

Research Exchange



Double the Fun in Stowe, VT | Troi Perkins, MEM, MF

Fall Reflections at the NNE CO-OP PCBRN

Like the twin rainbows over Stowe, this season reminds us that progress and renewal often appear side by side. The CO-OP continues to balance reflection on what we've built with action toward what's next.

Inside this issue, you'll find takeaways from the 53rd NAPCRG Annual Meeting, a research spotlight on climate health, and highlights from member collaborations that are shaping the future of rural primary care.

This fall, we shine a light on the work and contributions of Dr. Karl Dietrich, whose leadership and dedication

have strengthened our network and inspired new generations of family medicine residents.

As we prepare for the 46th Annual Meeting in January, we look forward to reconnecting with colleagues, sharing new research, and continuing the conversations that promote advocacy in our region.

Through every season, CO-OP members and partners show that when primary care research stays grounded in our community, its impact endures far beyond the meeting rooms where it begins.

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CO-OP Member Spotlight

Dr. Karl Dietrich is the Inaugural Program Director of the Cheshire Medical Center Dartmouth Health Family Medicine Residency in Keene, NH, where he is leading efforts to expand physician training and strengthen the primary care workforce in the Monadnock Region. A native of New Hampshire, Dr. Dietrich first pursued careers in wildlife biology and as a high school science teacher before finding his calling in medicine.

He earned his MD and MPH from the Geisel School of Medicine at Dartmouth and completed his Family Medicine Residency at Memorial Hospital of Rhode Island/Brown University. Before returning to New England, he served as core faculty and Associate Program Director at the Swedish First Hill Family Medicine Residency in Seattle. His experience in medical education and mentorship has shaped his approach to developing a residency program that emphasizes community engagement, comprehensive care for rural populations, and innovation in medical education.



