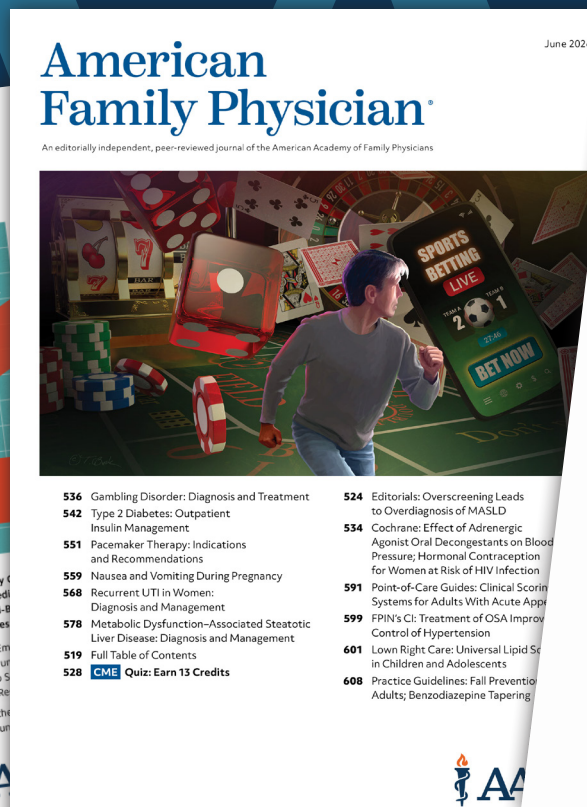


Your Brand. Their Practice. Real Influence.

The Most Trusted Brands in Primary Care

American
Family Physician®

FPM



2027 MEDIA KIT

WILEY



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Your Brand. Their Practice. Real Influence.

Who is the American Academy of Family Physicians (AAFP)

The American Academy of Family Physicians (AAFP) is one of the largest medical organizations in the U.S., representing 124,500 family physicians, residents, and medical students.

About AFP Journal

American Family Physician (AFP) is the official peer-reviewed journal of the AAFP, the most essential,¹ editorially independent, evidence-based, clinical review journal in primary care. Published continuously since 1950, each issue provides up-to-date information on clinical topics, the latest diagnostic and therapeutic techniques, and summaries of practice guidelines from major medical organizations.

The mission of *AFP* is to empower family physicians to improve the health of patients and communities as the leading source of medical information while advancing science and health equity.

General Editorial Direction

AFP publishes high-quality, evidence-based, peer-reviewed, clinical content that enhances family physicians' ability to care for patients at the point of care and beyond. In addition to systematically covering a "core curriculum" of topics in family medicine with comprehensive articles, *AFP* publishes a lineup of popular departments that feature clinical recommendations from leading medical organizations, summarize practice-changing studies from the medical literature, and highlight new drug products, medical devices, and clinical aids.

Regularly appearing editorial departments include Cochrane for Clinicians, Curbside Consultation, Diagnostic Tests, Diary of a Family Physician, Editorials, FPIN's Clinical Inquiries, FPIN's Help Desk Answers, Graham Center Policy One-Pagers, Lown Right Care, Medicine by the Numbers, Photo Quiz, POEMs, Point-of-Care Guides, Practice Guidelines, STEPS: New Drug Reviews, and more.

Evidence-based Medicine

Evidence-based medicine is judicious integration of the best available evidence with clinical expertise and an individual patient's values, preferences, and unique circumstances. *AFP* authors and editors explicitly rate the strength of evidence for key recommendations on diagnosis and treatment and present this information with articles. Readers depend on *AFP* to inform what they know and what they do, updating their knowledge and improving their patient care according to the best quality evidence.

CME Credit

AFP offers at least nine CME credits, and often more, free in each issue. The CME quiz that readers complete covers most of the issue content, therefore encouraging cover-to-cover reading.

AFP is the #1 Media Brand in Family Medicine

#1 *AFP* and AAFP.org are the top 2 websites visited¹

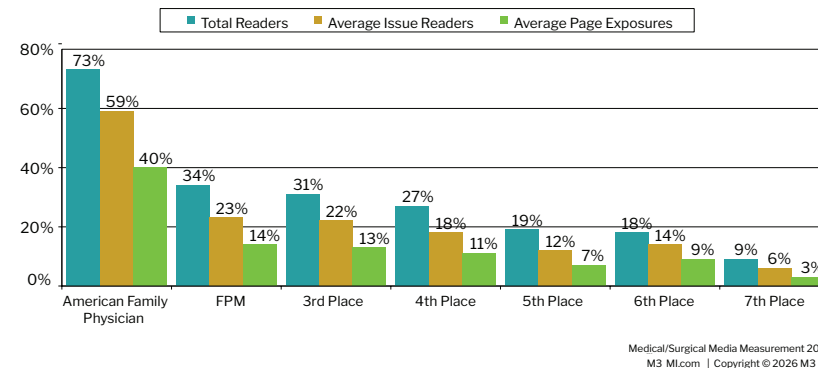
#1 Media Used: 93%¹

#1 Total Readers: 73%¹

#1 Average Issue Readership: 59%¹

#1 *AFP* and AAFP.org are the top 2 websites for average minutes spent per website session¹

Publications: Total Readers, Average Issue Readers, and Average Page Exposures



1. M3 MI Medical/Surgical Media Measurement 2026, Family Medicine Tables 101, 201, 203, 402 & 403

Wide-Ranging Opportunities for Promotion With AFP

Display Advertising

In print, online and in the journals' regular eNewsletters and eTOCs, display advertising is the cornerstone to your branding and promotion efforts.

Cover Tips and Outserts

Cover tips put your promotion right on the cover of *AFP*. Outserts offer a powerful alternative to direct mail to deliver your message to your target audience.

Podcast Sponsorships

The *AFP* Podcast is frequently in the top 15 of all medical podcasts on iTunes! It has an average 4.7-star rating (673 reviews) on iTunes. Educational, philanthropic, and recruitment messages are welcome and are played pre-roll and mid-roll of each episode. With two episodes per month, each averaging 38,000 downloads, this is an opportunity to be heard as an industry leader by thousands.

See pages 27 and 28 for more information.



Content Marketing

Employ a variety of content marketing tactics to engage and educate primary care physicians, build awareness, and position your company as a thought leader.

ADVERTORIALS

Information-rich promotion, designed to educate rather than sell, is highly valued by physicians and accepted by *American Family Physician*.

Cover Wraps – extend your campaign through dedicated mailing with your message

Cover wraps are ad placements consisting of multiple pages that wrap around the front and back covers of magazines at the spine.

For more details, please contact your AAFP sales representative.

See page 25 for more information.



Expand your reach to a highly engaged, fully paid audience!

AFP's award-winning sister journal, *FPM* (formerly *Family Practice Management*), shows physicians how to deliver exceptional patient care, enhance efficiency and revenue, and increase their professional satisfaction. Peer-reviewed CME content focuses on providing practical solutions to the challenges they face every day.

***FPM* insertions count toward earned frequency in *AFP*, and vice-versa.**

Classified and Recruitment Advertising

Contact: Momentive Software's AAFP Classified Ad Sales Team
727-497-6568 or aafp@momentivesoftware.com

See page 22 for more opportunities available from the American Academy of Family Physicians.

Voice of the Reader

How do readers consume AFP content?¹

Readers engage with AFP content mainly by going to the AFP website (76%) or by reading AFP in print (78%). When looking at their preferred format, AFP print (57%) was higher than AFP website (35%).

What do readers value most from engaging with AFP content?¹

Virtually all readers provided high ratings for the following five attributes: **quality of content** (97%), **usefulness** (95%), **readability** (96%), **timeliness** (93%), and **visual appeal** (90%).

"Easy to read when have downtime at home, like doing the CME quiz on paper first, like being off screens as on EHR all day at work."

"Easier to read anywhere, [and] I can mark it up, make copies and take with me to read anywhere."

"It is easier for me to concentrate using a print article."

"The print is great for learning. I like being able to read without the distractions that come from a device."

"I still like something I can hold and if there is something I'll reference in the future I like to have the article to show students that I teach."

1. 2025 AFP Editorial Survey

Prescribing Details¹

How many *AFP* readers write prescriptions?

95% of physicians write prescriptions

How many prescriptions do *AFP* readers write weekly?

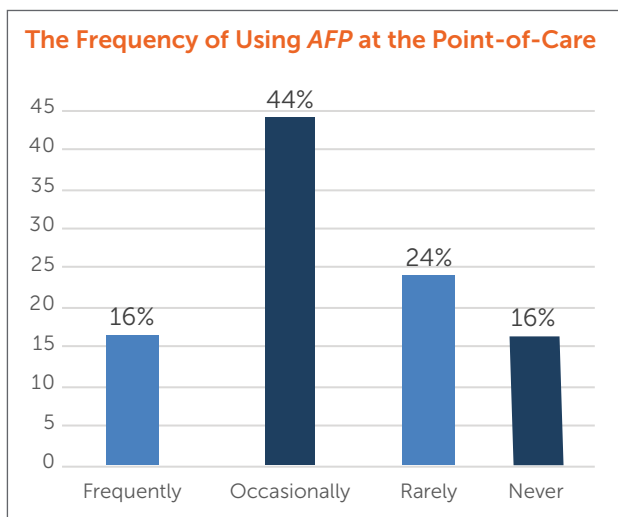
Physicians write on average 123 prescriptions per week

Prescriptions Written for Disease States¹

Cardiovascular (including hypertension)	94%
Allergy/respiratory disease/COPD/asthma	95%
Endocrinology (diabetes, obesity, metabolism)	90%
Anti-infectives (including anti-bacterials, antivirals, antifungals, and anti-parasitics)	95%
Neurological conditions (including migraine and epilepsy)	87%
Psychiatric medications	86%
Dermatologic conditions (including psoriasis)	90%
Women's health (including menopause/hormones)	83%
Infectious Diseases (e.g., HIV, RSV, Mpox, COVID)	77%
Alzheimer's/dementia	62%

