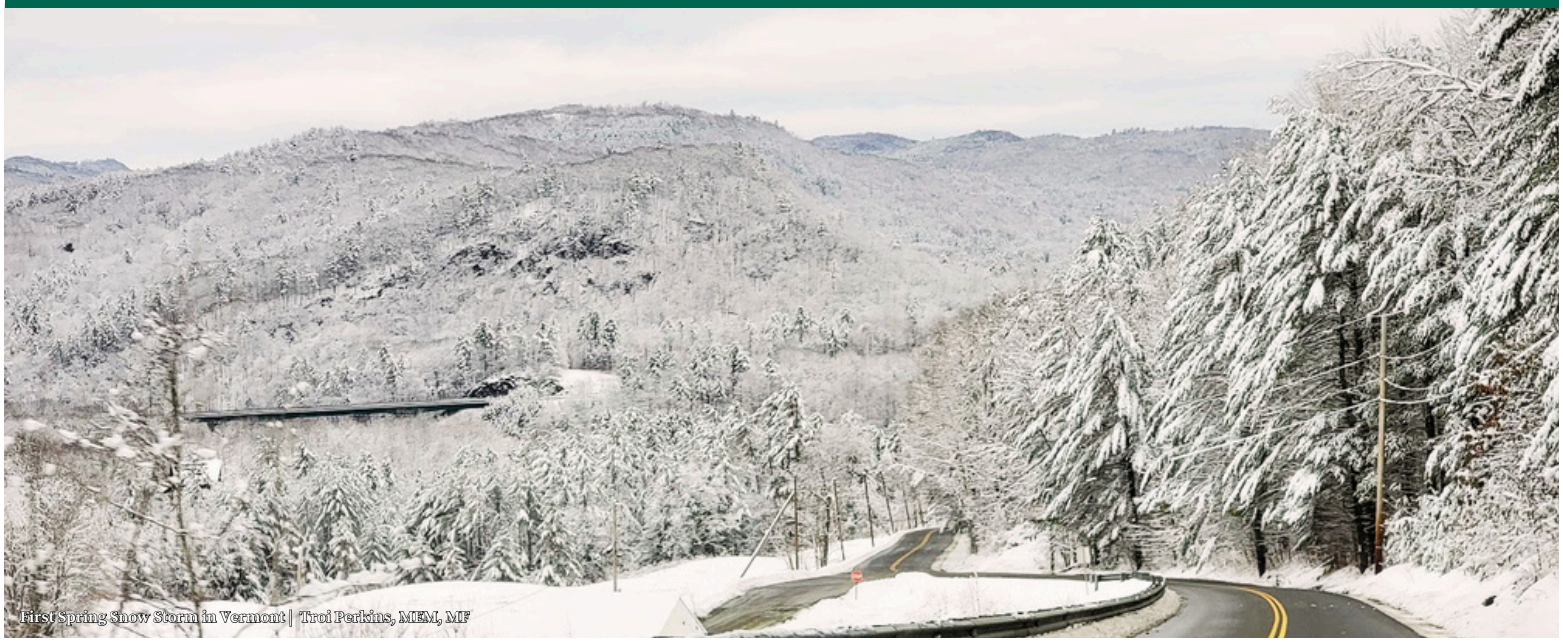
NNE CO-OP PCBRN's

Spring 2026

Research Exchange



First Spring Snow Storm in Vermont | Trod Perkins, MEM, MF

A Season of Steady Progress

Like the lingering snow across Vermont this spring, this season has been defined by endurance and steady progress. Longer stretches of cold and snow-covered ground have reminded us that growth does not always arrive quickly, but it does arrive through persistence and shared effort.

Inside this issue, you will find reflections on CO-OP happenings throughout 2025, a spotlight highlighting the work of one of our dedicated members, and a review of the 46th Annual Meeting that brought colleagues together to share ideas and strengthen connections. We also feature updates from patient and community partners, introductions to our 2026 Research Interest Workgroups, and information about upcoming conferences and seminars that offer opportunities to stay engaged and connected.