Karl Dietrich, MD, MPH

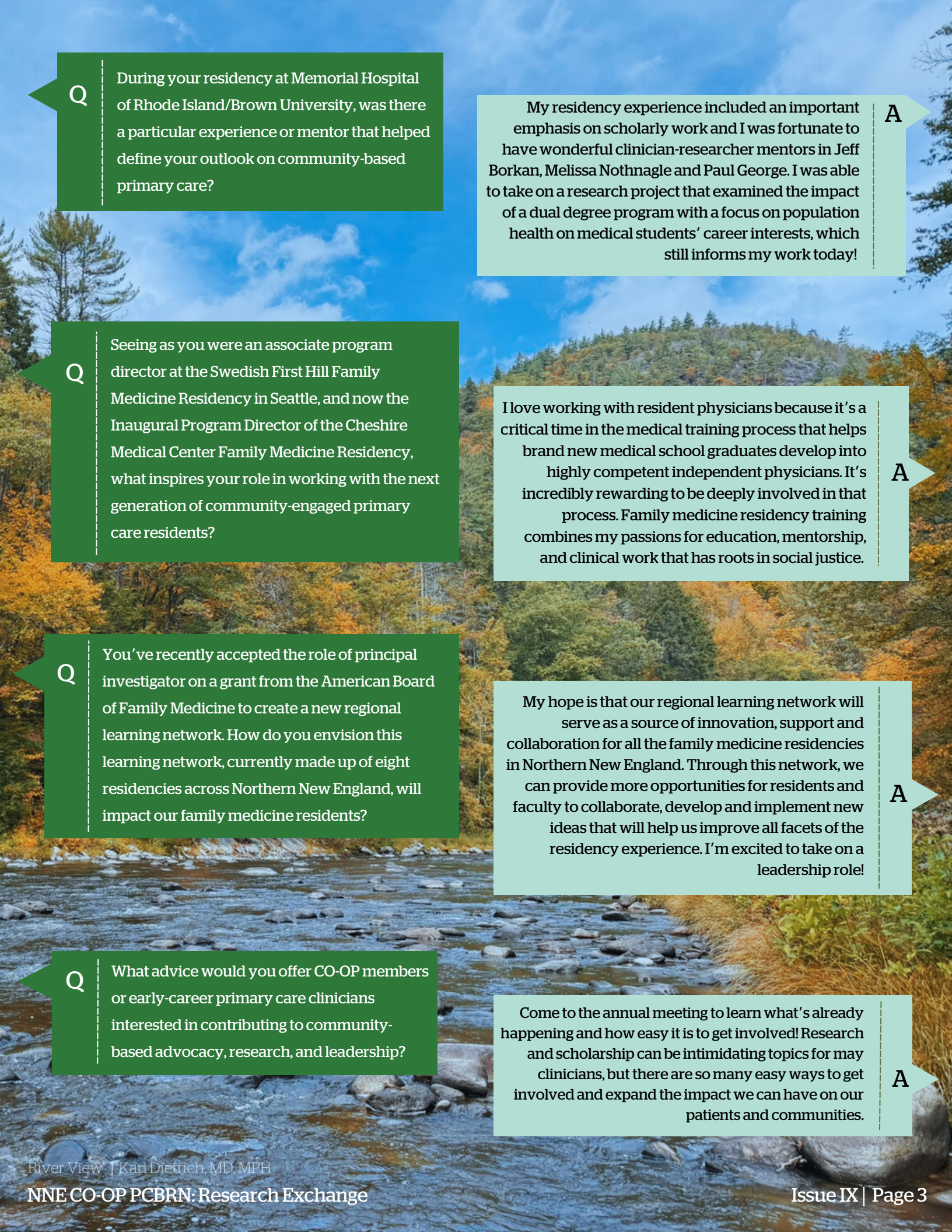
Q

Many longtime CO-OP members know that you were involved with the CO-OP from a young age thanks to your parents, Dr. Ardis Olson and the late Dr. Allen Dietrich. What made you want to return to the CO-OP in your capacity as a member and as someone who serves on the CO-OP's Board of Advisors after living and working on the west coast?



I have great memories of joining CO-OP annual meetings from a young age and I have loved getting to become involved in the Board of Advisors in my own career. For me, community-based research is such an important part of family medicine and primary care and it's special to be a part of an organization like the CO-OP that provides important structure and advocacy to primary care clinicians across the region who want to join a research community.

A



Q

During your residency at Memorial Hospital of Rhode Island/Brown University, was there a particular experience or mentor that helped define your outlook on community-based primary care?

A

My residency experience included an important emphasis on scholarly work and I was fortunate to have wonderful clinician-researcher mentors in Jeff Borkan, Melissa Nothnagle and Paul George. I was able to take on a research project that examined the impact of a dual degree program with a focus on population health on medical students' career interests, which still informs my work today!

Q

Seeing as you were an associate program director at the Swedish First Hill Family Medicine Residency in Seattle, and now the Inaugural Program Director of the Cheshire Medical Center Family Medicine Residency, what inspires your role in working with the next generation of community-engaged primary care residents?

A

I love working with resident physicians because it's a critical time in the medical training process that helps brand new medical school graduates develop into highly competent independent physicians. It's incredibly rewarding to be deeply involved in that process. Family medicine residency training combines my passions for education, mentorship, and clinical work that has roots in social justice.

Q

You've recently accepted the role of principal investigator on a grant from the American Board of Family Medicine to create a new regional learning network. How do you envision this learning network, currently made up of eight residencies across Northern New England, will impact our family medicine residents?

A

My hope is that our regional learning network will serve as a source of innovation, support and collaboration for all the family medicine residencies in Northern New England. Through this network, we can provide more opportunities for residents and faculty to collaborate, develop and implement new ideas that will help us improve all facets of the residency experience. I'm excited to take on a leadership role!

Q

What advice would you offer CO-OP members or early-career primary care clinicians interested in contributing to community-based advocacy, research, and leadership?

A

Come to the annual meeting to learn what's already happening and how easy it is to get involved! Research and scholarship can be intimidating topics for many clinicians, but there are so many easy ways to get involved and expand the impact we can have on our patients and communities.