1. 2025 AFP Editorial Survey

AFP Content Point-of-Care¹



Top Reasons for Point-of-Care Use by Physicians¹

To look up an answer to a specific questions	58%
To research specific topics	47%
To ensure I have the latest updates	27%
To print out patient information handouts	28%
To browse content collections	19%



AFP Print Advertising Rates, Specifications

Full-Run Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process \$4,090

Premium Position Rates

2nd Cover (PREMIUM ON B/W SPACE ONLY) 50%
 3rd Cover (PREMIUM ON B/W SPACE ONLY) 10%
 4th Cover (PREMIUM ON B/W SPACE ONLY) 70%
 Opposite Table of Contents (PREMIUM ON B/W SPACE ONLY) 15%
 Center Spread (PREMIUM ON B/W SPACE ONLY) 10%
 Preceding Lead Article (PREMIUM ON B/W SPACE ONLY) 10%

Full-Run Rates RATES EFFECTIVE JANUARY 1, 2027

AFP Full-Run Run-of-Book									
Full-Run ROB B/W	1-x	6-x	12-x	18-x	24-x	36-x	48-x	60-x	72-x
1 page	\$18,290	\$17,930	\$17,560	\$17,380	\$17,210	\$17,020	\$16,560	\$16,380	\$16,290
2/3 page	\$13,720	\$13,460	\$13,180	\$13,040	\$12,910	\$12,790	\$12,430	\$12,280	\$12,220
1/2 page	\$12,820	\$12,560	\$12,290	\$12,180	\$12,050	\$11,920	\$11,590	\$11,480	\$11,420
1/3 page	\$9,160	\$8,990	\$8,790	\$8,710	\$8,630	\$8,520	\$8,310	\$8,210	\$8,170

AFP Full-Run Inserts									
Full-Run Inserts	1-x	6-x	12-x	18-x	24-x	36-x	48-x	60-x	72-x
2-page	\$38,200	\$37,460	\$36,680	\$36,310	\$35,930	\$35,550	\$34,600	\$34,210	\$34,030
4-page	\$76,030	\$74,540	\$72,990	\$72,260	\$71,510	\$70,720	\$68,850	\$68,070	\$67,700
6-page	\$113,480	\$111,260	\$108,950	\$107,860	\$106,710	\$105,570	\$102,760	\$101,610	\$101,030
8-page	\$150,560	\$147,610	\$144,540	\$143,110	\$141,590	\$140,070	\$136,350	\$134,810	\$134,050

FULL-RUN RATE INFORMATION

FULL-RUN RATES Effective Rate Date: January 1, 2027. Agency commission: 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date. **Rebates:** Advertisers who exceed their contracted frequency will be rebated. All paid pages count toward earned frequency rate, whether split-run or full-run.

Bleed: No charge. **First-time advertisers:** First-time advertisers/agencies are required to prepay first advertising ad campaign or first digital month to ensure placement.

EARNED RATES Policy: Rates subject to change with 90-DAYS NOTICE. Frequency discounts are based on the actual number of paid pages placed during one contract year. Full-page or fractional units are counted as one page. Split-run pages count toward the earned rate as

one page. Contracts are accepted with the understanding that rates will be guaranteed beyond the last issue closed. Advertising is sold only at earned published rates. Contracts and insertion orders issued for units at less than published rates are not accepted. **Prescribing Information (PI)/Important Safety Information (ISI) Discount:** Advertisers earn a 50% discount starting with the 3rd PI/ISI page.

Split-Run Rates RATES EFFECTIVE JANUARY 1, 2027

AFP Split-Run Run-of-Book									
50% or Less of Full Circ. B/W	1-x	6-x	12-x	18-x	24-x	36-x	48-x	60-x	72-x
1 page	\$12,090	\$11,850	\$11,590	\$11,490	\$11,370	\$11,240	\$10,940	\$10,820	\$10,760
2/3 page	\$9,070	\$8,900	\$8,710	\$8,630	\$8,530	\$8,440	\$8,210	\$8,110	\$8,070
1/2 page	\$8,460	\$8,310	\$8,120	\$8,050	\$7,970	\$7,870	\$7,660	\$7,590	\$7,540
1/3 page	\$6,060	\$5,940	\$5,880	\$5,750	\$5,700	\$5,640	\$5,480	\$5,430	\$5,400

AFP Split-Run Inserts									
Inserts	1-x	6-x	12-x	18-x	24-x	36-x	48-x	60-x	72-x
2-page	\$25,230	\$24,740	\$24,230	\$23,990	\$23,740	\$23,500	\$22,850	\$22,580	\$22,470
4-page	\$50,190	\$49,240	\$48,210	\$47,720	\$47,210	\$46,740	\$45,470	\$44,940	\$44,700
6-page	\$74,920	\$73,490	\$71,960	\$71,250	\$70,460	\$69,740	\$67,860	\$67,080	\$66,710
8-page	\$99,400	\$97,490	\$95,480	\$94,530	\$93,480	\$92,530	\$90,050	\$88,990	\$88,510

Split-Run Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process \$2,870

COVERS, PREMIUM POSITIONS Covers and premium positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of ad unit when multiple page units are acceptable. Premium position advertisers cannot be guaranteed more than two pages of separation from a competitor. Cancellation of less than 60 days written notice will incur a fee equal to the cost of the premium for one month.

INSERT SPECIFICATIONS Availability: All inserts are subject to approval. Sample must be provided for review.

Acceptance: No BRCs are accepted. 100 lb text stock maximum. Approval will be granted prior to space closing; sample must be delivered to the printer two weeks prior to issue space closing date. Variations from standard inserts will be accepted only after prior approval and at the discretion of the publisher. A special charge may be added for handling. Paper attachment, die cuts, or other effects may not extend to within two inches of any trimmed edge, cover more than 20% of the page area, or result in otherwise undesirable changes in the characteristics of the insert stock. Short-fold inserts are limited to a

maximum of four for each issue. Short-fold inserts are accepted on a first-come, first-served basis upon receipt of a written insertion order.

Trimming: Ship folded to 8" x 10.75". Trim size is 7.75" x 10.5". Trimming of oversize inserts will be charged at cost. Keep live matter at least 3/8" away from trim edges. Book is jogged to foot; trim is 1/8" each side.

Quantity: Full-run is 175,000, which includes spoilage and 1,000 for publisher's use. For more information, btaylor@aaafp.org.

SPLIT-RUN RATE INFORMATION Premium Cover Positions: may be split to US-only audiences for the full run rate plus a \$1,500 gross surcharge with prior approval. Contact advertising sales for more information.

COVER TIPS Your message displayed on a cover tip offers premium visibility and precise targeting. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing. **Specifications for a standard 2-page/single-leaf cover tip:** Standard size (w x h): 7.75" x 5.5"; Stock: 100# text. For custom sizes, pita pockets, and multipage units, please contact advertising sales.



OUTSERTS offer an effective and cost-efficient method to deliver your message directly to your target audience. Outserts ride along with the journal in a clear polybag, making them visible when the journal is received. Availability is limited. Contact advertising sales for pricing.

ACCEPTANCE, PRICING, PRODUCTION Requirements and Cancellation Acceptance: Content must be reviewed and approved in advance. Reservations only accepted on a firm order in advance. **Pricing:** Based on a net cost-per-piece basis based on the quantity, size, weight, and format of the unit. **Production Requirements:** Please send two mock-ups for approval to: Quad; Attn: Todd Kelley for AFP; N61 W23044 Harry's Way; Sussex, WI 53089. Creative with pita pockets must be wafer sealed. Cancellations received 60 days or more via written notice prior to issue ad close deadline, no charge; 30-60 days prior to issue ad close deadline, 50% of contract rate; 30 days or less prior to issue ad close deadline, 100% of contract rate.



Premium Visibility Targeted Programs

Cover Tips

Your message displayed on a cover tip offers premium visibility and precise targeting. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing at dsextro@aafp.org or kfranz@wiley.com. Specifications for a standard 2-page/single-leaf cover tip:

- Maximum size: 7.75" x 5.5"
- Minimum size: 7.75" x 5"
- Stock: 100 lb text
- Max. weight: 2 pages (single leaf)
- For custom sizes, pita pockets, and multipage units, please contact sales.

Outserts

Outserts offer an effective and cost-efficient method to deliver your message directly to your target audience. Outserts ride along with the journal in a clear polybag, making them clearly visible when the journal is received. Availability is limited. Contact advertising sales for pricing.

Benefits to Sponsor

- **Premiere exposure:** Your outsert mails in a polybag together with the journal.
- **Exclusivity:** If placing a full-run outsert, only one outsert per issue is accepted.
- **Unique formats allowed:** Because your outsert does not interfere with the physical environment of the journal itself, some variation from standard folding and format, which is not acceptable for inserts, may be allowed upon prior approval and at the discretion of the publisher. (For example, bound-in BRCs are generally acceptable.)
- **Advertorial content allowed:** Advertorials may be acceptable upon prior approval and at the discretion of the publisher. Call your AFP sales representative for policies regarding advertorials.
- **Maximum size:** 7.75" x 10.5"
- **Minimum size:** 7.75" x 5.25"
- **Stock:** 120 lb text
- **Max. weight:** 2 pages (single leaf)
- **For custom sizes, pita pockets, and multipage units,** please contact sales.

See page 26 for more information.

Insert, Cover Tip, and Outsert Shipping

Each insert carton should be marked for AFP journal, with date of issue, Quad job number, name of advertiser, product, and quantity.

Insert shipments that do not meet requirements are subject to additional charges. Contact the Production Department at: btaylor@aafp.org or (913) 906-6294 for additional information.

Ship prepaid. C.O.D. not accepted. Send to:

Quad
Attn: Receiving
N61W23044 Harry's Way
Sussex, WI 53089

NOTE: EXCESS MATERIALS ARE DESTROYED AFTER PRINTING OF EACH ISSUE.

Acceptance, Pricing, Production Requirements, and Cancellation

Policies: See page 20 for all advertising acceptance, format, and business policies.