Through every season of change, our network continues to demonstrate that meaningful progress happens when people come together with curiosity, collaboration, and a shared commitment to improving primary care in our communities.

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CO-OP Happenings in 2025

Message from the Executive Director, Meagan Stabler, PhD, CHES

"Flocking Up" | Troi Perkins, MEM, MF

As we reflect on 2025, I am struck by what this year has required of us—and what it has revealed about the strength of our CO-OP community. This has been a year of change, adaptation, and resilience, through which the NNE CO-OP PCBRN has continued to demonstrate the strength of our relationships and member engagement across Northern New England.

This year brought significant shifts in the research landscape. NIH funding disruptions resulted in the unexpected early termination of several CO-OP projects and impacted prospective federal funding opportunities. Like many, we were challenged to pivot quickly. In response, we expanded partnerships to include foundation- and industry-supported work—while remaining steadfast in our commitment to patient-centered and evidence-informed research.

A notable accomplishment this year was hosting our first-ever cost-neutral Annual Meeting, made possible through the thoughtful planning of our staff and a shared commitment to sustaining opportunities for connection and collaboration. We were grateful to welcome a record 220 attendees and to convene around the timely theme of advocacy through primary care.

Beyond the Annual Meeting, we continued to advance meaningful research and quality improvement initiatives with our academic and clinical partners. Examples include a new collaboration with the American Diabetes Association and DARTNet to support a (45+) multi-site quality improvement initiative addressing weight bias and promoting evidence-based obesity care. We are also exploring the innovation of using AI in healthcare to assess body composition and bone mineral density through smartphone-based applications.

Despite a challenging external funding environment, the CO-OP has remained strong, connected, and forward moving. We reached another milestone this year, growing to over 650 members, more than doubling our membership in just a few short years. This progress is a testament to each of you, your engagement, collaboration, and commitment to advancing primary care.

On a personal note, 2025 was also a year of growth for my family, as we welcomed our second daughter, Iris, in May. I am deeply grateful for the support and warm wishes so many of you have extended.

As we look ahead to 2026 and beyond, I remain optimistic about what we can accomplish together. We are committed to continuing to build partnerships, expand opportunities, and ensure that primary care research remains responsive, impactful, and grounded in the real-world experiences of our communities.

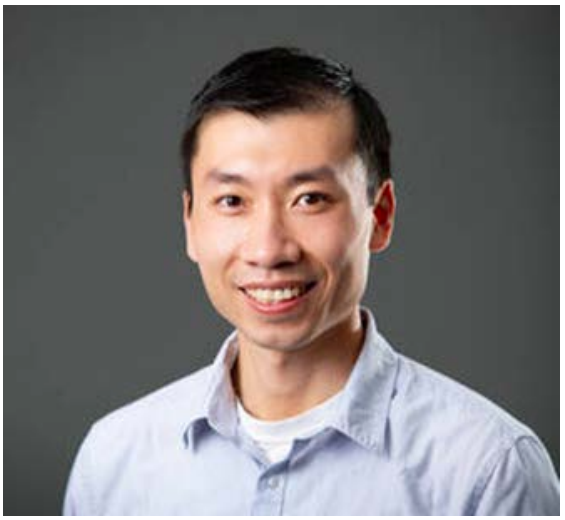
Thank you for being such an essential part of the CO-OP. We hope to see you at our 47th Annual CO-OP Meeting in Manchester, Vermont, in January 2027.

