

diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community."¹ Additionally, the ACGME requires residency programs to "understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities."² In anticipation of these future requirements, the Association of Family Medicine Residency Directors (AFMRD) Board of Directors sanctioned the formation of a Diversity and Health Equity Task Force in September 2018. In January of 2019, the AFMRD Board of Directors approved the task force's charter with the following objectives:

1. Analyze baseline demographic data, collected via the Council of Academic Family Medicine (CAFM) Leadership Project, to make recommendations about leadership development activities to increase diversity in the leadership pipeline
2. Identify opportunities for delivering Health Equity education to program directors and associate program directors
3. Develop health equity educational resources (Curriculum or Curricular guide) for residency programs
4. Identify opportunities to support programs in understanding and educating residents about biases, both implicit and explicit as well as structural competence
5. Identify options to support family medicine residency programs in meeting the ACGME requirement regarding ensuring a diverse workforce

Following approval of the charter, a call for task force volunteers went out to the AFMRD membership. The first meeting of the Diversity and Health Equity Task Force took place at the American Academy of Family Physicians' Program Director's Workshop (PDW) and Residency Program Solutions (RPS) Symposium in April of 2019. The following individuals graciously volunteered to serve on this task force: James Haynes, MD, (Chair); Paul Ravenna, MD; Sarah Cole, DO; Fadya El Rayess, MD, MPH; Gail Y. Floyd, MD; Rachel Friedman, MD; Jessica Guh, MD; Cara Marshall, MD; Ildi Martonffy, MD; Leon McCrea, MD, MPH; Theresa Nevarez, MD, MBA; Mark Rastetter, MD; Suki Tepperberg, MD, MPH; Santina Wheat, MD, MPH; and Deanne St. George (AFMRD Executive Director).

The Task Force has met via teleconferencing approximately every 6 to 8 weeks and has developed or completed the following initiatives:

- Recommendation to PDW-RPS Planning Committee to select a plenary topic/speaker related to diversity and how diversity affects the community of family medicine and residency training programs
- One of AFMRD's PDW-RPS promised sessions will be a panel presentation focused on implicit bias
- At the task force's suggestion, the AAFP Center of Diversity and Health Equity will present information regarding the AAFP Health Equity Toolkit and utilization techniques at the 2020 PDW and RPS meeting
- A full review of diversity and health equity resources available to members in AFMRD's Program Director Toolbox will occur with subsequent plans to add any critical resources currently missing
- Consider and codify new ways to deliver diversity and health equity content to members including the AFMRD online discussion forum and the Program Director Toolbox

The AFMRD Diversity and Health Equity Task Force encourages program directors and faculty to attend sessions on diversity and health equity at the AAFP's 2020 PDW and RPS. The AFMRD Board of Directors is excited to sponsor up to 3 individuals for the AAFP Health Equity Fellowship this year, all of whom should attend the 2020 meeting. As the chairperson of AFMRD's Diversity and Health Equity Task Force, I urge each of you to consider how you can contribute to your institution's efforts to recruit and retain a diverse workforce, which can engage in efforts to provide quality, equitable health care to the families in your community.

James Haynes, MD, FAAFP

References

1. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements. <https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>. Approved Jun 10, 2018, page 6.
2. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements. <https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>. Approved Jun 10, 2018, page 10.



Ann Fam Med 2019;17:569-570. <https://doi.org/10.1370/afm.2479>.

NEW AAFP PRESIDENT PLEDGES RELIEF FOR PRACTICE CHALLENGES

Less than 4 hours after being installed as the American Academy of Family Physician's top elected leader during the Congress of Delegates on September 25, 2019, AAFP President Gary LeRoy, MD of Dayton, Ohio addressed a much larger audience packed into the

Grand Hall at the Pennsylvania Convention Center for the start of the 2019 Family Medicine Experience in Philadelphia.

It was a dramatic entrance. To the delight of the audience, LeRoy emerged from their midst and sprinted to the stage amid bright lights and music from Walt Disney Pictures' *Aladdin*, enthusiastically high-fiving attendees seated on the aisle.

