



Student 1 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 28 - 30, 2016 – Kansas City, MO

1. Resolution No. S1-101 Eliminating the Gender Salary Wage Gap
2. Resolution No. S1-102 Increasing AAFP promotion of Osteopathic Student Membership and Involvement
3. Resolution No. S1-103 Support of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws (LGBTQ)
4. Resolution No. S1-104 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documents
5. Resolution No. S1-105 The Urgency of Minority Medical Student Support
6. Resolution No. S1-106 Reduce Food Waste at the American Academy of Family Physician Conference Events
7. Resolution No. S1-107 Discontinuation of Discriminating Native American Imagery
8. Resolution No. S1-108 Improving Patient Education of Limited English Proficiency Patients
9. Resolution No. S1-109 Involving the Center for Global Health Initiatives in the Coordination and Planning of the National Conference
10. Resolution No. S1-110 Increasing the Visibility of Global Health on the American Academy of Family Physicians Website
11. Resolution No. S1-111 Feasibility of Virtual Resolution Meetings
12. Resolution No. S1-112 Support for Sexual Orientation and Gender Expression Nondiscrimination
13. Resolution No. S1-113 Establishing a Relationship between the American Academy of Family Physicians and the American Psychiatric Association
14. Resolution No. S1-114 Advocacy for a Federal Ban on Reparative Therapy
15. Resolution No. S1-115 Repurposing Food Waste
16. Resolution No. S1-116 Public Facility Use and Transphobia
17. Resolution No. S1-117 Asking Gender Identity and the Clinic Experience of Transgender Patients

1 **RESOLUTION NO. S1-101**

2 **Eliminating the Gender Salary Wage Gap**

3 Introduced by: Jessica Tucker, Athens, OH
4 Scott Morris, Columbus, OH

5 WHEREAS, The percentage of women in medicine has been on the rise since the 70's and,

6 WHEREAS, women currently compose half of all U.S. medical school graduates, and

7 WHEREAS, the salary discrepancy between genders in 2016 of newly trained physicians in
8 New York State has increased from \$3,600 in 1999 to \$16,819 in 2008, and

9 WHEREAS, a recently published study in *JAMA* evaluating over 24 U.S. public medical schools
10 found that female physicians made markedly less than male physicians despite multivariable
11 adjustments including age, experience, specialty, faculty rank, and measures of research
12 productivity and clinical revenue with an absolute difference of \$19,878, and

13 WHEREAS, the gap that exists between male and female earnings cannot be explained by
14 productivity or any other professional factors, and

15 WHEREAS, the American Academy of Family Physicians (AAFP) has existing policy supporting
16 the principle that hiring, credentialing, and privileging decisions for physicians should be based
17 solely on verifiable professional criteria, and

18 WHEREAS, the AAFP has existing policy endorsing the goal of equitable representation of
19 women as medical students, staff and leadership positions in academic medicine, and

20 WHEREAS, the AAFP has already published a strategic objective to improve payment equity for
21 family physicians by reducing the income gap between family physicians and subspecialties
22 now, therefore, be it

23 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a strategic
24 objective to the AAFP strategic plan to improve payment equity for female family physicians by
25 advocating for the elimination of the income gap between male and female family physicians,
26 and be it further

27 RESOLVED, That the American Academy of Family Physicians advocate to eliminate payment
28 inequity between male and female family physicians, and be it further

29 RESOLVED, That the American Academy of Family Physicians discuss and promote existing
30 and potential programs to eliminate payment inequity between male and female family
31 physicians.

1 **RESOLUTION NO. S1-102**

2 **Increasing AAFP promotion of Osteopathic Student Membership and Involvement**

3 Introduced by: Angie Maharaj, Bures Creek, NC
4 Jeffrey Pennings, Bures Creek, NC

5
6 WHEREAS, The primary foundation of osteopathic medicine is to create primary care
7 physicians, and

8
9 WHEREAS, greater than 10% of the Accreditation Council for Graduate Medical Education
10 positions in family medicine were filled by osteopathic students in 2016, and

11
12 WHEREAS, only 16.2% of osteopathic students are members of the American Academy of
13 Family Physicians, now, therefore, be it

14
15 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage chapters to
16 recruit osteopathic medical students to become members of the AAFP.