With gratitude,

Meagan Stabler, PhD, CHES

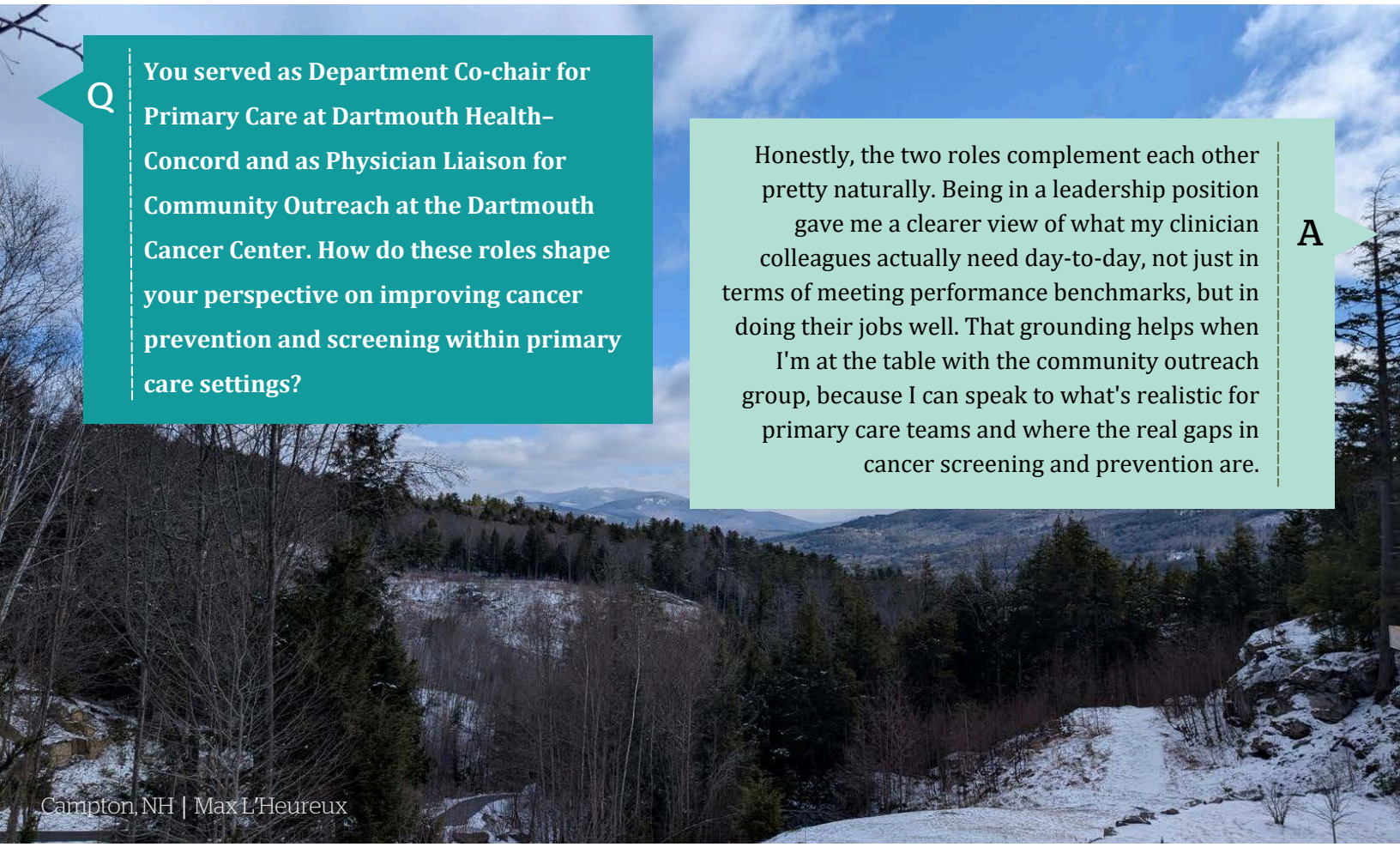
CO-OP Member Spotlight

Dr. Jiazuo Henry Feng is a Clinical Assistant Professor of Medicine and former Department Co-chair for Primary Care at Dartmouth Health Concord, where he supports clinical leadership and works to strengthen primary care delivery across outpatient settings. He also serves as Physician Liaison for Community Outreach and Engagement at the Dartmouth Cancer Center, helping to build partnerships between primary care clinicians and cancer researchers to improve screening access and reduce cancer-related disparities.



Jiazuo "Henry" Feng, MD, MPH

Dr. Feng's work focuses on improving the quality, efficiency, and accessibility of healthcare services, particularly in the implementation of cancer screening programs within primary care. He is also a co-investigator in the Levy Incubator Program, where he is helping design a primary care-led palliative care model to expand access to supportive care for patients. Through collaboration with clinicians, researchers, and community partners, his work aims to create sustainable systems that support early detection, improve patient outcomes, and strengthen connections between research and frontline clinical practice.



