

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*

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## 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

members to exchange knowledge and skills, ultimately enhancing PBRN research and advancing the AHRQ's mission to create evidence for safer, higher quality, more accessible, equitable, and affordable health care.

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## NEW TOOLS TAKE WHOLE-PERSON APPROACH TO OBESITY CARE

More than 40% of US adults are obese, and within a decade obesity will adversely affect three-quarters of Americans. The disease is associated with more than 200 chronic diseases and linked to 13 types of cancer.

It's a staggering problem that may seem overwhelming to primary care physicians, but Keisha Harvey Mansfield, MD, FAAFP, DABOM, said family physicians can play an important role in addressing the crisis.

"We now realize that so many diseases are linked to obesity," said Harvey Mansfield, who focused the work of her AAFP Health Equity Fellowship on treating obesity in rural practice in 2020 and is continuing that work while pursuing a master's of health professions degree. "One of the reasons we went into this specialty is because we wanted to treat the whole person. If you want to help a patient get off medications for high blood pressure, diabetes, osteoarthritis, or sleep apnea, one disease you can treat to improve that person's quality of life is obesity. This is an exciting time with all the new medications that are coming down the pipeline. We need to give physicians more information and education on best practices for things like nutrition counseling and exercise."

The AAFP is doing just that with a comprehensive collection of new resources that are available at <https://aafp.org/obesity>:

- A free practice manual regarding obesity covers everything from diagnosis to lifestyle interventions, medication, surgery, the patient-physicians relationship, cultural sensitivity, barriers to care, and collaborative care
- An online CME package, which is free to AAFP members, offers 11 sessions covering issues including nutrition,

charting, documentation, billing, telemedicine, and procedures. The course is worth 11.25 CME credits, and 2 additional credits are available for participants who complete a Translation to Practice process

- Another online CME package is worth 11.75 AAFP Prescribed Credits and offers more than a dozen sessions with topics including binge eating, childhood obesity, obesity treatment and management, nutrition, weight loss, and navigating barriers to treatment. That package is available to AAFP members for \$325 (\$275 for new physicians) and is accessible through February 2026
- The Academy partnered with the American Diabetes Association to produce a 7-part podcast, "A Focus on Obesity." The series, co-hosted by family physician Neil Skolnik, MD, is available for free on multiple platforms and offers episodes for physicians as well as others geared to patients with diabetes and their caregivers
- The CME on the Go series of the *Inside Family Medicine* podcast focused on weight loss medications in the July 18 episode. Each episode of the series is worth up to 0.5 CME credits.
- Finally, the AAFP's free, evidence-based resources for patients at [familydoctor.org](https://familydoctor.org) address topics including exercise, nutrition, obesity and weight loss.

Harvey Mansfield, a small practice owner in Washington Parish, Louisiana, is faculty for the paid CME package, presenting sessions on diseases related to obesity, treatment, and weight bias. She also is a co-author of the practice manual.

She said the AAFP's obesity resources complement each other.

"Even if you watch the CME videos, still read the obesity manual because it is a gem," she said. "It's definitely practice changing, but they're changes that are easy to adopt. We're not asking physicians to get new machinery or run a bunch of new tests. It's about opening the conversation so that patients can be more enlightened about the options available to them. Very few physicians are partnering patients with the resources, medications, and referrals that are needed for the disease of obesity. Even though we've made leaps and bounds, we still have a long way to go."

The World Health Organization declared obesity an epidemic in 1997, and the AMA declared it a complex, chronic disease that requires medical attention in 2013. But more than a decade later after that shift, the trends remain alarming.

"I think the biggest issue is that we considered obesity a lifestyle disease for a long time," Harvey Mansfield said. "Now we have more resources and more education, and we know that it's a neurobehavioral disease. There also was a stigma in the realm of obesity treatment. Now we have powerful drugs, and I think we can better explain to people why they may only eat 1 time a day and still battle with the disease of obesity."

*David Mitchell*  
AAFP News