Acceptance: Content must be reviewed and approved in advance. Reservations only accepted on a firm order in advance.

Pricing: Based on a net cost-per-piece basis based on the quantity, size, weight, and format of the unit.

Production Requirements: Please send two mock-ups for approval to:

Quad
Attn: Todd Kelley for AFP
N61W23044 Harry's Way
Sussex, WI 53089

Creative with pita pockets must be wafer sealed. Cancellations received 60 days or more via written notice prior to issue ad close deadline, no charge; 30-60 days prior to issue ad close deadline, 50% of contract rate; 30 days or less prior to issue ad close deadline, 100% of contract rate.

Targeted Campaigns

List Matching Requirements

Print campaigns being sent to a target list need to be submitted directly to:

MMS
Attention: Colin Elliott
c-elliott@mmslists.com

AFP Production

First Issue: January 1970

Issuance: Published 12 times per year

Issue Dates: Once monthly

Mailing Date/Class: Mid-month of issue date/
Periodicals

ISSUE AND CLOSING DATES

- Insertion orders and all reproduction materials are due as indicated in the production deadlines table. For dates that fall on weekends or holidays, use the next business day.
- No cancellations after closing date of publication.

AD PLACEMENT POLICY

Advertising is rotated and interspersed throughout the issue—within departments and between articles.

AD SPACE SIZES

Full page 7" x 10"
 2/3 page 4 3/4" x 10"
 1/2 page vertical 3 1/4" x 10"
 1/2 page horizontal 7" x 4 1/2"
 1/3 page vertical 2 1/8" x 10"

BLEED AD SPACE SIZES

Full page 8" x 10 3/4"
 2/3 page 4 3/4" x 10 3/4"
 1/2 page vertical 3 7/8" x 10 3/4"
 1/2 page horizontal 8" x 5 1/8"
 1/3 page vertical 2 3/4" x 10 3/4"

Keep live matter 3/8" away from trim edges.

Trim size of magazine: 7 3/4" x 10 1/2"

Production Deadlines					
Issue	Quad Job Number	Demo Ad List Due At MMS	Space Closing	ROB Material Due	Inserts/ Outserts/ Cover Tips Due
Jan	C604430	11/20/26	12/04/26	12/11/26	12/18/26
Feb	C703140	12/17/26	01/04/27	01/14/27	01/22/27
Mar	C703150	01/26/27	02/02/27	02/12/27	02/19/27
Apr	C703170	03/02/27	03/09/27	03/19/27	03/26/27
May	C703120	03/24/27	04/06/27	04/12/27	04/20/27
Jun	C703160	04/22/27	05/03/27	05/11/27	05/18/27
Jul	C703130	05/26/27	06/07/27	06/15/27	06/22/27
Aug	C703180	06/28/27	07/06/27	07/16/27	07/23/27
Sep	C703190	07/27/27	08/03/27	08/13/27	08/20/27
Oct	C7031A0	08/30/27	09/07/27	09/17/27	09/24/27
Nov	C7031C0	09/28/27	10/05/27	10/15/27	10/22/27
Dec	C7031D0	10/26/27	11/02/27	11/12/27	11/19/27

Mechanical Requirements

PAPER STOCK

Inside pages (body pages): 34# SCA++

Covers: 100# Sterling Ultra Gloss C2S

Type of Binding: Perfect bound

SPECIFICATIONS

AFP is printed web offset.

- Format files as PDF/X-1a
- Flatten transparencies
- All images at least 300 dpi
- 4/C solids should not exceed ink density of 320%
- Single-page size should not exceed bleed size
- Color bars, crop, and registration marks must be kept outside the bleed size
- Prepare spread ads as individual pages

- After one year of storage, digital files will be deleted

To upload files, visit: www.adshuttle.com/AAFP. One actual-size, SWOP-certified color proof is recommended and must match the digital file. Ship color proof to:

Quad – Sussex
 ATTN: Mike Strzyzewski (Imaging/Prepress)
 N61 W23044 Harry's Way Sussex, WI
 53089-3995

If you do not wish to submit a SWOP-certified color proof of your ad materials but one is required, we will provide one at a rate of \$50.00 per page, including shipping.

For digital specifications, contact AFP Production at: btaylor@aafp.org.

AFP Editorial

CME Credit

AFP offers CME credits free in each issue. The CME quiz that readers complete covers most of the issue content, therefore encouraging cover-to-cover reading.

Editorial Department Features

CME Quiz, Cochrane for Clinicians, Curbside Consultation, Diagnostic Tests, Diary of a Family Physician, Editorials, FPIN's Clinical Inquiries, FPIN's Help Desk Answers, Graham Center Policy One-Pagers,, Letters to the Editor, Lown Right Care, Medicine by the Numbers, Photo Quiz, POEMs, Point-of-Care Guides, Practice Guidelines, STEPS: New Drug Reviews.

AFP Circulation

Definition of Recipient Qualification

Qualified recipients are family physicians, including medical teachers, selected office-based practitioners, selected direct patient care office- and hospital-based general internists of family medicine osteopaths, Academy members in FM/GP/IM and other specialties, Canadian and other international physician members, student-affiliate members, and physician members with medical teaching, administration, research, and other activity as their major professional activity.

Circulation Verification

Audit: AAM statement for January 2026 issue. For semiannual circulation updates, visit <https://auditedmedia.com/>.

Mailing house: MMS, Inc.

Coverage and Subscriptions

- A.** See the table below for a breakdown of circulation by classification of reader.
- B.** Controlled: 37.2%; Requested: 62.8% (includes Paid: 3.1%)
- C.** Subscription price in U.S. \$330; Foreign \$540
- D.** Institutional price: Quote upon request
- E.** Medical students, residents, health care professionals, and office management staff in U.S. \$215; Foreign \$420



Family Medicine.....	120,849
Internal Medicine	22,509
Other Specialties.....	19,064
Total Qualified to Physicians.....	162,422
Percent to Physicians	99%
Medical Students	1,562
Total Qualified Circulation	163,984

Updated circulation data as of January 2026.



FPM Editorial

The mission of *FPM* is to give family physicians the tools and information they need to maintain efficient and effective practices, enhance the patient experience, and maximize their professional satisfaction.

FPM Journal

FPM is a peer-reviewed journal known for its practical, actionable content, which sets it apart from other journals. Readers look to *FPM* for "how to" articles and tools to help them address the challenges of primary care practice.

Patient Care Focus

Increasing demands from payers, employers, and patients for high-quality, cost-effective care have made efficient health care delivery more challenging and more important than ever. *FPM* authors describe proven approaches to managing the care of patients with chronic diseases, communicating effectively with patients, providing team-based care, and achieving quality metrics.

Coding and Billing Expertise

FPM's advice on diagnosis and procedure coding translates to dollars for readers. The complexity of the coding systems and ever-changing billing rules makes *FPM*'s coding and documentation advice invaluable.

CME Credit

FPM offers at least five CME credits free in each issue. The CME quiz that readers complete covers most of the content of the issue, therefore encouraging cover-to-cover reading.

FPM Distribution

- Print: Approximately 1,409 paid print subscribers (data as of December 2025)
- Online: 142,238 monthly unique users (12-month average through February 2026)
- eNewsletter and eTOC: 106,789 average recipients per email (data as of March 2026)

FPM Print Advertising Rates, Specifications

Full-Run, Run-of-Book Rates RATES EFFECTIVE JANUARY 1, 2027

FPM Full-Run, Run-of-Book Rates							
B/W	1-x	6-x	12-x	18-x	24-x	36-x	48-x
1 Page	\$4,140	\$4,050	\$3,920	\$3,790	\$3,680	\$3,540	\$3,410
2/3 Page	\$3,150	\$3,060	\$2,950	\$2,880	\$2,770	\$2,670	\$2,590
1/2 Page	\$2,920	\$2,860	\$2,760	\$2,660	\$2,590	\$2,500	\$2,420
1/3 Page	\$2,100	\$2,040	\$2,000	\$1,920	\$1,870	\$1,820	\$1,740

Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process\$940

Premium Position Rates

2nd Cover (PREMIUM ON B/W SPACE ONLY) 35%

3rd Cover (PREMIUM ON B/W SPACE ONLY) 10%

4th Cover (PREMIUM ON B/W SPACE ONLY) 45%

Opposite Table of Contents (PREMIUM ON B/W SPACE ONLY) 15%

Preceding Lead Article (PREMIUM ON B/W SPACE ONLY) 10%

Consecutive Right-hand Pages (FULL OR FRACTIONAL) 5%



Cover Tips

Your message displayed on a cover tip offers premium visibility. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing.

Specifications for a standard 2-page/singleleaf cover tip:

- Maximum size: 7.75" x 5.5"
- Minimum size: 7.75" x 5"
- Stock: 100 lb text
- Max. weight: 2 pages (single leaf)
- For custom sizes, pita pockets, and multipage units, please contact sales.

FULL-RUN RATE INFORMATION

FULL-RUN, RUN-OF-BOOK RATES Effective Rate Date: January 1, 2027. Agency commission: 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date. **Rebates:** Advertisers who exceed their contracted frequency will be rebated. All paid ad pages count toward earned frequency rate.

Bleed: No charge. **First-time Advertisers:** First-time advertisers/agencies are required to prepay first advertising campaign or first

digital month to ensure placement. Contact advertising sales for more information.

EARNED RATES Policy: Rates subject to change with 90-days notice. Frequency discounts are based on the actual number of paid pages placed during one contract year. Full-page or fractional units are counted as one page. Split-run pages run in AFP count toward the earned rate as one page. Contracts are accepted with the understanding that rates will be guaranteed beyond the last issue closed. Advertising is sold only at earned published rates.

Contracts and insertion orders issued for units at less than published rates are not accepted.

COVERS, PREMIUM POSITIONS: Covers and positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of the ad unit when multiple page units are acceptable. Covers and positions near other positions are not bound by normal product conflict guidelines. Cancellations of less than 60 days written notice will incur a fee equal to the cost of the premium for one month.

