

EDITORS' NOTE

Family Medicine Researchers Explore the Social Determinants of Health, COVID-19 Issues, and Cancer Survivor Care

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As usual, this issue of the *JABFM* contains research as broad as the specialty of family medicine itself. The social determinants of health are again a prominent topic. COVID-19 topics in this issue include over-the-counter supplements as adjunct treatments and the influence of public health safety measures on influenza rates during the pandemic. Two separate reports look at the way cancer survivors interact with primary care and the difficulties encountered. A CERA study describes how departments of family medicine are tackling the challenge of training tomorrow's family physicians in point-of care-ultrasound. Physician workforce studies examine pay inequities and burnout. An impressive number other commonly encountered issues in family medicine are addressed using a wide variety of methods and data sources. (J Am Board Fam Med 2022;35:649–651.)

Social Determinants of Health

The social determinants of health (SDoH) continue to be a major focus for family medicine researchers. The amount of research on social determinants of health has risen substantially in recent years. With this robust body of work, researchers can conduct meaningful systematic reviews and meta-analyses. In this issue, a meta-analysis evaluates the relationship between food insecurity and dyslipidemia.¹ Dr. Wan et al.² analyzed how the PRAPARE tool for SDoH screening correlated with some of the most commonly seen chronic diseases in family medicine. The investigators identified what factors within the PRAPARE tool are related to chronic disease control. The results could have significant implications for treating chronic disease in the context of patients' social situations. Referrals to help patients with unmet social needs from primary care are now becoming more common. However, a gap exists between placing that referral and the patients actually receiving the service. Similarly, Sandhu et al.³ explored the barriers that exist for patients attempting to access social services. Overcoming these barriers represents a significant challenge for the future.

COVID-19

Go and Elango⁴ explored the evidence that public health precautions put in place for COVID-19 also had positive effects on influenza rates. It is interesting to consider which precautions might be acceptable to the public during influenza outbreaks.

A clinic serving a mostly uninsured Hispanic population reports on patient symptom clusters and the presence of COVID-19 in symptomatic patients.⁵ The symptoms and signs were typical, and the length of time out of work substantial (a mean of 36 days), particularly problematic for those with a lower income and lack of job security. This study provides 1 strategy for measuring the burden and economic impact of disease that is important to patients. Further, more than half of these patients reported persistent symptoms. A helpful Venn diagram shows the frequency and types of symptoms reported.

Few adequate studies investigate the use of over-the-counter supplements for illness despite widespread use. A randomized trial reported by Fogleman et al⁶ investigated Vitamin C and melatonin compared with placebo for COVID-19.

Cancer and Primary Care

Cancer survivors receive a huge proportion of their health care in the primary care setting. This is unlikely to change as the number of cancer

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survivors continues to increase. What gaps in care emerge across these transitions?⁷ Pinheiro et al.⁸ take a slightly different approach to studying cancer survivors' interaction with primary care. Their findings further underscore the communication gap between oncology and primary care. Although a priority, appropriate colorectal cancer (CRC) screening can be challenging to implement in practice. Numerous strategies have been suggested to increase screening rates. Adhikari et al.⁹ provide a systematic review of the facilitators and barriers to successful uptake of CRC screening in primary care.

Survey Research

A trio of surveys cover topics of interest to *JABFM* readers. A Council of Academic Family Medicine Educational Research Alliance (CERA) study explores antiracism training within academic Departments of Family Medicine as reported by Department Chairs.¹⁰ As we continue to work toward equity in family medicine, studies like this one highlight how much work we have ahead of us. Another CERA study report explores the expansion of point-of-care ultrasound (POCUS) training among faculty in departments of family medicine.¹¹ The findings reveal a glimpse at the magnitude of POCUS-use by tomorrow's family medicine physician workforce. Another brief survey, conducted via text message, explores young people's experiences with being a caregiver for an older adult and resources that could prepare them for that role.¹² Encouraging young caregiver participation in medical visits would be a start.

Physician Workforce

One of this issue's Policy Briefs verifies the level of income disparities for family physician minority and gender subgroups, for both income per hour and total.¹³ Physician burnout and its causes have been extensively studied. More recently, investigators have turned their attention to prevention. Most interventions target the individual with short-term tactics. Are there also systematic interventions that can prevent burnout? Hiefner et al.¹⁴ explore this question in a qualitative study of family physician interviews.

Common Issues Encountered in Family Medicine

The American Diabetes Association advocates for metformin to be included as a therapeutic option for patients with prediabetes. Using data from a

national cohort, an analysis of more than 50,000 patients with laboratory evidence of prediabetes determined the rates of metformin use in this population.¹⁵

Understanding how patients use the Internet to obtain information about medications is important in the information age. Darrow and Borisova¹⁶ performed a fascinating study of medication information of more than 1200 FDA-approved medications available through 1 recognizable online information source, Wikipedia. The medication entries they evaluated were highly used but were often missing key information that could lead to significant patient misunderstanding.

A study on low back pain reported by Licciardone and Aryal¹⁷ is based on responses by new volunteer patients to an online registry. Patients who were prescribed opioids as their primary pain medication were more likely to have a lower level of education as well as lower levels of pain control than those not given opioids.

What are the geodemographic factors that predict higher levels of antibiotic prescribing for upper respiratory tract infections? Dilworth et al.¹⁸ investigated. As antibiotics are not indicated for the typical upper respiratory tract infection, the results indicate that many patients who are traditionally considered advantaged are at risk of negative outcomes.

Constipation is one of the most common conditions family physicians encounter in clinic. Sebo et al.¹⁹ performed an interesting content analysis study to describe the perceived effectiveness and patient satisfaction with a safe nonpharmacologic treatment option—the toilet stool.

Finally, an electronic health record tool (called FitTastic) is available to help physicians document and facilitate improvement in child obesity. Braddock et al.²⁰ present impressive results—a favorable BMI pattern (32% vs 13%) with the use of the tool.

This issue's health policy article looks at California's new law that makes them the first state to mandate coverage of the financial costs of health care for people with adverse childhood experiences.²¹

In Addition . . .

The new 11-question Person-Centered Primary Care Measure is noted to be both concise and comprehensive for key primary care characteristics at the team level in this report by Li et al.²² Same or

next day access was particularly important to higher scores. The second part of a truly impressive review of the world's literature on PBRN's is also included in this issue. This review focuses on the influence of the external environment on building a PBRN.²³ Do you know what a CO-OP health plan is? Adashi et al.²⁴ provide a commentary on the dwindling numbers of Consumer Operated and Oriented Plans (CO-OPs). The authors review the positive aspects of the CO-OP model, as well as the policy reasons leading to most of them failing. They share thoughts on revitalizing these organizations.

To see this article online, please go to: <http://jabfm.org/content/35/4/649.full>.

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