Q **You served as Department Co-chair for Primary Care at Dartmouth Health–Concord and as Physician Liaison for Community Outreach at the Dartmouth Cancer Center. How do these roles shape your perspective on improving cancer prevention and screening within primary care settings?**

A Honestly, the two roles complement each other pretty naturally. Being in a leadership position gave me a clearer view of what my clinician colleagues actually need day-to-day, not just in terms of meeting performance benchmarks, but in doing their jobs well. That grounding helps when I'm at the table with the community outreach group, because I can speak to what's realistic for primary care teams and where the real gaps in cancer screening and prevention are.

Campton, NH | Max L'Heureux

Q **Can you share with us the story behind your decision to join the NNE CO-OP PCBRN?**

A I was introduced to the group by Dr. Beth Wilson around the time I joined DH Concord as a staff physician. At the time, I had been thinking a lot about metabolic health and related screening and treatment challenges, and when I heard about a call for abstracts, I figured I had something worth sharing and decided to submit. I'll be honest, I was a little hesitant at first. After reviewing prior years' abstracts, I wasn't sure my topic would fit with the health services focus of most of the work being presented. But it was accepted, and the feedback from attendees was genuinely encouraging. I'm glad I presented and participated.

Q **You are currently involved in several research and quality improvement initiatives, including work with the CO-OP. Can you share more about a project you are working on now and how it aims to improve patient care or clinical practice?**

A My main research focus looks at how cardiometabolic conditions affect colorectal cancer screening in younger adults, particularly those aged 45 to 50. Although screening guidelines expanded to include this group several years ago, screening rates remain lower among patients with these conditions. despite growing evidence of increased risk. Much remains unknown about why this gap exists, what interventions are most effective, and how these conditions influence cancer risk, and my work aims to help answer those questions.

Q **How do you see partnerships between primary care and specialty programs, such as cancer centers, evolving over the next few years?**

A I think outpatient primary care is genuinely well-positioned to lead research on cancer screening and on a growing category of diseases. Primary care physicians are trained to manage complexity across organ systems and to factor in a patient's holistic care alongside what is feasible for their health goals. The same logic applies to implementation research: a clinician who navigates these tradeoffs every day is probably well-suited to study how to make prevention and screening work in the real world.

One thing I'd add is that primary care is also a natural home for learning health system principles — the idea that the work we do every day in clinic can and should feed back into improving how we deliver care. Documenting, publishing, and disseminating what works in practice matters, and there are ways to do this in a scientifically rigorous manner that can in turn be generalizable. A well-implemented screening workflow, a smarter way to counsel patients around a guideline change, or improving the diagnostic success and outcomes of a disease can reach far more people. That's the kind of research that changes what actually happens in an office visit, and I think primary care is underutilized in that space.

Bear State Park, NH | Troi Perkins, MEM, MF

46th CO-OP Annual Meeting

by Troi Perkins, MEM, MF

The CO-OP's 46th Annual Meeting was held at Stoweflake Mountain Resort and Spa in Stowe, Vermont on January 23-25, 2026. With a record breaking 212 attendees from over 40 institutions, the attendance was our busiest yet. Centered on the theme *Advocacy in Action: Shaping Primary Care at Every Level*, we had 21 lightning talks, two panels, six workshops, and an expanded two-session poster presentation showcasing 60 posters from members, residents, and students across the Northeast.

Photo collage from 46th Annual NNE CO-OP PCBRN Meeting

Saturday night, we welcomed Dr. Donald Nease from the University of Colorado as our keynote speaker presenting *Advocacy for Primary Care From the Field:The Role of PBRNs in Advocacy.* His heartfelt talk turned into a timely conversation about the state of our country, and the need to harness our voice for advocacy of humanity.