Atrium of Time at Fernbank Museum | Troi Perkins, MEM, MF



Goddess of the Land at Atlanta Botanical Gardens | Troi Perkins, MEM, MF

Takeaways from 53rd Annual NAPCRG Meeting

Troi Perkins, MEM, MF
Research Project Manager,
NNE CO-OP PCBRN

This year's 53rd NAPCRG Annual Meeting in Atlanta was another reminder of the strength and adaptability of our primary care research community. As a member of the CO-OP staff, I attended as both a presenter and collaborator, joining colleagues from across the country who continue to push forward despite an increasingly uncertain research landscape.

Such resiliency could be seen in NAPCRG's announcement that it is now fully self-supporting and no longer under the governance of STFM. This milestone reflects the collective strength of the primary care research community and its members, whose continued participation makes the organization sustainable on its own. That independence was visible in the energy of the meeting, with hundreds of attendees representing different disciplines, networks, and regions, all united by shared purpose.

Across sessions and conversations,

I noticed a renewed emphasis on collaboration and resilience. Despite ongoing funding challenges and shifting federal priorities, the PBRN community is holding firm. It is adapting, building partnerships, and finding creative ways to sustain the work that matters most: research that improves care for patients and communities.

The CO-OP staff contributed to this year's program through a range of workshops, posters, and oral presentations. Drs. Kristin Boman, Meagan Stabler, Kimberly Fulda, and Alexander Singer led *The Art of Top-Down Research in Primary Care Settings*, a workshop that examined how externally initiated projects can align with PBRN missions and support rather than burden clinics. Dr. Kristin Boman, Dr. Diego Garcia-Huidobro, Marah Aqeel, Dr. Maureen Boardman, and I presented *Applying a Developmental Stages Framework to Your Practice-Based Research and Learning Network*, which explored how networks and their clinical relationships evolve and mature over time.

Our poster presentations reflected the broad scope of CO-OP led research. In the first session, Maureen presented *A Shared Care Model for Rural Maternity Care*, demonstrating an innovative

approach to bridging care gaps in rural northern New England. Meagan and Dr. Paula Hudon shared findings from Patient and Clinical Perspectives to Improve HCV Screening Among Perinatally Exposed Infants and Children in Primary Care, highlighting the importance of patient partnerships in quality improvement. *A Rural Food Farmacy Approach to Food as Medicine*, presented by Maureen, was selected for the Poster Walk where Maureen was able to showcase community collaboration to address food insecurity through clinical-community partnerships.

Additional presentations included Paula presenting *Evaluating the Impact of SSRI Use on Low-Impact Fractures in a Rural Primary Care*



A Celebration of Collaboration by Claire
From left to right: Maureen Boardman, Paula Hudon, Kristin Boman, Karen Roper, Troi Perkins, Kim Fulda, Meagan Stabler



Region; Maureen co-presenting an oral presentation called *AHRQ PBRN Online Registry Updates and Sustainability for Registry Maintenance*; and my own presentation on *Perspectives on Needs for Developing Climate-Informed Primary Care in Northern New England*, co-authored with Drs. Lesley Gordon, Benjamin Littenberg, Christine Vatovec, Constance van Eeghen, and Meagan Stabler as part of the CO-OP's ongoing climate health initiative.

Another highlight was attending the Special Interest Group on Climate Health for the third year in a row. The group continues to expand, and I was able to meet several new researchers from the United States and Canada working on projects that overlap with our own CO-OP Climate Health Research Workgroup. Each year, this SIG feels more like a community, offering space to share progress, exchange tools, and support one another in integrating environmental and health research.

As always, NAPCRG served as a reminder that none of us are doing this work in isolation. The conversations in Atlanta reflected a community that remains strong because it values connection over competition. While we face growing challenges in funding and research infrastructure, the collaborative spirit that defines practice-based research networks continues to grow.

