

Accountability

We are accountable to the public, patients, and to our Diplomates.

Learning as an Organization

We will learn from Diplomates, other specialties and professions, the public, and change what we do as the result of what we learn.

Health Equity

We strive to advance health equity by aligning our certification standards, partnerships, and research with the needs of society. We seek out the input of diverse voices in all we do, recognizing the plight of those most vulnerable, the complex demands on the careers of Diplomates, and the voice of the public.

Vision

Our goal is to enhance family physicians' care, patient experience, and cost-effectiveness, while supporting the wellbeing of family physicians and their teams.



**American Board
of Family Medicine**

We will continue to regularly report our efforts and acknowledge that it will require the coordinated efforts of many within and outside of ABFM to contribute to this goal with a hefty measure of courageous persistence.