clinicians alike. As the relationship strengthens, both parties envision conducting enhanced, patient-focused research studies across the state with greater ease.

Jefferson Health/Thomas Jefferson University

In recent years, Jefferson Health as a clinical system underwent rapid expansion, growing from 3 to 17 hospitals. Jefferson Primary Care, now a 98-practice system, provides comprehensive, longitudinal, relationship-based care to 560,000 people. In 2021 the role of the Chair of Family and Community Medicine, was combined with that of Enterprise Chief of Primary Care. This synergy enhances the ability to implement research initiatives at scale; enables partnerships across 5 family medicine residency programs; and creates opportunities for dialogue across primary care leaders, physicians, and clinical teams with a great diversity of personal knowledge, organizational histories and cultures, and communities.

Furthermore, the acquisition of a health plan has transformed Jefferson into an "academic payvider," creating further opportunities for the evolution of primary care across the system. Alignment of primary care's areas of strength have led to greater organizational emphasis on primary care, including attention to community engagement and equity. Managing this combined portfolio requires a larger departmental leadership structure with delegation to, and thus career opportunities for, a variety of faculty members, primary care colleagues, and administrators.

In conclusion, the changing role of the academic family medicine chair and administrator requires adaptability and utilization of newer operational skills as they take on the responsibility of clinical site operations influenced by the ever-evolving health care landscape, while prioritizing the academic mission. Balancing both roles requires effective skills in leadership, strategic thinking, financial management, communication, change management, problem solving, and relationship building. Fortunately, as shown by these examples, the specialty of family medicine lends itself to adapting, evolving, and acquiring necessary skills. Leaders should create opportunities to hone their own abilities in health system management while teaching our students, residents, and faculty what they need to succeed in the future.

Tochi Iroku-Malize, MD, MPH, MBA, FAAFP, Anna Flattau, MD, MSc, MS, Anna Ramanathan, MBA, and Samantha Elwood, BA

AFMRD Association of Family Medicine Residency Directors — From the Association of Family Medicine Residency Directors

Ann Fam Med 2024;22:461-462. https://doi.org/10.1370/afm.3189

IMPACT OF HEALTH EQUITY FELLOWSHIPS

When family medicine leaders increase their understanding of health equity, their programs, residents, and communities' benefit. AFMRD, with the AAFP, supports 2 health equity fellows annually. This fellowship, established in 2018, helps family physician leaders improve expertise in the social, cultural, and institutional influences on patient health, prioritizing the health of underserved communities and minority groups. We support residency leaders during fellowship to translate the concepts of health equity into clinical practice for their programs. Elizabeth Beiter, MD, and Erin Kavanaugh, MD, completed their health equity fellowships in 2023 and graciously share their experiences.

Dr Beiter is the Associate Program Director with Bethesda Family Medicine Residency Program, in Cincinnati, Ohio. Her capstone project was titled *Improving Health Equity Now and in the Future: Assessing and Addressing Social Determinants of Health and Creating a Longitudinal Residency Curriculum*.

My experience with health equity has been an extension of what I consider core principles of family medicine—understanding and improving the lives of our patients through connection to the patients and communities we serve, evidenced-based care, and continuing education. My goal was to increase my knowledge and confidence teaching and addressing principles of health equity within my program while improving patient care and connection to the community. Little did I know that my experience would be an incredible launchpad for innovation, education and leadership within my practice, my health system, and my community. Through the fellowship and the support of TriHealth and AMFRD, I was exposed to high quality evidence-based education on emerging principles of health equity, coupled with mentorship to implement a capstone project within my organization. There is no question that the impact of health equity principles in outcomes for our patients is large, but how to address these successfully is at the forefront of healthcare innovation. The fellowship's impact continues to be felt through a longitudinal health equity curriculum in the family medicine program, and system level connection within TriHealth which brought an ongoing partnership with Family medicine, GME and TriHealth's new Center for Health Equity

Dr Kavanaugh is the interim chair of the Department of Family and Community Medicine, program director of Family Medicine Residency and Co-Program Director of the Emergency Medicine/Family Medicine Residency for Christiana Care in Northern Delaware. Her capstone project was titled *Impactful Alignment of Family Medicine and Emergency Medicine/Family Medicine Physicians-in-Training Workforce with the Wilmington, Delaware Community*.