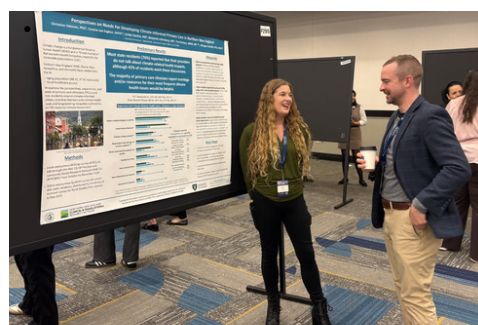
Leaving Atlanta, I felt encouraged by the energy and commitment of this community. Whether discussing climate health, rural care, or infrastructure support, one thing was clear: resilience in primary care research depends on our willingness to work together. The CO-OP's involvement in NAPCRG continues to strengthen our partnerships and our shared mission to improve health outcomes for the communities we serve.

Workshops

- *The Art of Top-Down Research in Primary Care Settings* by Kristin Boman, MPH; Meagan Stabler, PhD, CHES; Kimberly Fulda, DrPH; Alexander Singer, MD, CCFP, FCFP
- *Applying a Developmental Stages Framework to Your Practice-Based Research and Learning Network* by Kristin Boman, MPH; Diego Garcia-Huidobro, MD, PhD; Marah Aqeel, MS; Troi Perkins, MEM, MF

Oral Presentations

- *AHRQ PBRN Online Registry Updates and Sustainability for Registry Maintenance* by Maureen Boardman, APRN, FNP, MSN, ARNP; Aimee Eden, PhD, MPH; Oneyda Arellano, BS, PMP, CHES; Caroline Lind, MBA, MPH; Masuma Rahman, BS, MPH; Jean O'Connor, JD



Poster Presentations

- *A Rural Food Farmacy Approach to Food as Medicine* by Maureen Boardman, APRN, FNP, MSN, ARNP; Chelsey Canavan, MSPH; Katie Keating, MPH
- *A Shared Care Model for Rural Maternity Care* by Maureen Boardman, APRN, FNP, MSN, ARNP; Julie Braga
- *Evaluating the Impact of SSRI Use on Low-Impact Fractures in a Rural Primary Care Region* by Paula Hudon, DNP, RN, NPD-BC; Timothy Burdick, MD, MBA, MSc; Maureen Boardman, APRN, FNP, MSN, ARNP; Meagan Stabler, PhD, CHES; Alden Harring, BA
- *Patient and Clinical Perspectives to Improve HCV Screening Among Perinately Exposed Infants and Children in Primary Care* by Meagan Stabler, PhD, CHES; Paula Hudon, DNP, RN, NPD-BC; Jillian Berch, BS, MPH candidate; Amie Sica; Karen Fortuna. PhD
- *Perspectives on Needs for Developing Climate-Informed Primary Care in Northern New England* by Troi Perkins, MEM, MF; Lesley Gordon, MD, MS; Benjamin Littenberg, MD; Christine Vatovec, PhD; Constance van Eeghen, DrPH, MHSA; Meagan Stabler, PhD, CHES



46TH ANNUAL NNE CO-OP PCBRN MEETING 2026

JANUARY 23-25, 2026

STOWEFLAKE MOUNTAIN RESORT & SPA, STOWE, VT

ADVOCACY IN ACTION: SHAPING PRIMARY CARE AT EVERY LEVEL

KEYNOTE SESSION

SATURDAY, JAN 24 AT 7:00 PM

Join us for an inspiring keynote session by Dr. Don Nease on how practice-based research networks (PBRNs) can serve as powerful engines for advocacy in primary care. Drawing on real-world examples, this session will illuminate how data gathered through PBRNs can be transformed into powerful stories and strategies that drive meaningful change for clinicians and the communities they serve. Participants will gain practical insights into leveraging PBRN-informed evidence to influence public health policy, strengthen practice innovation, and advance health equity across Northern New England and beyond.

Keynote Speaker

DONALD "DON" NEASE JR., MD



2 PANELS | 6 ORALS | 21 LIGHTNING TALKS | 6 WORKSHOPS | 70 POSTERS

See our agenda online: <https://tinyurl.com/46thAnnualNNECOOPPCBRNMeeting>



Learning Objective:

Describe the essential components of engaging in practice-based research, including strategies for advocating for healthcare workers and patient needs.

