economic health care disparities are increasing. Clearly, now is the time for innovation.[2,4]

The AFMRD is making a concerted effort to assist residency programs that are considering an electronic health record (EHR) system. At our Program Director's Workshop (PDW) in June 2005, vendors were invited to demonstrate their EHR systems. They presented business plans to program directors, describing how their EHR systems would affect not only the residency programs' financial bottom line but also quality and patient safety. The AFMRD has also been working with family medicine residency programs and the Residency Review Committee for Family Medicine to promote innovative ideas in family medicine education, with several residency programs suggesting alternative curricula and educational tracks while still meeting all program requirements.

To encourage high-quality leadership, the AFMRD created 3 levels of awards: bronze, silver, and gold, which were presented for the first time in June. To promote ongoing faculty development, key to providing high-quality education for our trainees, the PDW joined with the National Institute for Program Director Development (NIPDD) to offer introductory and advanced fellowships.

Mastering complex chronic cases will require a skilled workforce. Residency training will equip our trainees with the tools needed to ensure lifelong learning, to use technology and evidence-based medicine, and to optimize the health of the populations they serve. The AFMRD, which is also committed to recruiting and mentoring students, is publishing a "cookbook" for mentoring medical students as well as to help students understand the benefit of a career in family medicine. The goal is to recruit only the best and brightest, both intellectually and emotionally.[2,4]

The osteoporosis and diabetes preceptorships continue to be well received as evidence-based educational training programs for residents. Besides their educational value, the programs are designed as a resource for research and training in the core competencies of "systems-based practice and practice-based learning." The AFMRD board is researching the programs' impact on clinical care and core competencies. Outcomes- and clinical-based research are vital components of the future of family medicine.

Collaborations and effective medical teams are central to health care environment improvements and quality improvement. Our preceptorships represent a successful collaboration of family medicine, other primary care disciplines, specialists, allied health professionals, educators, and researchers. Within our own family of organizations, we have ongoing dialogue and project planning with STFM, ADFM, ABFM and AAFP. Discussions with STFM leadership have focused on joint curriculum development. Conversations with ADFM have focused on implementation of electronic medical records and their role in the future of family medicine. AFMRD leaders visited the ABFM at their home office in Lexington, Ky. Our 2 organizations have maintained an active dialogue as both plan strategies and innovations that will benefit both organizations.

Webster's dictionary defines quality as a distinguishing attribute, an inherent feature, a degree of excellence, and an acquired skill or accomplishment.[5] Perhaps, the most important qualities we can instill in our graduating residents are the ability to ask questions that lead to research, and open minds that will lead to innovation. We must also instill the desire to change and evolve, to confront complacency, and challenge the specialty to a higher standard.

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RESEARCH INVOLVING LATINO POPULATIONS

The US Latino population, at more than 31 million, is the largest minority group in this country, and their numbers are expected to reach more than 96 million in the next 50 years.[1] This reality, along with the health disparities faced by Latinos,[2] highlights the need to promote research involving this population. As stated by the Office on Minority Health: "Hispanics/Latinos are disproportionately underrepresented in research activities. Without adequate and targeted research, Hispanics/Latinos are disadvantaged in policy making,

resource allocation, program planning, and program implementation activities."[3] A number of challenges must be addressed, however, when planning research involving Latinos.

First, much variability within the Latino population is based on country of origin and acculturation status. Two of 5 Latinos are foreign-born, and many born in the United States adhere to customs from their country of origin. The cultural variability among Latinos from different countries can affect health behaviors.[4] Thus, we need to routinely assess Latinos' country of origin and understand its importance. Acculturation, the process of assimilating to the majority culture, has also been shown to influence health-related behaviors,[5-7] and is affected by individual factors, such as a person's age upon arrival to the United States, level of education, number of years in the United States, and support systems. The environment into which one is assimilating can also affect acculturation. In the past, Latinos were likely to settle in metropolitan areas with already large Latino populations, such as New York and Miami. This strategy allowed Latinos to live in areas that already accommodated their culture and language. More recently Latinos have settled in smaller cities or more rural areas that do not have a large Latino community. Latinos in these areas may face difficulties in overcoming language and cultural barriers not encountered by those in more urbanized areas. Because of these differences, research from both urban and outlying communities is needed, and care must be taken during sample selection to make a project's results meaningful to different Latino communities.

Recruiting Latinos for research projects involves unique issues. Standard recruitment practices, such as recruiting from clinics or through mainstream media, may not reach a desired population. It is essential to understand the influence of language barriers, immigration status, and distrust toward the mainstream culture on recruitment. Misperceptions, poor education, and distrust regarding research must also be addressed. Minority communities might not want to participate in research because of past experience in which they have felt used, rather than engaged as full partners. Involving knowledgeable community members early in the research process can help overcome this barrier. The principles for community-based research articulated by NAPCRG[8] are particularly relevant for research with and for Latino communities.

A final key ingredient is including qualified bilingual/bicultural researchers on the team. NAPCRG and academic health science centers should focus on how such investigators can be developed and retained. Some examples of developing centers of excellence for Latino health research include the University of Texas Health Science Center, which includes sites in San Antonio and Houston, and the University of California, which includes sites in San Diego and Los Angeles. It is noteworthy that NAPCRG is planning its 2008 meeting for Puerto Rico in a specific effort to make the meeting more accessible to Spanish-speaking countries in the Western Hemisphere. Look for a growing visibility of research for and with Latinos at NAPCRG meetings.

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