We also had two riveting panels this year:
1) *Voices of Advocacy: Advancing Primary Care in Northern New England,* moderated by Brendan Prast, MD, featuring Alex Brown, PhD; Anne Sedlack, Esq., M.S.W; Eileen Murphy, MSN, APRN. FNP-BC; Steve Chapman, MD; and Trinidad Tellez, MD.

2) *Building Partnerships: Meet Center Leaders Working with the CO-OP to Advance Community-Engaged Research in Primary Care,* Moderated by Meagan Stabler, PhD, CHES, featuring Clifford Rosen, MD; Ellen Flaherty, Ph.D, APRN, AGSF, FAAN; Gary Stein, PhD; Harry Selker, MD, MPH; Renée Pepin, PhD; and Steven Bernstein, MD

It's hard to capture all the events, presentations, and amazing people who come together to make our Annual Meetings special in a single page... so instead we have an Annual Report we created to try and capture the magic!

"Charlie in the Snow" by Beth Wilson, 1st place

46th Annual Meeting Photo Contest Winners

"Below Freezing Fun" by Jessica Sand, 2nd place

2026 CO-OP
Research Interest Workgroups

Alcohol Use Disorder (AUD)

Led by Brendan Prast, MD, MPH

Proposed first at the 2025 Annual Meeting, members expressed an interest to assess AUD in primary care practices across NNE. The 2026 workgroup is ready to engage new members with their work on a new card study and REDCap survey.

Climate Health

Led by Troi Perkins, MEM, MF

We will examine the use of GLP-1 receptor agonists in children, particularly in the context of diet, exercise, and lifestyle interventions. Members aim to understand prescribing practices, implementation challenges, and the role of these medications in pediatric obesity management.

Expanding Cardiometabolic syndromes

Led by Jiazuo "Henry" Feng, MD

This workgroup explores integrating primary care into community mental health centers, a process known as reverse integration, with a focus on improving access for individuals with serious mental illness. It examines care coordination, outcomes, workforce needs, and funding models to identify best practices for whole-person care.

Food Insecurity

Led by Lauren Ciszak, MD

Food Farmacy, Food as Medicine and nutritional deficits were recommended topics to offer a group focused on areas to further food insecurity research and impact.

Continuing CO-OP Research Interest Workgroups

Prenatal-Obstetrics Care

Led by Jenna Elkhoury, MD

Join others working across disciplines to advance prenatal care. During the recent Annal Meeting brainstorming session, the topic of Antenatal Care: Does the professional identify of ANC Providers contribute to postnatal outcome? This group will foster collaboration, highlight innovations, and identify shared research and practice priorities.

Post Fracture Osteoporosis

Led by Paula Hudon, DNP, RN

Introduced after a 2024 Annual Meeting presentation, a multispecialty group of clinicians convened initially to examine a question; How is post fracture osteoporosis care provided in rural communities? More recently the team proposed to study the impact of rurality and SSRI use on fracture risk.

Social Determinants of Health (SDOH)

Led by Kerry Nolte, PhD, APRNs

This research interest workgroup was first suggested at the 2025 Annual Meeting to explore the role of community health workers (CHWs) in addressing SDOH to generate evidence that informs best practices and policy recommendations interventions. Also, the emergence of SDOH as a theme for the next annual conference from the 46th Annual Meeting's evaluation survey renewed interest in this topic.

All CO-OP Research Workgroups are open to new members. Most groups meet virtually once per month and connect in person during the Annual Meeting. To learn more or sign up, please email NNECO-OPPCBRN@hitchcock.org

Patient and Community Partner Spotlight: Expanding Epilepsy Self-Management Through Community Partnership

Despite mounting evidence that epilepsy self-management (ESM) programs improve quality of life, bringing these resources into everyday clinical settings has remained a challenge. The HOme-Based Self-management and COgnitive Training CHanges lives (HOBSCOTCH) Institute for Cognitive Health and Well-Being at Dartmouth Health is working to change that.

Through telehealth-delivered coaching and cognitive training, the HOBSCOTCH program has demonstrated meaningful improvements in memory, daily functioning, and overall quality of life for people living with epilepsy. Now, through a multi-year implementation science project, the team is partnering with primary care practices across Northern New England to make these resources easier to access.