Accreditation:

In support of improving patient care, Dartmouth Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

American Medical Association (AMA)

Dartmouth Health designates this live activity for a maximum of 10.25 AMA PRA Category 1 CREDIT(S)™

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

Dartmouth Health designates this live activity for a maximum of 10.25 ANCC contact hours.

Association of Social Work Boards (ASWB)

As a Jointly Accredited Organization, Dartmouth Health is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 10.25 general continuing education credits.

All other learners may claim CME-designated participation credit. Consult your professional licensing board regarding the applicability and acceptance of CME-designated participation credit for programs certified for credit by organizations accredited by Joint Accreditation for Interprofessional Education.

Research Spotlight:

Climate Health Research Workgroup

Troi Perkins, MEM, MF

Research Project Manager | NNE CO-OP PCBRN

In 2023, the NNE CO-OP PCBRN returned to in-person meetings after two years of virtual gatherings during the COVID-19 pandemic. It was also my first full year back with the CO-OP after completing graduate studies in environmental science, where I learned how closely environmental, social, and health systems intersect. Directing the 43rd Annual Meeting gave me the chance to bring those lessons home and let the healthcare researcher and environmental scientist in me work together. Our members had selected Climate Change and Political Determinants of Health as the conference theme, and it felt like the right moment to connect people and ideas across disciplines. The environment in which we live profoundly shapes our health, and we, in turn, shape the environment around us.

The 43rd meeting drew clinicians, researchers, students, and policy experts from across Northern New England, including speakers from Dartmouth Health, Gund Institute for the Environment, Harvard C-Change, Osher Center for Integrative Health at UVM, and Vermont Law and Graduate School. Hearing their perspectives and seeing members' enthusiasm confirmed what I had sensed for years: environmental health and primary care can no longer be approached in isolation. That realization, combined with the energy of our brainstorming session, became the catalyst to form the CO-OP's first Climate Health Research Workgroup.

At first, I imagined a small group focused on the intersection of climate and primary care research in our region. Indeed, we had half a dozen interested and passionate members on our first virtual call. As we each introduced ourselves and explained why we wanted to be in the CO-OP Climate Health Workgroup, I realized we each

shared a familiar sentiment: it can feel isolating to care deeply about the environment and wonder if one person can make a difference. Aldo Leopold once wrote, "One of the penalties of an ecological education is that one lives alone in a world of wounds." I used to feel that isolation in my research, seeing firsthand how environmental changes were affecting my community—from worsening tick seasons and droughts to more frequent flooding. Through the workgroup, I discovered I wasn't alone. Many felt the same urgency to act, and that sense of shared purpose became the foundation of our growing network. We had just one question: where to start?



I knew the science of how climate change affected our patients, but did our primary care clinicians feel comfortable talking about it? Were patients even bringing up climate health issues in the exam room? The idea became clear: We needed to find out what climate exposures our patients in Northern New England are experiencing, and what our primary care teams are already doing. I reached out to Dr. Christine Vatovec from UVM's Osher Center for Integrative Health, and with her guidance—and the collaborations of Drs. Connie van Eeghen, Lesley Gordon, Benjamin Littenberg, Brendan Prast, and Meagan Stabler—we secured a two-year pilot grant from the Gund Institute for the Environment and the Northern New England Clinical and Translational Research Network. Our study, Assessment of Climate-Informed Primary Care in Northern New England, explores three questions: what climate-related health impacts are

community members experiencing and worrying about, what are clinicians seeing in the exam room, and what tools or resources might help both groups adapt.

That work opened doors. This past June, Connie and I shared early results of the study at the NAPCRG PBRN Meeting, where our poster received the Best Poster Award. More important than the award were the conversations that followed. Colleagues from other regions asked how this could scale. A discussion between Dr. Karen Roper at the Kentucky Ambulatory Network and me led to a cross-regional collaboration between our institutions. With co-investigator partners Dr. Vatovec at UVM and Dr. Karen Fortuna at Dartmouth Health, we were invited to submit a full proposal to PCORI to extend climate-informed primary care assessment across networks in rural communities.

