In the summer of 2020, the American Board of Family Medicine (ABFM) took the direct action to rethink and help undo health disparities by committing to a comprehensive strategy that actively addresses health equity. We are also committed to transparently reporting our triumphs and our shortcomings in this task. This includes regularly reporting updates to you, the Diplomates, and the public we serve. An editorial in Annals of Family Medicine in September 2020 laid out our initial steps. In the January 2022 issue of the Phoenix, we shared an update of what we had accomplished over the course of two years. This report serves as the three-year anniversary of this commitment.

ABFM’s emphasis is on health equity across race, ethnicity, gender, rurality, and groups that have been economically or socially marginalized. Our intent is to focus on what a certifying board can do to contribute positively to this effort. This includes integrating health equity into our certification activities, assisting in the spread of relevant clinical knowledge, assuring that our examinations are fair and culturally sensitive, conducting critical research to prove or disprove if transformative progress is being accomplished, and promoting policies that support equitable care for all.

With the support and assistance of Diplomates, here is what we have accomplished thus far in 2023.

**RESIDENCY STANDARDS**

**New Family Medicine Residency Standards:**
After three years of work, the new Family Medicine residency standards became active July 1, 2023. The new standards include a major focus on community engagement and addressing social determinants of health and health outcome disparities. Family Medicine must now develop robust post graduate education community experiences — and has been given time in the curriculum to do it.

**CERTIFICATION**

**Performance Improvement:**
The most direct route to improving health equity is to help improve the care family physicians are providing to their patients. ABFM supports performance improvement (PI) by providing certification credit. Improving consistency in care by itself reduces disparities in most conditions; in addition, over recent years, family physicians are increasingly identifying social determinants of health that negatively contribute to medical outcomes. As of July, over 3,000 family physicians addressed disparities in their 2023 PI work. Interventions ranged from improving access, identifying, and reducing implicit bias in clinical practice, providing language concordant educational tools for focused outreach, and developing culturally appropriate interventions for specific populations. Most of these Health Equity PI initiatives gleaned 10-20% outcome improvements in populations traditionally underrepresented in medicine, populations with significant socioeconomic challenges, patients with physical disabilities, and with LGBTQIA+ patients. The breadth and passion of interest among ABFM Diplomates for these performance improvement initiatives has been impressive!

**Knowledge Self-Assessment:**
Expanding our knowledge about issues important to achieving health equity is fundamental. In the wake of the murder of George Floyd in 2020, many Diplomates voiced their desire to know more about social determinants of health, disparities, and institutional racism. In 2021, ABFM began collaborating with the American Academy of Family Physicians (AAFP) to give certification credit for knowledge self-assessments in various aspects of health equity. Since its inception, almost 5,000
Health Equity certification activities have been completed. We applaud the commitment of those Diplomates who strive to learn more about one of the most critical issues our national health care system faces.

The ABFM National Journal Club (NJC) was established in August 2021. Each year, ABFM releases two sets of articles with 40-50 articles in each release. A portion of the articles made available in the NJC activity focus on Health Equity topics. The rapid uptake of the journal articles suggests that this is a timely and attractive activity.

**Cognitive Expertise:**
Ensuring that our high stakes certification examinations, i.e.: the one-day Family Medicine Certification Exam or the Family Medicine Certification Longitudinal Assessment (FMCLA) are fair for all is foundational to our mission. ABFM began to collect race and ethnicity data on Diplomates in 2013 to assess whether or not there was bias in our high stakes examination. The results of the first study concluded there were some bias but very few (about .1%). We have eliminated those items. Using the Differential Item Functioning (DIF) analysis that was used for the first study, we are now conducting this analysis annually using the DIF Panel which is made up of seven family physicians who self-identified as Asian, Hispanic, or Black, as well as a linguist and two psychometricians from ABFM. This year, we also began to extend this analysis to other groups of Diplomates who have been economically or socially disadvantaged-- such as family physicians from rural backgrounds or who were first generation college students.