FPM Production

First Issue: October 1993

Issuance: Published six (6) times per year

Issue Dates: Bi-monthly as combined issues

Mailing Date/Class: Second week following issue date/Periodicals

Production Deadlines		
ISSUE	SPACE CLOSING	ROB MATERIALS DUE
Jan/Feb	12/09/26	12/15/26
Mar/Apr	02/09/27	02/15/27
May/Jun	04/12/27	04/19/27
Jul/Aug	06/14/27	06/18/27
Sep/Oct	08/16/27	08/20/27
Nov/Dec	10/12/27	10/18/27

Ad Space Sizes

AD SPACE SIZES

Full page 7" x 10"
2/3 page 4 3/8" x 10"
1/2 page vertical 3 1/4" x 10"
1/2 page horizontal 7" x 4 1/2"
1/3 page vertical 2 1/8" x 10"

BLEED AD SPACE SIZES

Full page 8" x 10 3/4"
2/3 page 4 3/4" x 10 3/4"
1/2 page vertical 3 7/8" x 10 3/4"
1/2 page horizontal 8" x 5 1/8"
1/3 page vertical 2 3/4" x 10 3/4"

Keep live matter 3/8" away from trim edges.

Trim size of magazine: 7 3/4" x 10 1/2"

Issue and Closing Dates

- Insertion orders and all reproduction materials are due as indicated in production deadlines table. For dates that fall on weekends or holidays, use the next business day.
- No cancellations after closing date of publication.
- Send Insertion orders to your account manager.

Ad Placement Policy

Advertising is rotated and interspersed throughout the issue—within departments and between articles.

Mechanical Requirements

PAPER STOCK

Inside pages (body pages): 60#

Covers: 80#

Type of Binding: Saddlestitched

SPECIFICATIONS

File types accepted are PDF/X-1a or PDF.

Email files to btaylor@aafp.org.

- Format files as PDF/X-1a
- Flatten transparencies
- All images at least 300 dpi
- 4/C solids should not exceed ink density of 320%
- Single-page size should not exceed bleed size
- Color bars, crop, and registration marks must be kept outside the bleed size
- Prepare spread ads as individual pages
- After one year of storage, digital files will be deleted

One actual-size, SWOP-certified color proof is recommended and must match the digital file. Contact Bret Taylor at: (913) 906-6294 or btaylor@aafp.org for additional specifications.

Advertising Materials

Send PDFs to: btaylor@aafp.org
and color proofs to:

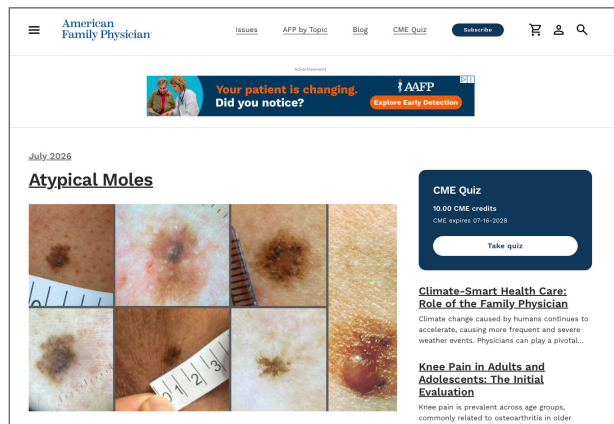
FPM c/o American Academy of Family Physicians
Bret Taylor
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680

Classified and Recruitment Advertising

Momentive Software
AAFP Classified Ad Sales Team (727) 497-6568
aafp@momentivesoftware.com

Online Advertising Rates/Opportunities

The combination of *AFP/FPM* is the perfect choice to reach/engage primary care physicians. Engagement: More than 124,500 AAFP members are registered users of the website.



AAFP.org Combo US only

Page views..... 2,328,515
Sessions..... 2,629,334

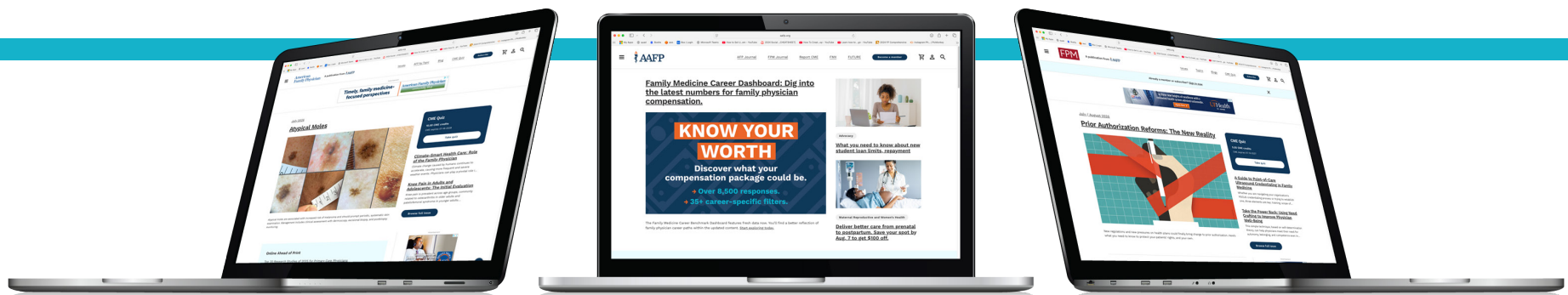
AAFP.org/afp US only

Page views..... 2,163,279
Sessions..... 2,438,257

AAFP.org/fpm US only

Page views..... 165,236
Sessions..... 191,077

1. Google Data Studio 12 monthly average July 2025-June 2026



Online Advertising Rates/Opportunities (continued)

AAFP.org Advertising Rates RATES EFFECTIVE JANUARY 1, 2027

AD UNIT	COST
AFP/FPM Combo Buy (banners*)	\$135 CPM
AFP/FPM Combo Buy Half page (300x600)	\$160 CPM
AFP/FPM Combo Buy Interstitial	\$235 CPM
*Leaderboard (728x90), medium box (300x250)	

Website and eTOC Advertising Specifications

CREATIVE UNIT NAME	INITIAL DIMENSIONS (WxH IN PIXELS)	MAXIMUM EXPANDED DIMENSIONS (WxH IN PIXELS)	MAX INITIAL FILE LOAD SIZE	HOST-INITIATED SUBLOAD	ANIMATION/VIDEO GUIDELINES	Z-INDEX RANGES	UNIT-SPECIFIC NOTES
Expandable/Retractable	300x250 to 600x250, 300x600 to 600x600, 728x90 to 728x315	Expansion must be user-initiated	150 KB	300 KB	Minimum 24 fps for video 15-sec max length (unlimited user-initiated); 1.1 MB additional file size allowed for host-initiated video; unlimited size for user-initiated video)	5,000 - 1,999,999 (for entire ad unit)	Retract Feature = Either click to close/expand or enable Mouse-Off Retraction
Medium Rectangle (Non Expanding)	300x250	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Leaderboard (Non Expanding)	728x90	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Half Page (Non Expanding)	300x600	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Smartphone Static Wide Banner	320x50	N/A	50 KB	Not allowed for this unit	15-sec max animation length; Video not allowed for this unit	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Between-the-Page (a.k.a. "Interstitial")	300x250 300x600 800x400	N/A	200 KB	300 KB	15-sec max animation length; Video not allowed for this unit	N/A Unless the ad covers content on the target page, then use range for overlays: 6,000,000+	Label = "Advertisement" Font = 8pt (11px) by 16pt (21px); "Close" control provided by browser window if ad displays in its own browser window. If overlaid on target page, include "Close X" button. Font = 8pt (11px) by 16pt (21px)
eTOC/Newsletter	300x250	N/A	N/A		130 characters Maximum looping (animation): 3 loops Maximum file size and required format: 200 kb; GIF Animated GIF files are accepted. In certain email applications, only a static image of the first frame of the animation will appear. Please ensure any branding and important information appears in the first frame.		Medium box creative must include company name and/or body copy. Static GIF or JPEG Flash and rich media are not supported. Third party <noscript> tags are accepted if they render the actual GIF image and URL landing page. Tags rendering at 1 ppi are not accepted.
eTOC/Newsletter	Inline Text	N/A	N/A		Headline 50 characters, body copy 300 characters. Up to 2 URL links allowed		

Email Display and Inline Text Advertising

Distribution: Includes active AAFP member physicians and journal subscribers.

Semi-exclusive opportunity: Only one display ad (300x250 medium box) and one inline text ad (headline/copy = 350 characters) are accepted per newsletter or eTOC. High SOV.*

Example of inline text ad:

Email Distribution	AFP ETOC/ Clinical Answers	FPM eTOC	FPM eNewsletter
Average Distribution	104,866	100,268	101,164
Frequency	2x/month	6x/year	18x/year
Specialty*			
Family Medicine	93%	95%	86%
Other Specialty	3%	1%	3%
Unknown or Not Applicable	5%	3%	8%
Designation*			
MD	67%	79%	73%
DO	18%	19%	18%
NP	1%	0%	1%
PA	1%	0%	1%
Other Designation	2%	0%	1%
Unknown	12%	1%	4%
* Specialties and Designations add to more than total due to multiple specialties and designations for many individuals			

*Medium box creative must include company name and/or body copy.