The climate health workgroup also spurred internal innovation. With Dr. Tim Burdick and colleagues, Akshay Patal, Carol Felone, Kyla Moore, and Shehreen Zakir, we began linking NOAA temperature and humidity data with our electronic health record research environment to study heat index and health. This will help us understand how heat and cold affect health symptoms, medications, and system operations. We plan to share early results at the 46th Annual Meeting and gather input on the next environmental science priorities, like air quality or precipitation.

What began as an idea after a meeting has become a community. The Climate Health Research Workgroup now includes 38 members across six states. We share projects, compare methods, and connect peers who might not otherwise meet. I continue to learn from colleagues across Dartmouth Health and partner institutions, including new efforts such as the Lichter GreenHealth Lab, and environmental exposure studies led by researchers like Drs.

Christine Gunn and Megan Romano. Participating in Geisel's Climate and Health Enrichment Elective has added energy from students and trainees who represent the next generation's desire for positive change.

Now entering our third year, the Climate Health Research Workgroup continues to expand to over 35 members from six states, despite challenges in funding and the politicization of climate science. What began as an idea born from one meeting has become a community of collaboration and hope. I no longer feel alone in a "world of wounds." Instead, I stand among colleagues who share a commitment to healthier people, a more sustainable climate, and a stronger network that will carry this work forward.

If you are interested in joining our Climate Health Research Workgroup, collaborating on research, or sharing resources, please contact me at Troi.Y.Perkins@hitchcock.org.

Climate Health Resources

Newsletters

- [Healthy, Happy, & Wise Podcast Series](#), Northern Light Health
- [Healthy Lands, Healthy Lives](#), New England Rural Health Association
- [NH CHAT](#), NH Healthy Climate

Groups

- [Center for Climate, Health, and the Global Environment](#)
- [Gund Institute for the Environment](#)
- [Lichter GreenHealth Lab](#)
- [NH Healthy Climate](#)
- [Maine Climate Impact Dashboard](#)
- [Osher Center for Integrative Health](#)
- [Physicians for Social Responsibility Maine Chapter](#)
- [Planetary Health Initiative at UVM](#)
- [Vermont Climate & Health Alliance](#)

Upcoming Conferences

- Jan. 23-25, 46th Annual NNE CO-OP PCBRN Meeting, Stowe, VT
- Feb. 2, Legislative Hill Day, VTNPA, Montpelier, VT
- Feb. 28- March 3, Our Planet, Our Health, Hybrid, Arlington, VA
- June 2-4, University of Vermont Cancer Center, The Rural Health and Cancer Conference, Burlington, VT
- Oct. 17-19, 2026 Annual National Academy of Medicine Meeting, Washington, DC
- Nov. 20-24, 54th NAPCRG Annual Meeting, Toronto, Ontario, Canada



Continued Learning

CO-OP staff engage in workgroups across the Northeast, fostering learning and connecting members with resources and opportunities offered by partner organizations.

Here is a list of upcoming seminars and talks provided by those partnering organizations:

- **Dec. 2, 12:00-1:00 PM**, Dartmouth Cancer Center, "Food as Medicine: The Power of Plant-based Eating", by Beth Violette, RD, CSO, LD, CDCES, CNSC (Virtual)
- **Dec. 3, 4:30-6:00 PM**, National Academy of Medicine, "Let's Talk about Hope: Conversation with Alan Weisman", UVM Alumni House Silver Pavilion, Burlington, VT
- **Dec. 9, 3:00 - 4:30 PM**, National Academy of Medicine, "Science, Values, & Trust: Improving How We Communicate in Health Policy" (Virtual)
- **Jan. 9, 6:00 - 7:00 PM**, NH Healthy Climate, "Health Risks from Air Pollution: Costs of Relaxing Standards" by Dr. Joel Schwartz (Virtual)
- **May 4, 6:00 PM - 7:00 PM**, PNH Healthy Climate, "Supporting Children in a Changing World: Strategies to Address Eco-Anxiety and Foster Resilience" (Virtual)