Once onstage, LeRoy took on a more serious demeanor as he shared some poignant notes about his heritage. He spoke of family members from generations past who toiled as cotton sharecroppers in an area of Mississippi where floods were so common that they "eventually washed the little town away." Those ancestors sought safety in New Orleans, and LeRoy pointed out the irony of being chosen as the AAFP president-elect in that same city in 2018.

Although known for his positive spirit, LeRoy assured the audience he understands the hard realities physicians face every day. "I am a practicing family physician just like many of you," said LeRoy. He invoked the name of his imaginary childhood alter-ego, MarvelMoon, who was, as he recalled, "a superhero unlimited in his capacity to help. . . . MarvelMoon was that spirit within me that wanted to make the world a better place," he said.

LeRoy then shifted his attention to the heroes sitting before him in the audience. "Every day, you stand up for your patients and work hard on their behalf," he said, whether it's by battling payers over pre-authorizations, keeping the clinic doors open to see that last late patient or meeting parents with a sick baby at the ER. "You are the physicians who gather patients and their families close when it's time to have those difficult end-of-life discussions," said LeRoy. "Sometimes being a family physician hero means knowing that the patient sitting in front of you is homeless but not helpless because you've given him the gift of conversation, of caring, of dignity and respect," he added.

Family physicians stand up for patients, fight for change, and make life better for their patients, said LeRoy. "This job requires listening intently and responding calmly," he added. "Everyday heroes have conversations."

He acknowledged the work of the AAFP—especially in keeping close tabs on government proposals and policies that greatly impact family physicians. He pointed out that when harmful regulations are imposed, the AAFP works to get them fixed or eliminated. "There is power in our numbers," said LeRoy. "This country needs us."

His next statement drew applause: "Family physicians provide patients with 193 million office visits each year—more than any other specialty."

LeRoy reminded physicians that it's important for powerful politicians and health insurance executives to hear real stories about what goes on in family medicine clinics around the country. He said AAFP leaders share such member stories at every possible opportunity. Your stories "increase awareness of the incredible work you do every day, and they also shine a spotlight on the obstacles you face," he said. He pointed to the number one practice concern that family physicians voice to the AAFP—administrative complexity. "Put simply, we're being asked to perform a lot of tasks that take us away from what we love most—caring for patients."

LeRoy drew comparisons between Indianapolis 500 race car drivers and America's family physicians, noting that they both accomplish a lot in a short amount of time—one between laps, the other between exam rooms. The difference is those drivers have a pit crew to change tires, fill the tank, and clean the windshield in seconds, but family physicians are responsible for their own EHR data entry, prior authorizations, and paperwork. "How can we ever expect to win a race in such a system? Instead of enjoying a victory lap, we just feel overwhelmed and burned out, and that has got to change," said LeRoy.

As the AAFP's president, LeRoy promised to share physicians' challenges "with those who hold the levers of change in America's health care system." He noted that technology can sometimes distract rather than inform but promised that even in today's fast-paced environment, the AAFP would execute its member-driven strategic agenda "by staying steady and deliberate in its work."

LeRoy promised that when a crisis erupts or an unforeseen problem swirls to the surface, as undoubtedly they will, the Academy will step up and lead, "because that's what you expect and that's what you deserve." He reminded his colleagues that the job of steering family medicine in the right direction involves everyone. "Together we will navigate the storms, because this is our specialty," he said. Lastly, LeRoy reminded the audience that family medicine is celebrating its 50th anniversary in 2019. The specialty thrives on "building lasting relationships with generations of families, our communities and each other," he said.

And as the audience erupted in applause, whoops and hollers, LeRoy concluded his speech on a high note, proclaiming, "That's 50 years of dedicating ourselves to science and service, 50 years of being part of the best specialty ever, 50 years of being the heroes and 'she-roes' of health care in America."

Sheri Porter
AAFP News