INFORMATION FROM THE AAFP
Impact on Health Systems from COVID-19 and the Role of Social Determinants of Health
Family physicians can ensure equitable access to care for COVID-19 and many other diseases and conditions by recognizing and addressing

AFP eTOC/Clinical Answers Advertising Rates

	1-x	3-x	6-x	12-x	18-x	24-x
MEDIUM BOX (300x250)	\$10,600	\$10,080	\$9,600	\$9,070	\$8,600	\$8,180
INLINE TEXT AD	\$7,430	\$7,060	\$6,740	\$6,360	\$6,050	\$5,740
MED. BOX & INLINE TEXT	\$17,370	\$16,510	\$15,730	\$14,860	\$14,090	\$13,380

AFP eTOC/Clinical Answers Production Deadlines

Issue	Space Closing	Ad Material Due	AFP ETOC/Clinical Answers Delivery Date
Jan - Clinical Answers	12/10/26	12/15/26	01/04/27
January - eTOC	01/04/27	01/07/27	01/19/27
Feb - Clinical Answers	01/15/27	01/21/27	02/01/27
February - eTOC	02/02/27	02/05/27	02/16/27
Mar - Clinical Answers	02/15/27	02/18/27	03/01/27
March - eTOC	03/02/27	03/05/27	03/16/27
Apr - Clinical Answers	03/18/27	03/23/27	04/01/27
April - eTOC	04/02/27	04/07/27	04/19/27
May - Clinical Answers	04/19/27	04/22/27	05/03/27
May - eTOC	05/04/27	05/07/27	05/18/27
Jun - Clinical Answers	05/17/27	05/20/27	06/01/27
June - eTOC	06/02/27	06/07/27	06/16/27
Jul - Clinical Answers	06/17/27	06/22/27	07/01/27
July - eTOC	07/01/27	07/07/27	07/16/27
Aug - Clinical Answers	07/19/27	07/22/27	08/02/27
August - eTOC	08/03/27	08/06/27	08/17/27
Sep - Clinical Answers	08/18/27	08/23/27	09/01/27
September - eTOC	09/01/27	09/07/27	09/16/27
Oct - Clinical Answers	09/17/27	09/22/27	10/01/27
October - eTOC	10/04/27	10/07/27	10/18/27
Nov - Clinical Answers	10/18/27	10/21/27	11/01/27
November - eTOC	11/02/27	11/05/27	11/16/27
Dec - Clinical Answers	11/15/27	11/18/27	12/01/27
December - eTOC	12/02/27	12/07/27	12/16/27

FPM eTOC/eNewsletter Advertising Rates

	1-x	3-x	6-x	12-x	18-x	24-x
MEDIUM BOX (300x250)	\$7,730	\$7,130	\$6,800	\$6,430	\$6,090	\$5,780
INLINE TEXT AD	\$5,260	\$5,010	\$4,780	\$4,510	\$4,290	\$4,070
MED. BOX & INLINE TEXT	\$12,280	\$11,710	\$11,130	\$10,510	\$9,970	\$9,470

FPM eTOC/eNewsletter Production Deadlines

Issue	Space Closing	Ad Material Due	eTOC/ eNewsletter Delivery Date
Jan/Feb Issue - eTOC	12/21/26	01/04/27	01/13/27
Jan - eNewsletter	01/12/27	01/15/27	01/27/27
Feb - eNewsletter 1	01/27/27	02/01/27	02/10/27
Feb - eNewsletter 2	02/10/27	02/15/27	02/24/27
Mar/Apr Issue - eTOC	02/24/27	03/01/27	03/10/27
Mar - eNewsletter	03/10/27	03/15/27	03/24/27
Apr - eNewsletter 1	03/31/27	04/05/27	04/14/27
Apr - eNewsletter 2	04/13/27	04/19/27	04/28/27
May/Jun Issue - eTOC	04/28/27	05/03/27	05/12/27
May - eNewsletter	05/12/27	05/17/27	05/26/27
Jun - eNewsletter 1	05/25/27	05/28/27	06/09/27
Jun - eNewsletter 2	06/09/27	06/14/27	06/23/27

Issue	Space Closing	Ad Material Due	eTOC/ eNewsletter Delivery Date
Jul/Aug Issue - eTOC	06/29/27	07/02/27	07/14/27
Jul - eNewsletter	07/14/27	07/19/27	07/28/27
Aug - eNewsletter 1	07/28/27	08/02/27	08/11/27
Aug - eNewsletter 2	08/11/27	08/16/27	08/25/27
Sep/Oct Issue - eTOC	08/31/27	09/03/27	09/15/27
Sep - eNewsletter	09/15/27	09/20/27	09/29/27
Oct - eNewsletter 1	09/29/27	10/04/27	10/13/27
Oct - eNewsletter 2	10/13/27	10/18/27	10/27/27
Nov/Dec Issue - eTOC	10/27/27	11/01/27	11/10/27
Nov - eNewsletter	11/10/27	11/15/27	11/24/27
Dec - eNewsletter 1	11/22/27	11/29/27	12/08/27
Dec - eNewsletter 2	12/08/27	12/13/27	12/22/27

Advertising and Funded Activities: Policies and Principles

The AAFP accepts paid advertising and funded educational activities in certain of its publications including *American Family Physician (AFP)* and *FPM* journal print and digital channels. The revenue associated with these investments helps to support numerous activities of the AAFP, including the publishing expenses of *AFP* and *FPM*. The purpose of the AAFP journals is to serve our members, our specialty, and the broader primary care medical profession. This includes providing continuing medical education.

Because of this, the appearance of advertising and other funded activities cannot indicate or imply AAFP or journal endorsement of the advertised company or product(s), nor can funders influence the independence of journal editorial content at any stage of its development in any channel.

AAFP physician members, other non-member physicians, and other allied healthcare professionals expect the AAFP journals to be authoritative, evidence-based, and independent voices in the world of science and medicine.

Public, including AAFP member, confidence in our objectivity is critical to carrying out our mission. The AAFP adheres to the standards for advertising set forth by the Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies, which includes these statements:

Advertising in all Society publications should be easily distinguishable from editorial content.

Advertising should not be designed to look like scientific articles.

In Society Journals, the placement of Advertising adjacent to articles or editorial content discussing the Company or product that is the subject of the ad should be prohibited.

Society Journals and other Society publications that...provide activities through which readers can earn CME credits should also comply with ACCME requirements for Advertising set out in the Standards for Commercial Support.

The following advertising policies and principles apply to all AAFP journal brands and channels:

1. Products and services to be advertised must meet the standards of generally accepted medical practice, be relevant to the clinical or socioeconomic practice of medicine or be of special interest to the physician readership. Funding, including for advertising, is accepted only if judged to be consistent with the interests and practice of family physicians, and funding standards are formalized, as in this document, and ever evolving.
2. The AAFP and members of its journal staff have the right to refuse any advertisement or funded activity that they deem incompatible with the mission or inconsistent with the values of the journal or the society, as well as to stop accepting any advertisement or funded activity previously accepted.
3. Advertisements, including advertising creative assets, that are new to the AAFP journals require pre-approval before they can appear and must be submitted for review no later than 10 days before the ad materials closing date for the print issue or no later than 10 days before the ad materials deadline for online and digital channels.
4. Advertisements and funded activities for the following categories are prohibited: Alcohol, tobacco, cannabis or cannabinoids, weapons, firearms, ammunition, fireworks, gambling and lottery, pornography or related themes, political and religious themes, and ads directed at children, as well as any products that make health claims that are not substantiated by scientific evidence.
5. All advertisements and funded activities must clearly and prominently identify the advertiser or funder by logo and/or name identification.
6. We prohibit the intentional placement of advertisements and funded activities adjacent to content that discusses the same company or product as the advertised product.
7. Advertisements and funded activities that make comparative claims to competitive products must be substantiated by supporting data.
8. Products that require approval by the U.S. Food and Drug Administration and/or U.S. Department of Agriculture for marketing must receive FDA or USDA approval before being eligible to advertise and must include "full disclosure" when required. It is the responsibility of the advertiser to conform to regulations of the FDA/USDA and all legal requirements for the content of claims made for products.
9. We may require supporting documentation to substantiate claims. For products not regulated by the FDA or USDA, technical and/or scientific documentation may be required.
10. Advertisements and funded activities that make health claims for non-FDA/USDA-approved nutritional supplements, foods, food additives, and other substances and devices with health claims must be substantiated by clinical studies, generally meaning studies that have independent support in authoritative, evidence-based medical literature. Such advertisements and funded activities may be required to additionally carry the following disclaimer: "These statements have not been evaluated by the [FDA or USDA]. This product is not intended to diagnose, treat, cure, or prevent any disease."
11. The AAFP follows the American Medical Association's Code of Medical Ethics Opinion 8.063 regarding the sale of health-related products from physician's offices. Products must serve the immediate and pressing needs of their patients, be supported by evidence in peer-reviewed literature and other unbiased scientific sources that review evidence in a sound, systematic, and reliable fashion, and such sales must not present a financial conflict of interest for the physician or physician's practice.
12. The AAFP follows the American Medical Association's Code of Medical Ethics Opinion 8.03 prohibiting physicians from placing their own financial interests above the welfare of their patients. Advertisements for products or services that assist the physician in running a more efficient practice, thus enabling the physician more time for patient care, will usually be accepted. This includes categories such as office equipment and software. Advertisements that focus marketing messages solely on increasing profitability are not acceptable.

13. Continuing medical education courses, seminars, and conferences are eligible to advertise, and we emphasize the preference for CME activities to be accredited by AAFP Credit System.
14. For enduring materials (e.g., books, audio and video products, software, etc.), submission of a sample for review to establish eligibility may be required.
15. The full rules for any market research or promotion associated with an advertisement must be displayed in the ad or available via a prominent link.
16. Sponsored Content: Advertorials and other longer-form content created for commercial purposes may be harder for the average reader to readily distinguish from journal content. While the AAFP journals do allow such types of advertising, we will publish no advertising that resembles our editorial content in design or format enough to confuse the reader or to be mistaken for editorial content. The company name or brand logo must appear prominently on the first page of this type of sponsored content and the word "SPONSORED" or "FUNDED" may be required to appear in all caps at the top center of each page. Sponsored Content designs and layouts must be advance-reviewed for approval by the journal staff. At their discretion, the advertising may need to be reformatted to minimize its resemblance to editorial content, and this must be considered as part of an approval timetable. The journal editors have no part in the development of such sponsored and funded content.
17. The journals adhere to the policies of the American Academy of Family Physicians (AAFP), the Council of Medical Specialty Societies (CMSS) Code, and the Accreditation Council for Continuing Medical Education (ACCME) Standards. Journal staff members also frequently reference guidance and recommendations of the World Association of Medical Editors (WAME) and the International Committee of Medical

Journal Editors (ICMJE).

