AAFP From the American Academy of Family Physicians

Ann Fam Med 2022;20:491-492. https://doi.org/10.1370/afm.2873

ADVANCING ANTIRACISM IN FAMILY MEDICINE

The American Academy of Family Physicians' Center for Diversity and Health Equity (CDHE) began convening an interorganizational staff workgroup in 2018 to advance health equity in family medicine. Family medicine has never wavered on the core belief that as the specialty that cares for families, we leverage our connections within communities to influence and address barriers that limit access to care. As our communities struggled during the upheaval ignited by a global pandemic and racial injustices, we recognized that America's family physicians needed us to be a unified national voice advancing collective efforts aimed at diversity, equity, inclusion (DEI), and antiracism across our specialty.

The Family Medicine Committee on Antiracism (FM-CAR) was established to coordinate and organize this interorganizational approach. FM-CAR is made up of members from the Family Medicine Leadership Consortium (FMLC). FMLC includes the American Academy of Family Physicians, the American Academy of Family Physicians Foundation, the Association of Departments of Family Medicine, the American College of Osteopathic Physicians, the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine, the American Board of Family Medicine, and NAPCRG. FM-CAR committed to developing an Antiracism in Family Medicine framework, conducting a gap analysis and identifying opportunities for collective efforts, and ultimately communicating a roadmap of collective actions and measurement of those actions over time.

The Family Medicine Antiracism Framework

To create the foundation, FMLC hosted a workshop exploring the barriers, gaps, and opportunities for collaboration within research, undergraduate and graduate medical education, pathway/pipeline programming, faculty development, practice guidelines, advocacy, and governance. Guest facilitators Monica Hahn, MD, associate professor, University of California, San Francisco; Edwin Lindo, JD, assistant dean for social and health justice, University of Washington; and Brittani James, MD, founding codirector, The Institute for Antiracism, guided the group through discussions. The proposed work was summarized in the Family Medicine Antiracism Framework (Figure 1).

Literature Review and Gap Analysis

FM-CAR completed an environmental scan and literature review of 379 articles that met the screening criteria across the key framework areas.

Advocacy

Organizations need to be clear whether they wish to limit their work to "big A" advocacy, such as lobbying Congress or state legislators about specific bills, or "little a" advocacy, which can include any work that brings attention or gives voice to issues, or both.

Figure 1. FMLC Family medicine antiracism framework.

FMLC = Family Medicine Leadership Consortium.

Medical-legal partnerships (MLPs) integrate lawyers into health care settings assisting physicians and their care team by addressing patients' health-related social and legal needs, such as screening processes with connection to services such as legal advice or assistance with disability, food, housing, or benefit programming. Data support the programs' benefits yet few family physician practices have access.

Additional opportunities include leveraging social media in advocacy, exploring whether social determinants of health models adequately reflect the complexity of our patients' environments, and protecting those who engage in advocacy from a type of burnout or moral injury/fatigue that is not recognized in our current physician wellness models.

Research

Similar to advocacy, there remains controversary around what is deemed true research within the specialty. There are clear opportunities, such as exploring the pathway that can increase the diversity of researchers, uncovering and addressing the systematic racial biases in research selection for grant funding, and ultimately allowing for promotion and tenure of underrepresented in medicine (URiM) researchers. The types and topics being researched are also appropriate for reconsideration through an antiracism lens, for example, exploring policy research related to health disparities and critical race theory or public health critical race praxis frameworks on community interventions. Public health critical race praxis (PHCR) is the study of contemporary racial phenomena and disciplinary conventions that may inadvertently reinforce social hierarchies while offering tools for racial equity approaches to knowledge production.[1]

Undergraduate, Graduate Medical Education & Faculty Development

Addressing anti-racism within medical education coalesced into 2 categories: addressing the unique challenges of the journey of underrepresented in medicine individuals throughout their career in family medicine, and teaching individuals about how to address racism and DEI issues during medical education. Some examples identified included URiM resources such as mentorship, race-conscious admissions and retention programming, and exploration of burnout issues resulting from racial biases. Retention programming is an especially interesting gap as recent explorations continue to show increased loss of physicians of color throughout both the education process and later harassment/discrimination issues in their career compared with their peers. Identifying ways to consider reparative justice frameworks within medical education, amplifying BIPOC voices and discussing antiracism within the curriculum were also identified as potential opportunities. Finally, uncovering the systematic barriers to leadership and addressing them to provide opportunities for improved diversity on boards and in leadership roles is another opportunity.

Governance

Some of the systematic barriers identified in earlier areas are due to underlying structural issues rooted in the governance and policies of the organizations. Intentional capture and review of data can help identify where there are significant gaps in leadership diversity across the various family medicine settings, including journal boards, authorship, positions such as program director or department chair, or even volunteer leaderships roles as liaisons or members of family medicine organization boards of directors. Ways to make URiM experts more visible include tactics such as a database of individuals that can be used when looking for volunteers to recommend for roles. Adopting a "health in all polices" approach with shared vocabulary and definitions across our organizations may also be valuable. Finally, addressing compensation gaps and uncompensated work for DEI and antiracism work makes it possible for family physicians to do this work without sacrificing promotion or career progression.

Next Steps

In the coming months FM-CAR will prioritize the identified gaps and create a roadmap of collective antiracism recommendation and actions.

Margot Savoy, MD, MPH, FAAFP and Viannella Halsall, MPH, CHES, on behalf of the members of the Family Medicine Committee on Antiracism

Reference

1. Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. *Soc Sci Med.* 2010;71(8):1390-1398. 10.1016/j.socscimed.2010.07.030

From the American Board of Family Medicine

Ann Fam Med 2022;20:492-494. https://doi.org/10.1370/afm.2885

RESIDENCY LEARNING NETWORKS: WHY AND HOW

One of the most important features of the draft Accreditation Council for Graduate Medical Education (ACGME) family medicine residency requirements is a call for residencies to participate in learning networks. The American Board of Family Medicine (ABFM) believes that such networks are vital to residency redesign. Learning networks are evidence-based interventions that can help scale and spread innovations; develop and connect faculty, staff, and residents within and across programs; provide access to peer-to-peer expertise to identify and solve problems and mitigate the effects of burnout during times of change. In the words of an African