

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 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