18. The following online advertising formats are prohibited: pop-ups and floating ads; ads that collect and transact personally identifiable information, including physician-level data, from site users, including our members, without their knowledge or permission; ads that extend across or down the page without the visitor having clicked or rolled over the ad; and ads that send visitors to another site without the visitor having clicked the ad.
19. Online and digital advertisements and other funded or sponsored content must be clearly distinguishable from journal editorial content and will be labeled "ADVERTISEMENT" or "SPONSORED" or "FUNDED," depending on the advertising tactic, as part of standard site architecture.
20. Neither advertisers nor their agents may collect any personal information from the user except with the user's knowledge and permission and only after giving the user substantive information about the uses of the information. (See paragraph 18 above.) Similarly, cookies, pixels, applets, and other such files are prohibited if those files transmit any personally identifiable information to the advertiser or agent without the user's knowledge and permission.

Business policies

21. In consideration of publication of an advertisement, the advertiser and the agency, jointly and severally, agree to indemnify and hold harmless the AAFP and its officers, agents, and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the ad, including, without limitation, claims or suits for libel, violation of privacy, copyright infringement, or plagiarism.
22. The AAFP shall not be liable for any failure to print, publish, or circulate any ad that is accepted. However, the journals shall, in collaboration with

the advertiser or its agent, use reasonable efforts to place such advertising among subsequent available inventory.

23. The AAFP is not responsible for incidental or consequential damage for errors in printing an ad.
24. The AAFP will not be bound by any condition, printed or otherwise, appearing within agreements, on advertising order forms or within copy instructions when such conditions conflict with the conditions set forth in these advertising policies and principles.
25. Because journal editorial content requirements change as issue production progresses, all advertising insertion order position clauses are treated as important requests that may require change.
26. In the event of nonpayment, the advertiser and/or its agency shall be jointly and severally liable for such monies as are due and payable to the AAFP or its advertising sales agents.
27. Advertising materials must conform to mechanical specifications as indicated in the most recent journal media kit. These advertising policies and principles are not exhaustive and are subject to change at any time without notice.

Updated: September 2026

More Opportunities with the AAFP

The American Academy of Family Physicians (AAFP) works with a variety of health care-focused companies that share our goal of providing family physicians, their care teams, and their patients with the best resources and education tools. We strive to ensure our partnership delivers a valuable, collaborative, and relevant experience by identifying win-win opportunities for everyone involved.

The AAFP provides numerous ways to connect and collaborate with the Academy and our members.

BECOME AN AAFP PARTNER

Amplify your brand and build relationships with physicians in one of health care's largest specialties. The AAFP Partner Program offers six levels to best fit your organization's budget and goals. At every partner level, you'll join a passionate community where you can empower family physicians and make a real difference in patient care.

SHARE YOUR BRANDED CONTENT

Get your branded primary care educational content and resources into the hands of AAFP members. Whether sharing your organization's practice management tools, health and well-being information or clinical resources, a multi-channel marketing approach is utilized to maximize reach among family physicians and enhance overall value.

COLLABORATE ON STRATEGIC PROJECTS

Let's work together to develop practical, evidence-based tools and resources that improve educational outcomes for family physicians, family medicine residents and medical students as well as the patients they serve.

SPONSOR OR EXHIBIT AT AN EVENT

Increase your brand's visibility and directly connect with members at an industry-leading AAFP event. Opportunities include FMX, the premier family medicine event, FUTURE, the national event dedicated to the next generation of family physicians, AAFP Leadership Conference, Direct Primary Care Summit, Residency Leadership Summit and the Whole Health Summit.

HIRE FAMILY PHYSICIANS

Search the largest pool of family medicine candidates to fill your openings. Utilize AAFP CareerLink to post open positions and get noticed by the most qualified candidates.

ADVERTISE DIRECTLY TO PATIENTS

FamilyDoctor.org is AAFP's patient-focused site offering education from a trusted source – family doctors. Opportunities include site advertising, customized condition-specific advertising on targeted pages, sponsored and collaborative content packages and underwriting content creation.

AAFP CME BULLETIN - FUNDED EDUCATION

Be an exclusive sponsor for an edition of the AAFP CME Bulletin. Mailed with *American Family Physician* to nearly 75,000 AAFP active members. Each edition includes a self-assessment quiz and is ACCME accredited.

See page 29 for more information.

FUNDED EDUCATIONAL CONTENT (NON-CME)

Publish your educational content or thought leadership as an insert in *American Family Physician*. Printed on heavy stock and mailed to nearly 75,000 AAFP active members.

See page 30 for more information.

Let's get started:
Visit aafp.org/partner or email
strategicengagements@aafp.org
to learn more.

To explore these partnership
opportunities through the
AAFP or to learn more, contact:
Darren Sextro
dsextro@aafp.org
VP of Journal Media



**Widely
Read.
Deeply
Trusted.**

ADVERTISING SALES

Karl Franz, *Regional Sales Manager*.....kfranz@wiley.com

Tara Schelling, *Senior Account Manager*.....tschelling@wiley.com

Kevin Dunn, *Senior Account Manager*.....kdunn@wiley.com

AD SERVICES AND SALES SUPPORT SPECIALIST

Stefanie Valenzano.....svalenzano@aaafp.org

General Advertising Inquiries dsextro@aaafp.org

BILLING COORDINATOR

Tania Tkachuk.....ttkachuk@wiley.com

American Family Physician's dominant engagement with family physicians and primary care physicians is well-detailed by M3 MI independent research. For more information, contact your Wiley advertising sales representative.

AAFP JOURNAL MEDIA PRODUCTION/EDITORIAL OFFICE

11400 TOMAHAWK CREEK PARKWAY · LEAWOOD, KS 66211-2680
800.274.2237 · 913.906.6000 · FAX 913.906.6080

VP OF JOURNAL MEDIA

Darren Sextro dsextro@aaafp.org

PRODUCTION DIRECTOR

Bret Taylor btaylor@aaafp.org

PRODUCTION EDITOR, DIGITAL CHANNELS

Evan Palmer epalmer@aaafp.org



AFP COVER WRAP PROGRAM

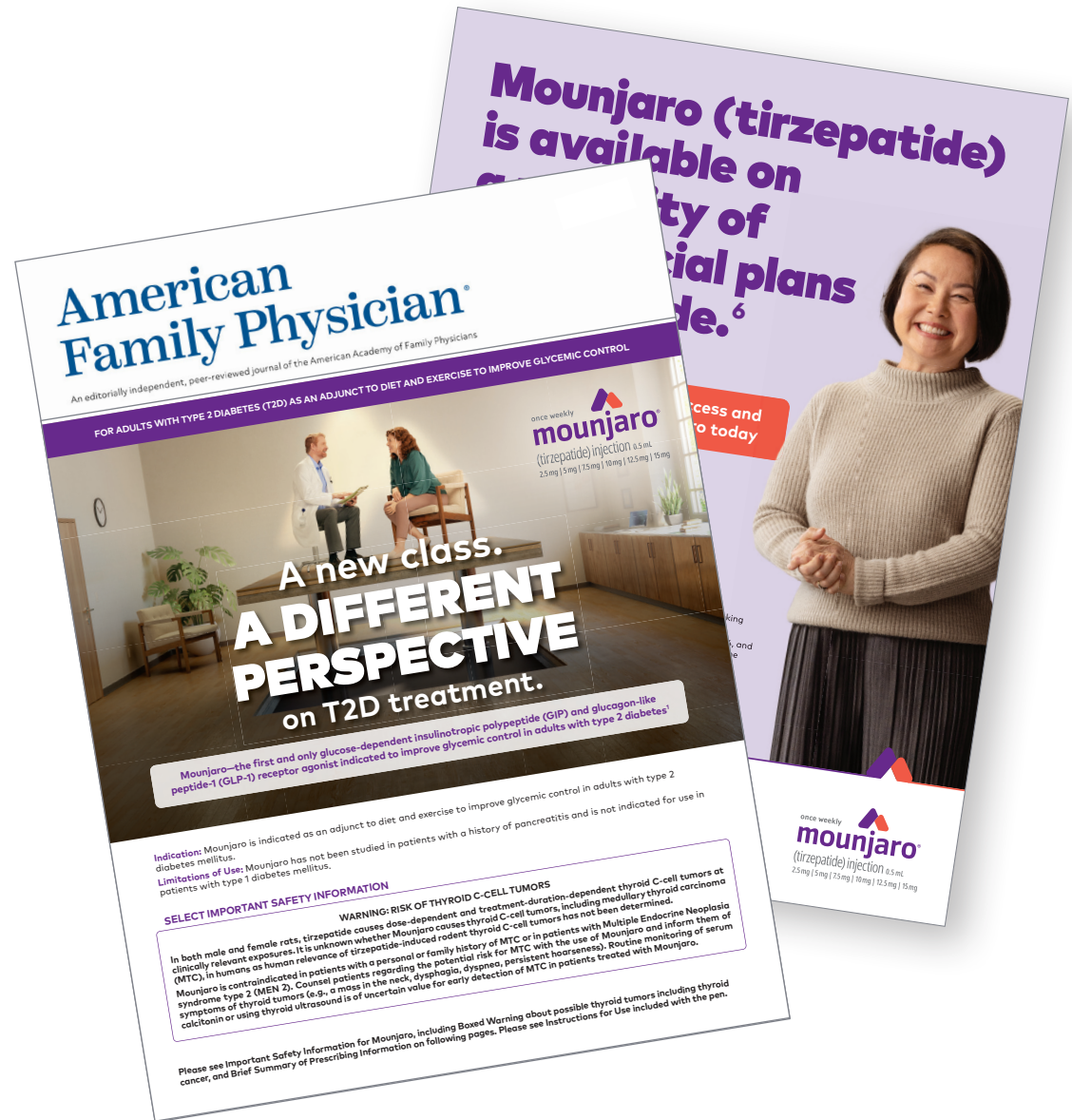
Cover Wraps – extend your campaign through dedicated mailing with your message

Cover wraps are ad placements consisting of four, six, eight, or ten pages that wrap around the front and back covers of magazines at the spine.