I am so grateful to AFMRD for supporting my participation in the 2023 AAFP Health Equity fellowship that came at a pivotal time for me. I applied on a whim, thinking I would never make the cut. I wanted to intentionally take time for my own growth and development with a focus on equity. I submitted my application when I was beginning to untangle my thoughts about the COVID-19 pandemic experience. I found the experience so incredibly lonely, which is fascinating since I was surrounded by fantastic academic faculty members and amazing APDs while the program experienced tremendous growth despite systematic obstacles. Nevertheless, it was how I felt. The resident experience of COVID-19 in our broken healthcare system was and remains very nuanced, challenging, heartbreaking and unfair; at the same time, bringing incredible learning, "unprecedented" experiences and impactful realignment of social and generational opinion and posturing on our system and where the boundaries are, and the appropriateness of any of them. I had just completed a program in my community called the Proximity Project for Healthcare and I felt very disconnected from my own lifelong community. As an ideal next step, participation in the health equity fellowship made perfect sense! Committing intentional time, support and focus on things like Health Equity for EveryONE, attendance at NCCL and FMAS programs and time with my cohort members was a refreshing experience. I successfully designed a curriculum for our Mobile Van experience in Wilmington, DE that is still active today.

AFMRD salutes Drs Beiter and Kavanaugh for their incredible work as Health Equity fellows and looks forward to sharing the works of future fellows. We believe educating residency leaders on the importance of health equity principles helps them achieve excellence in residency education.

Santina Wheat, Elizabeth Beiter, and Erin Kavanaugh

References

1. Liburd LC, Hall JE, Mpofu JJ, Williams SM, Bouye K, Penman-Aguilar A. Addressing health equity in public health practice: frameworks, promising strategies, and measurement considerations. *Annu Rev Public Health*. 2020;41:417-432. 10.1146/annurev-publhealth-040119-094119
2. Poleshuck E, Possemato K, Johnson EM, Cohen AJ, Fogarty CT, Funderburk JS. Leveraging integrated primary care to address patients' and families' unmet social needs: aligning practice with National Academy of Sciences, Engineering and Medicine recommendations. *J Am Board Fam Med*. 2022;35(1):185-189. 10.3122/jabfm.2022.01.210287

NAPCRG From NAPCRG

Ann Fam Med 2024;22:462. https://doi.org/10.1370/afm.3187

PBRNS: PAST, PRESENT, AND FUTURE: A NAPCRG REPORT ON THE PRACTICE-BASED RESEARCH NETWORK CONFERENCE.

The annual Practice-Based Research Network (PBRN) Conference convened in Reston, Virginia from June 17-18, 2024. A total of 198 participants registered, including at least 94 first-time attendees. The conference theme and sessions were curated by the PBRN Conference Committee, consisting of 14 leaders from PBRNs in the United States and Canada and a patient advisor. The conference was preceded by a meeting of new practice-based research networks formed through NIH-supported Clinical and Translational Research Networks. The conference also coincided with the Fourth Starfield Summit, intended to engage family medicine thought leaders in addressing critical issues in primary care.

The conference featured 3 plenary sessions, 9 interactive workshop sessions, 43 oral presentations, and 44 poster presentations. Sessions were organized around 10 key themes: behavioral health/substance use disorder, chronic care management, community engaged research, dissemination and implementation research, PBRN infrastructure/network operations, study design and methods, stakeholder engagement, technology, and training.

On the first day, the plenary session titled "Choose Your Own Adventure: PBRNs, Primary Care Learning Health Systems, and Everything in Between" was presented by Onil Bhattacharyya, MD, PhD. The second day included the plenary session "PBRNs and Data: Where we Have Been, Where are we Going?" led by Wilson Pace, MD, FAAFP. The third plenary panel "Patient-Engaged Research" was moderated by Emily Godfrey, MD, MPH and highlighted 4 outstanding patient-engaged research presentations.

Finally, the award for the best poster, as selected by the attendees, was presented to Benjamin Webel, BA; Jacqueline Britz, MD, MSPH; Melinda Vo; Jennifer Gilbert, PsyD; Alex Krist, MD, MPH; and Paulette Lail Kashiri, MPH for their poster "The Patient Recruitment "Iceberg": Bias and Feasibility in Different Approaches."

We conducted a comprehensive post-conference evaluation; 113 of attendees provided feedback; 95.58% of respondents rated the overall conference as excellent or very good; 57.52% reported acquiring new skills to overcome PBRN operational challenges; 46.90% reported learning skills that would increase their ability to positively impact health policy or practice.

The NAPCRG PBRN Conference serves as a vital platform for PBRN researchers, clinicians, and community