Over the course of five years (2023–2028), 53 clinical sites, including CO-OP practices, will participate in learning sessions designed to integrate HOBSCOTCH resources into routine care. The goal is to streamline referral pathways, expand support for patients, and develop a replicable model that can be adopted nationwide. This project is supported by the Centers for Disease Control and Prevention through Cooperative Agreement funding (1-NU58DP007541-01-00).

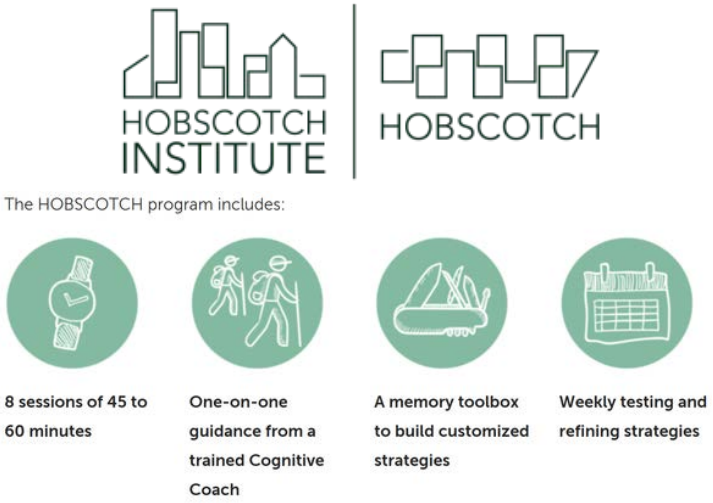
Why This Work Matters

Reflections from Elaine T. Kiriakopoulos, MD, MPH, MSc, FAES

“This dissemination and implementation science work in primary care represents an innovative strategy to reach and provide self-management support to people with epilepsy who are receiving care in a primary care practice setting in Northern New England.

This is of particular value in a rural region like ours, where transportation restrictions related to seizures or long geographic distances can make it difficult for patients to see epilepsy specialists regularly. Many patients benefit from psychoeducational supports typically available at epilepsy centers, and our evidence-based HOBSCOTCH Program helps bridge that gap.

This work is rooted in advancing brain health and wellbeing for all, with a focus on equitable access, strengthening health system capacity, and improving patient-centered outcomes.



Working with the NNE CO-OP leadership and primary care clinic medical directors across the Dartmouth Health system and beyond has been a collaboration fueled by a common purpose and the potential for impact.

Providers are eager to connect patients with resources that help them better cope with the challenges of a chronic and often complex disease like epilepsy. Patients referred through their primary care clinicians have shared high levels of satisfaction with the HOBSCOTCH program and appreciation for learning new skills that help them feel more empowered in managing their epilepsy and cognitive symptoms day to day.

There is more work to be done, but we are off to a good start and are very appreciative of the NNE CO-OP PCBRN collaboration.”

Patient Perspectives: Learning, Growth, and Everyday Impact

Conversations with patients Dacia and Wendy of New Hampshire

Dacia

Wendy

Behind every research program are the individuals whose experiences shape its success. Participants in the HOBSCOTCH program are learning new strategies, building confidence, and finding practical ways to manage daily life with epilepsy.

How did you first learn about the HOBSCOTCH program?

"I was reached out to by Dartmouth about it becoming a new program. I said, 'anything to better myself.' The person who told me about it went about it the right way — informative but not pushy. Having someone who knows what they're talking about and also knows how to listen makes a big difference."
— Dacia

"I learned about HOBSCOTCH from my neurologist and my primary care provider."
— Wendy

What has your experience been like participating?

"Amazing. My coach was awesome and a rock for me. It's been eye-opening — you can apply your toolbox to so many aspects of life, from simple things to hard things. Even something like mapping your kitchen to remember where things are — I use that example all the time.

> My coach was awesome and a rock for me… it helped me grow and break down problems and get around the speed bumps of life.