For more details, please contact your AAFP sales representative.

Advantages of the Cover Wrap Program:

- You can fit a considerable amount of information and customized content on cover wraps
- The freedom to write bold and creative messages.
- Cover wraps provide the perfect targeting solution to speak directly to your audience uniquely and effectively.



Speak to your Wiley account manager:

Kevin Dunn, (201.264.5345; kdunn@wiley.com)
or Tara Schelling (215.933.2012; tschelling@wiley.com)

AFP COVER TIPS AND OUTSERTS

American Family Physician (AFP) accepts cover tip and outsert advertising:

- Orders accepted on a first-come, first-served basis.
- Creative (mock-up or sample) subject to publisher approval.
- Space reservations accepted:
- Must receive contract or insertion with creative (for approval) no later than six weeks prior to issue date.
- Materials due 30 days prior to issue date.

Cover Tip Specifications:

- Maximum size (w x h): 7-3/4-inches x 5 1/2-inches
- Minimum size (w x h): 7-3/4 inches x 5 inches
- Stock: 80# text
- Quantity: As specified. Contact production director for spoilage.
- Custom sizes: Contact AFP for specifications and rates.
- Includes glue tipping and polybagging

Outsert Specifications:

- Premiere exposure: Your outsert mails in a polybag together with the journal.
- Unique formats allowed: Because your outsert does not interfere with the physical

environment of the journal itself, some variation from standard formatting is allowed. For example, bound-in BRCs are generally acceptable.

- Advertorial content allowed: Advertorials may be acceptable upon prior approval and at the discretion of the publisher. Call your AFP sales representative for policies regarding advertorials.
- Weight limit is 3.3 oz. (which is the maximum weight allowed by the USPS). Maximum trim size is 7-3/4" x 10-1/2" and minimum is 5-1/4" x 7-3/4".

Questions:

- Production Director: Bret Taylor at btaylor@aafp.org or (913) 906-6294

Shipping

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The image shows the front cover of the American Family Physician journal. At the top, the journal's title "American Family Physician" is printed in a blue serif font, with the subtitle "An editorially independent, peer-reviewed journal of the American Academy of Family Physicians" in a smaller font below it. The main visual is a close-up photograph of a woman's face, showing a red, blistering rash on her forehead, characteristic of shingles. To the right of the image, bold red text asks "IF YOU COULD PREVENT SHINGLES, WHY WOULDN'T YOU?". Below this, a red box contains the text "Because nearly everyone ≥50 years old is at risk for shingles^{1,2}" and "ACT BEFORE SHINGLES STRIKES". At the bottom left of the image, small text provides "Indication" and "Important Safety Information" for the Shingrix vaccine. The bottom of the cover features a white section with a red "SHINGRIX" logo, a "20 CME Quiz: Earn 10 Credits" badge, and a reference to "Practice Guidelines: Dietary Guidelines for 2025-2030; Noncancer Chronic Spine Pain". The AAFP logo is in the bottom right corner.

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AMERICAN FAMILY PHYSICIAN PODCAST

Sponsor the Popular AFP Podcast

Frequently in the top 15 of the iTunes Medicine category, the *AFP Podcast* is a fun, compelling, and engaging way for HCPs to glean the knowledge from each issue of *American Family Physician*. Hosted by faculty and residents of the University of Arizona College of Medicine–Phoenix Family Medicine Residency, the podcast provides a common sense discussion of the approach to clinical decision-making based on information in each issue of *AFP* as well as other topics relevant to medical students, residents, physicians, and other HCPs.

Episodes: The podcast, now in its 11th season, releases new episodes twice a month (two episodes for each issue of *AFP*) with 1 to 2 bonus episodes per year that include the hosts interviewing family medicine physicians. Each episode of the podcast is downloaded approximately 38,000 times, with all episode downloads totaling more than 8 million (35,000 per month) and growing. The podcast has listeners in more than 200 countries.

Ratings: Frequently rated as one of the top medical podcasts in iTunes, the *AFP Podcast* has received an overall rating of 4.7 out of 5 overall based on 673 reviews. June 2026.



To listen or download the *AFP Podcast*, visit: <https://www.aafp.org/afppodcast>

Sponsorship Opportunity: \$2,500 per spot

Some Sample Reviews:

"Good resource for quick review of monthly AAFP journal. Keys are highlighted within 20-30 minutes each episode. I have encouraged our family medicine residents to follow and learn."

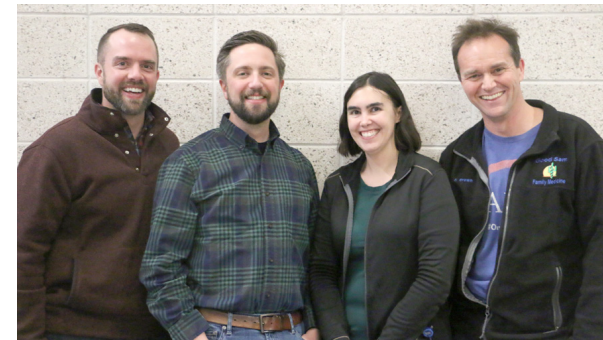
"The staff and residents do a wonderful job. I just finished listening to every single recorded episode and the quality continues to improve. This is my go-to podcast for medicine...Thanks for all you do. Keep up the good work."

"Love the podcast!! Great evidence-based overviews, succinct and not too dry. Personally, I appreciate some of the jokes and transitions – makes me smile while reviewing the topics. Thank you for the podcast!"

"This is an excellent resource and enjoyable listen...I am a 30+ year practicing emergency physician, and I would recommend this to all primary care providers."

"Great podcast. Very relevant for FM practice."

"This podcast reminds me of the excitement I have for Family Medicine and the fact that I am a part of an incredible community. I recommend this podcast to everyone! Thank you *AFP PODCAST*!"



The *AFP Podcast* Team, University of Arizona College of Medicine–Phoenix Family Medicine Residency

Fast Facts

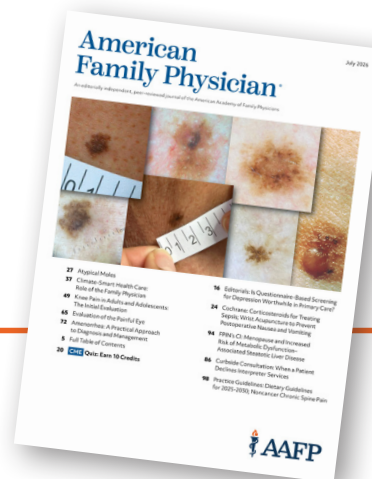
- Subscribers to the *AFP Podcast* listen to 85% of each episode on average.
- Subscribers spend a cumulative average of 3,000 hours per month in last 60 days listening to the *AFP Podcast*.

Source: Apple Podcasts Connect Analytics (based on the past 60 days of podcast traffic as measured by iTunes)

AFP Podcast Listener Profile

Family Medicine	89.6%
Urgent Care	1.7%
OB/GYN.....	1.2%
Pediatrics.....	1.2%
Emergency Medicine.....	0.6%
Other.....	5.8%

Source: 2021 *AFP Podcast* Listener Survey, AAFP Marketing Research, April 2021, base 196 respondents



AMERICAN FAMILY PHYSICIAN PODCAST

Style Guide for AFP Podcast Spots

- Pre-roll and mid-roll spots are up to 15 seconds (40-50 words), the first being read at the top of each podcast prior to the podcast's opening theme music, and the second in the middle of each podcast.
- Educational, philanthropic, and recruitment messages are welcome
- Ads/copy are subject to acceptance by the publisher, editor-in-chief, and podcast host
- Copy may be modified by the publisher, without notice, to adhere to the style guide

Messages are informative vs. promotional in tone. They should describe your offering, rather than sell your offering.

- Avoid superlative statements (such as best, top-rated, "the only," premier, #1, etc.)
- Avoid competitive comparisons (such as "preferred by physicians 2:1")
- Avoid addressing the listener directly with the use of "you." Example: —
INSTEAD OF: "Where you'll find the resources you need..." — YOU COULD
SAY: "Where more than 128,000 family physicians find the resources they need..."
- No calls to action (such as, "order today and save 20% with the promo code XYX.") — Instead, "inform" listeners of how to get more information. ("Information available at My-Company-dot-com-slash-podcast.")

Examples:

"This AFP Podcast is supported by . . .

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The journal *American Family Physician*, providing concise, straightforward, and evidence-based clinical reviews to assist primary care providers in caring for their patients. *AFP* is available in print and online, subscription information is available at aafp-dot-org-slash-AFP."

AMERICAN FAMILY PHYSICIAN PODCAST

AFP Podcast Advertising Policies and Procedures

The *AFP* Podcast will run ads, albeit with the following policies and procedures. The general guiding principle is that ads will be approved by the VP of AAFP Journal Media and the editors of the podcast and the *AFP* journal. Advertising on the *AFP* Podcast will promote a useful service or item for listeners and critically will not be sponsored by drug or medical device companies. These exceptions are in consideration of the *AFP* Podcast's developmental domain, the academic environment of an educational residency program.

Ads will be distinctively separate from content.

- Podcast hosts will not record ads, although podcast hosts may on occasion thank sponsors.
- Advertising messages will be recorded by AAFP staff and not by medical editors. Advertising will appear at the beginning of the podcast and at the midpoint (or "mid-roll").
- Individual ads will last about 15 seconds or less.
- Advertisers will have no influence over podcast content, including bonus episodes.

Ad approval

- Ads must conform to *AFP*'s published advertising policies: <https://www.aafp.org/afp/advertisers>
- Ads will be reviewed by the VP of AAFP Journal Media, the *AFP* editor, and the *AFP* Podcast editor, who must approve the ad.