We are also committed to writing self-assessment and examination questions that do not use racial, ethnic, or other stereotypes. Over the last year, our editors have: (a) reviewed/revised all quarterly FMCLA and Continuous Knowledge Self-Assessment (CKSA) items and included, when appropriate, relevant Social Determinants of Health in the items, and principles of health equity in the critiques They also reviewed all Knowledge Self-Assessment (KSA) questions, created new questions that address health equity in each KSA, and included principles of health equity in critiques. They added three new and specific items to Care of Children including LGBTQ patients, suicide, and ACEs.

**RESEARCH**

Innovative research drives long term change in medicine and in our society. Beginning in 2022, ABFM research pivoted to focus more on health equity, issues of diversity, and more precise measurements of health outcomes. JABFM (Journal of the American Board of Family Medicine), the journal supported by ABFM, published a special issue [January/February 2022] devoted to health equity. There and in other peer reviewed journals, ABFM has published a variety of studies related to health equity, including studies of the diversity of family physicians and their staff, race and gender pay equity among family physicians, and the importance of language concordance in clinical practice. This year, we dove deeper into the issue of pay equity and began to explore interpersonal continuity of care for chronic disease management in Medicaid populations and its association with lower emergency department utilization and hospitalizations among patients who use Medicaid as their primary medical insurer.

**HEALTH POLICY**

**Center for Professionalism & Value in Health Care:**
A major focus of the Center for Professionalism & Value in Health Care (CPV) has been to do research in support of physician payment adjusted for social factors. In collaboration with the U.S. Census, the CDC, and with external grant support, the CPV has led an initiative to improve measurements of social risk. The CDC has also engaged the Centers for Medicare and Medicaid in developing pilots of this payment strategy. The overall goal of these efforts is to make it easier for family physicians to address the objective impacts brought on by social determinants of health. Health equity was a major focus of the Primary Care International Conference, The Essential Role of Primary Health Care for Health Security and Securing Health Conference, held in Washington, DC in July 2023.

**LEADERSHIP DEVELOPMENT**

One of ABFM's signature commitments is to develop family physicians as leaders over their careers. The Pisacano Leadership Foundation (PLF) does not require reporting from Pisacano applicants on race/ethnicity or sexual and gender orientation but has declared a commitment to diversity in its selection of new scholars. The work of all three current and recent National Academy of Medicine (NAM) Puffer Fellows reflects substantial commitment to addressing health equity. Whether tackling the issues of racial bias in AI/ML algorithms, opioid use disorder in minority females of childbearing age,
or research on pathways linking social factors like poverty and education with racial and socioeconomic disparities in health across the life course, the work of the Puffer Fellows reflects impressively on our discipline at the National Academies of Medicine.

COMMUNICATIONS

ABFM’s Health Equity in Action series features board-certified family physicians initiating improvements in their practices to address health disparities and equity. A new addition this year includes a coordinated effort to bring awareness to specific cultures and identities for which there are known health disparities supported by data. In 2023, we have highlighted Black History Month, Minority Health Month, National Women’s Health Month, and Hispanic Heritage Month, with plans to highlight LGBTQ History Month in October, and Native American Heritage Month in November. Learn more about these stories on the ABFM website.

LOOKING LIKE OUR DIPLOMATES

ABFM continues to make progress in “looking more like our Diplomates.” We continue to make gradual and intentional changes in the composition of the Board of Directors, with more diversity in terms of race and ethnicity, and reasonable diversity by age, gender, rurality, geography, and community employment. While ABFM has a historically low turnover among staff, we are intentionally creating a diverse staff with any new hires. We’ve also increased diversity among item writers, committees, and the National Journal Club Committee. Finally, since 2018, there has been a significant improvement in gender balance and diversity of the senior executive staff. Most recently, with the retirement of executive vice president Dr. Libby Baxley, Dr. Gary LeRoy has assumed her role.