It helped me grow and break down problems, get around speed bumps, and be better. Having the same person each week mattered. They listened, helped guide me back when I got off track, and always followed through."
— Dacia

"Great. I liked it and learned a lot about myself as well as tips on how to cope with my health issues."
— Wendy

What is one thing you would want primary care clinicians to know about sharing programs like HOBSCOTCH?

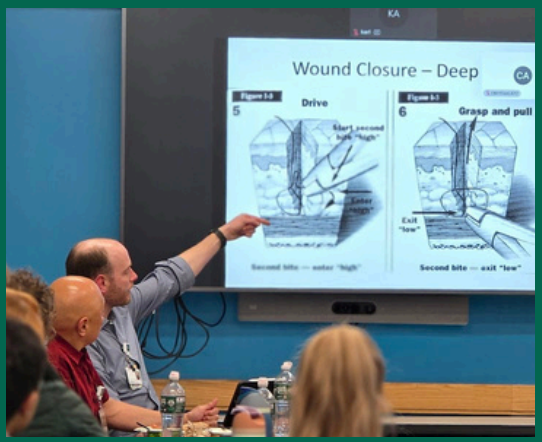
"They need to let people know what programs are available. Sometimes patients don't know where to turn, and hearing a provider say, 'I think this would be good for you,' makes a big difference. Programs like this help people feel less stuck and more capable of managing everyday challenges."
— Dacia

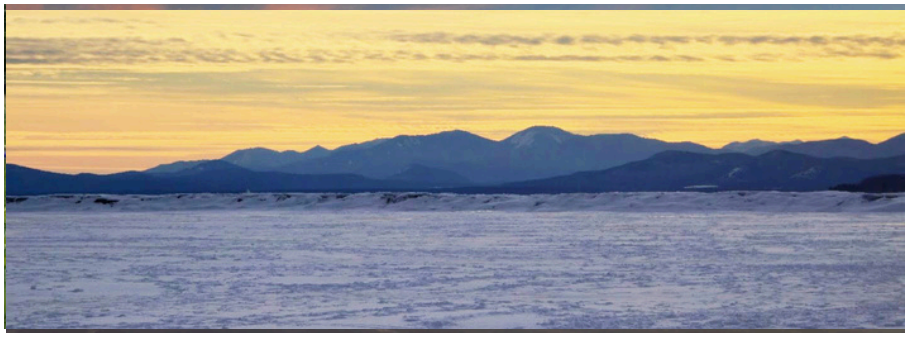
"It is great for patients, especially patients struggling with memory. It helped me cope with my health and has been a great benefit."
— Wendy

Programs like HOBSCOTCH demonstrate how strong partnerships between patients, clinicians, and researchers can expand access to meaningful support. To learn more about referral pathways or participation opportunities, you can use their contact form here or call them at (603)-650-8165.

Upcoming Conferences

- May 12-13, Rural Health Research Symposium, Hanover, NH
- May 12-14, Clean Med 2026, St. Louis, MO
- May 20, Annual Bi-State Primary Care Conference , Fairlee, VT
- Sept. 12, Rural Health Student Summit, Hanover, VT
- Oct. 20-24, AAFP Family Medicine Experience (FMX), Nashville, TN
- Nov. 17-18, Annual NERHA Conference, 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:

- **Apr. 2 - Jun. 18, 12:00-1:00 PM** Dartmouth SYNERGY, "Get Engaged ECHO", Every 1st and 3rd Thurs. **Virtual**
- **May 4, 6:00-7:00 PM**, NH Healthy Climates, "Supporting Children in a Changing World: Strategies to Address Eco-Anxiety and Foster Resilience", by Jennifer Rasmussen, **Virtual**
- **May 15, 12:00-1:00 PM**, NNE-CTR, "NNE-CTR Pilot Project Final Presentations: Genetic Factors of Non-Diabetic Chronic Kidney Disease in Maine; Results from the PIPE Survey conducted by NNE COOP PCBRN", by Dr. Benjamin King; Dr. Meagan Stabler, **Virtual**
- **Jun. 2, 6:00-7:00 PM**, "Climate Resources for Health Education: An open access database of climate and health educational materials", by Dr. Matthew Luebke, NH Healthy Climate, **Virtual**