General Templates for ads

For a one-time ad or series of ads:

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Preferred Advertising Sources

- CME courses
- Medical resources/companies, especially those that are evidence-based
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- Pharmacies
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- Physician recruitment, including locums company, recruiters, hospital systems, and not-for profit health systems
- Services, including insurance, retirement, financial institutions regarding money management

Updated: August 2026

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March 2026

CMEBulletin

A PEER-REVIEWED RESOURCE FOR THE FAMILY PHYSICIAN

Mastering COVID-19 – Harnessing Post-Exposure Prophylaxis for Primary Care Excellence

Benjamin Silverberg, MD, MSc, FAAFP, FCUCM, Stanford University School of Medicine, Stanford, CA

Learning Objectives

Gain insight into the current burden of COVID-19 and develop an enhanced understanding of evolving viral variants, changing symptom patterns, and the significance of viral load. Increase understanding of the clinical significance and implementation of PEP for COVID-19. Expand knowledge of current, emerging, and investigational COVID-19 treatment options.



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Introduction

Post-exposure prophylaxis (PEP) is a treatment strategy that entails the prompt administration of medication to individuals who have been exposed to an infectious pathogen but have not yet shown symptoms of illness.¹ It aims to prevent systemic infection or reduce disease severity by early intervention when the pathogen load and host inflammatory response are still minimal.¹ PEP often uses the same drugs that are used for active treatment.

In the context of coronavirus-19 (COVID-19), PEP serves as a critical strategy to control the viral transmission and reduce case burden, particularly amid the emergence of the highly contagious variants.² It is especially valuable for people who are elderly, immunocompromised, or have comorbidities (e.g., asthma), as these groups have a higher risk of COVID-related morbidity and mortality.¹

Understanding COVID-19 and Its Current Burden

Overview of COVID-19

Caused by the single-stranded RNA virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), COVID-19 is a highly contagious respiratory disease. Primarily spread through respiratory droplets via direct, indirect, or close contact with infected individuals

(e.g., on inhalation or through other deposition on the nasal, conjunctival, or oral mucosa), the virus then binds to the receptors found primarily on epithelial cells in the respiratory tract, allowing entry and replication.³ Within approximately 5 days of infection, individuals typically become contagious to others.³

Infection can be asymptomatic or cause clinical manifestations that range from mild upper respiratory infection (URI) to severe and life-threatening conditions. Besides its direct effects on health, COVID-19 and long-COVID contribute to significant functional and socioeconomic burden on patients, such as absenteeism from work or school and greater healthcare resource utilization.⁴

Dominant SARS-CoV-2 Strains and Current Burden of COVID-19
COVID-19 vaccines, a form of pre-exposure prophylaxis (PrEP), reduce the likelihood of severe illness from certain SARS-CoV-2 variants and have played a key role in lowering case numbers and death rates, thus supporting the return to daily life like it was pre-pandemic for most people.⁵ However, emerging mutant variants, while generally causing milder illness, are often more transmissible and can partially evade immunity from vaccines developed for earlier strains, contributing to periodic surges in infections and hospitalizations.⁵

According to the Centers for Disease Control and Prevention (CDC), the circulating Omicron subvariants in the United States in 2025 included XFG (Strauss), NB.1.8.1 (Nimbus), LP8.1, XEC, and KP3.1.1.⁶ Among these, Strauss accounted for approximately 85% of cases, making it the dominant strain, followed by Nimbus at approximately 7%.^{7,8}

The estimates from the CDC for October 1, 2024, through September 27, 2025, as listed in Table 1, illustrate the continued burden of COVID-19 in the United States.⁹

Importance of Early Intervention and Preventive Strategies for COVID-19

Primary prevention measures (e.g., wearing a facemask, social distancing, good hand hygiene practices) aim to prevent COVID-19 in healthy individuals.¹⁰ However, the rising household secondary attack rate (~81%) with highly transmissible Omicron variants, coupled with

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Publish your educational content, promotional content, or thought leadership as an insert or outsert (pricing varies for each) with an issue of *American Family Physician*. Printed on heavy stock and mailed with the issue to approximately 75,000 AAFP active members.

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FUNDED EDUCATIONAL CONTENT APRIL 2025

Family Medicine Practices: A Frontline Defense Against Vaginitis Co-Infections

The publication of this Funded Educational Content is made possible with funding from Hologic.

Ada Stewart, MD, FAAFP

Family Medicine physicians are the frontline of healthcare for many women, often serving as the first point of contact for diagnosis and treatment of a full range of gynecological issues and healthcare needs. In the U.S., more than 10 million women do not have a single OB/GYN in their county, and many of these women rely on family medicine physicians to help fill that void.

In fact, one of the leading reasons that patients visit my office is vaginitis, an infection that most women will experience at least once in their lifetime.² Millions of vaginitis cases occur in the U.S. each year, approximately 90% are caused either individually or in combination by bacterial vaginosis (BV), *Candida* vaginitis, and *Trichomonos* vaginitis.³⁻⁵ However, achieving an accurate vaginitis diagnosis can be challenging because these causes share overlapping symptoms, like vaginal discharge or irritation and pain during urination, with other infections, including some sexually transmitted infections (STIs).⁶⁻⁸ Due to these obstacles, an estimated 30% of women with symptomatic vaginitis will remain incorrectly diagnosed when informed by clinical evaluation alone.^{9,10}

Early diagnosis and appropriate treatment of vaginitis and/or potential STIs are critical to safeguarding a woman's health, and we are a patient's best resource for detection and care. It is critical for family physicians to ensure patients receive comprehensive testing that leads to an accurate diagnosis the first time.

Risks of Delayed or Missed Vaginitis Diagnoses

Delivering a timely diagnosis requires physicians to first recognize the barriers that lead to delayed care. For example, many of my patients have shared they have felt embarrassed by their uncomfortable symptoms, and others aren't able to take time off work to see a healthcare provider in for

an exam. This leads many women to self-diagnose, potentially mistaking their symptoms as a yeast infection instead of BV, leading to self-treatment with over-the-counter medications before they are able to make an office appointment.¹¹

What patients don't realize is that this can leave them vulnerable to more serious reproductive health consequences. Delayed diagnosis or misdiagnosis of vaginitis can put women at increased risk for STIs and pelvic inflammatory disease (PID), leading to other sequelae such as ectopic pregnancy and tubal infertility if left untreated.¹²⁻¹⁵

Connection Between Vaginitis and STIs

The high incidence of vaginitis and its potential harm on a woman's reproductive health make it crucial for clinicians to make sure they have the full picture when it comes to their patients' diagnoses, especially at a time when research continues to indicate a strong link between vaginitis and STI co-infections. A recent study from Schwabke et al. found that 1 in 5 women presenting with vaginitis symptoms also tested positive for at least one STI. Women who tested positive for BV, which causes approximately half of all vaginitis cases (either alone or in combination with another pathogen), had 2x the rate (26.3%) of STIs compared with those who were negative (12.5%). BV was most significantly linked to *T. vaginalis* (TV) and *Mycoplasma genitalium* (M. gen).¹⁶

sample collection leads to fewer than 1% of infections missed, compared to urine samples, which can miss up to 10% of infections.^{27,28}

By delivering more accurate diagnoses from the start, family physicians can streamline their processes and decrease patient callbacks for re-collection. This also makes it easier to identify proper treatments and allow patients to return to their everyday lives quickly.

Solidifying the Role of Family Physicians in Women's Health

We continue to see large and diverse segments of patients choosing to visit their family physician for holistic care, making it more important than ever to be fully engaged in the full range women's health issues and effective gynecological care. Given the ongoing challenge of efficiently managing patient loads, it is crucial to implement technology that simplifies workflow and provides an accurate diagnosis quickly.

NAAT represents an advanced, reliable, and efficient solution to the diagnostic challenges associated with detecting vaginitis and STI co-infections. By incorporating routine NAAT testing into primary care, we can significantly improve patient outcomes and further solidify the role of family physicians in delivering comprehensive women's health care.

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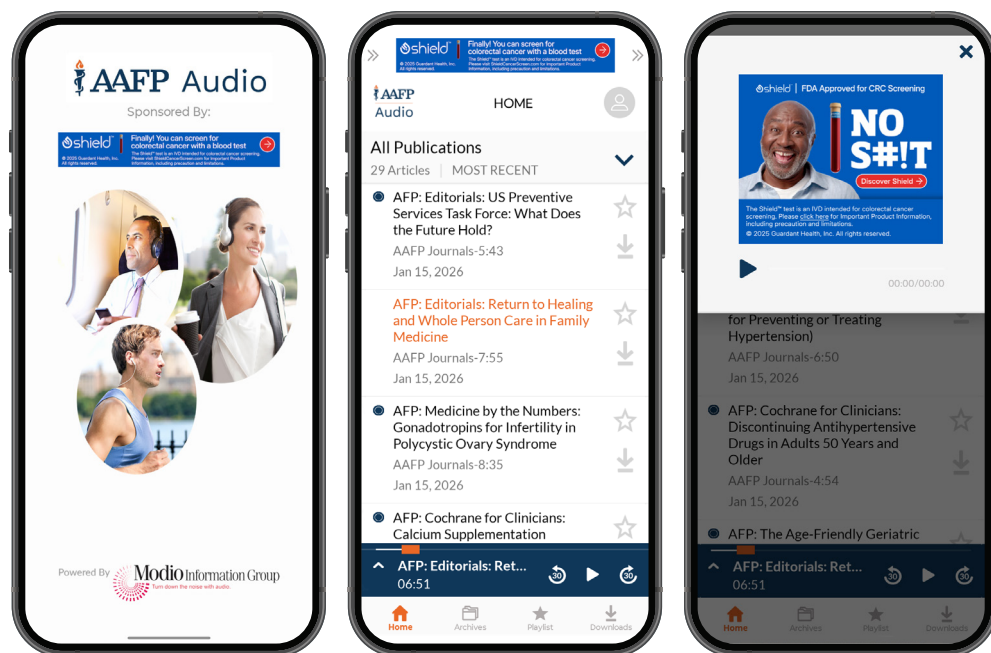
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