



Stories from the American Board of Family Medicine

ABFM talked with family medicine residents who recently completed the new ABFM Health Disparities/Equity Self-Directed Clinical Performance Improvement activity to learn about their experiences. Launched in 2020, this activity was created to allow for the completion of a custom quality improvement effort that address social determinants of health; health equity, and/or systemic ways in which you assure that patient access, experience, and care are equitable.



Travis Simmons, MD (PGY-3)

St. Anthony North Family Medicine Residency
Westminster, CO

Travis Simmons, MD, (PGY-3) worked on a group activity with other family medicine residents to screen for food, housing, and transportation insecurities across three clinics in the Denver area.

“Our programs had some great projects in the past, but a group of us were interested in something related to disparities between our clinics specifically,” said Dr. Simmons. The group sought to screen patients for food insecurities and act upon the findings. As a result, those who screened positive and explicitly stated they desired help were connected to health coaches and provided a resource list with support options beyond the clinical staff.

The project highlighted the need to do some “deep problem solving” and getting nutritionists involved at earlier stages. “I think understanding patients’ barriers to good nutrition is huge. Just like I would want to know if someone couldn’t afford their medication and didn’t understand how to take it,” said Dr. Simmons.



(L-R) PGY-3 residents Travis Simmons, MD, Emily Troutman, DO, Sara Schuster, MD, Connor Harmann, MD, and Taylor Reiser, DO, pose before a Garden Party community event.

The group identified multiple steps to improve upon the project, including developing a plan spearheaded by Emily Tomasino, DO, (PGY-3) to create a community garden near the clinic with the highest proportion of patients reporting food insecurities. “It certainly changed the way that we counsel patients on dietary interventions for common diseases,” said Dr. Simmons, and “it also spurred us into action.”



Austen Smith, DO (PGY-3)

Firelands Regional Medical Center
Sandusky, OH

Austen Smith, DO, (PGY-3) also used the Health Equity PI option to screen for social determinants of health for his residency project to dive into healthy eating options and utilize a root cause approach to identifying drivers of poor nutrition with his patients at a Federally Qualified Health Center in Sandusky, OH. He was aware of the “food desert” many of his patients reside in and used the PI as an opportunity to “identify those who are food insecure and see if we can figure out a way for them to get healthy food.”

“The data gathering and project design were interesting and exciting, but I think making a difference with our patients is the most rewarding part,” said Dr. Smith. The long-term goal for Dr. Smith and his colleagues is continuing to screen and identify those most in need and creating a food pharmacy to dispense healthy food options. “So, the next project is to identify those who need the food and then fix the problem by incorporating a food pharmacy within our clinic that we can write prescriptions for,” explained Dr. Smith. The food pharmacy project, with a refrigerated, locker-style vending machine, will be active at the FQHC site beginning March 2022 and is expected to serve 80 food insecure patients (and their families) with nutritious foods monthly.



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This article is part of ABFM's ongoing 'Health Equity in Action' series. We'll be providing access to unique experiences and programs, both within ABFM and those shared by family medicine physicians nationwide. If you have a health equity related topic that you'd like to share as a potential story idea, please send us a message at media@theabfm.org.