1 **RESOLUTION NO. S1-103**

2 **Support of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws**
3 **(LGBTQ)**

4 Introduced by: Jessica Tucker, Athens, OH

5
6 WHEREAS, Title VII of the Civil Rights Act of 1964 prohibits discrimination in the workplace
7 based on sex and guarantees equal employment opportunities, and

8
9 WHEREAS, despite this overarching protection of all American people, some Lesbian, Gay,
10 Bisexual, Transgender, Queer/Questioning (LGBTQ) rights are not protected at the state level,
11 and

12
13 WHEREAS, for example, housing insecure individuals are more likely to report delayed doctors'
14 visits, poor or fair health outcome, and two or more weeks of poor health or mental health
15 limiting daily activity in the past month, and

16
17 WHEREAS, some states have passed laws that prohibit discrimination under state employment
18 in cases of sexual orientation, but not gender orientation, and

19
20 WHEREAS, oftentimes, only one parent in a same sex couple is able to claim parental rights
21 and power of attorney, thus the other lacks the ability to have the same hospital rights over their
22 own child, and

23
24 WHEREAS, some states protect same sex couples from being discriminated against adopting a
25 child, however this does not protect these couples from unequal hospital rights, and

26
27 WHEREAS, more than 115 anti-LGBTQ bills were introduced in 2015, and 27 states have
28 pending anti-LGBTQ legislation in 2016, and

29
30 WHEREAS, due to the aforementioned housing, employment, and hospital rights issues,
31 LGBTQ patients and their families are at a predisposition for adverse health care outcomes, and

32
33 WHEREAS, these laws will authorize businesses, individuals, and taxpayer-funded entities to
34 cite religion as a reason to refuse goods or services to the LGBTQ population as well as
35 allowing adoption and foster care agencies to discriminate against same-sex couples, and

36
37 WHEREAS, some states have existing pro-equality laws and pending initiatives to combat this
38 anti-LGBTQ legislation, and

39
40 WHEREAS, a similar resolution was passed in the American Osteopathic Association in July of
41 2016, and

42
43 WHEREAS, the American Academy of Family Physicians (AAFP) opposes all discrimination in
44 any form, including but not limited to, that on the basis of actual or perceived race, color,
45 religion, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus
46 or national origin but has not specifically addressed supporting and promoting current and
47 potential relevant laws, now, therefore be it

48

49 RESOLVED, That the American Academy of Family Physicians support and promote current
50 and potential laws that defend equal housing, employment, and hospital rights to all patients.

RESOLUTION NO. S1-104

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documents

Introduced by: Allen Rodriguez, Los Angeles, CA
Caroline Yang, Worcester, MA
Ben Meyerink, Sioux Falls, SD

WHEREAS, Biological sex, gender identity, and sexual orientation are separate facets of a patient's identity, and

WHEREAS, there are an estimated 700,000 transgender individuals in America, not accounting for individuals who may identify with a non-conforming gender identity, who face unique obstacles to receiving health care, and

WHEREAS, health-care environments are often distressing for non-conforming individuals due to a lack of health-care worker awareness and sensitivity regarding different sexual orientation/gender identity (SO/GI) and/or patient intake forms that fail to accurately record a patient's preferred name, appropriate pronoun, sex, and gender identity, all of which can cause individuals to delay or not seek out care at all, and

WHEREAS, creating a more accepting atmosphere will aid in establishing rapport between patient and physician thereby increasing the quality of patient care, and

WHEREAS, the recognition of multiple SO/GI with open-ended questions on patient forms validates patients' identities, allows for a more inclusive medical environment, encourages patient disclosure leading to more complete and accurate patient health information, and

WHEREAS, accurate SO/GI information will help physicians establish a more complete social history for all patients, screen for gender and lifestyle-specific disease, and identify what organs an individual may or may not have that may require preventative health screenings, e.g. a cervix in an individual who was born female and has medically and socially, but not surgically, transitioned to male and is documented to have a gender of male, and

WHEREAS, U.S. Department Health and Human Services (HHS) has ruled that “providers participating in the Electronic Health Record (EHR) Incentive programs will need to have certified health information technology (IT) with the capability to capture SO/GI to meet the Certified Electronic Health Record Technology (CEHRT) definition in 2018 and subsequent years” and that “certification does not require that a provider collect this information, only that certified Health IT Modules enable a user to do so.” and

WHEREAS, a survey of diverse heterosexual and non-heterosexual patients selected from four health centers found that most patients understood the importance of collecting SO/GI information and were willing to answer these questions, and

WHEREAS, pediatric patient intake forms often say "mother" and "father" and do not recognize that there are an estimated 115,000 same-sex couples raising children and instead could more accurately use "Parent 1" and "Parent 2" as surrogate identifications, and

WHEREAS, there is a lack of data collection regarding SO/GI in health care, limiting quality care research that can be performed on these criteria, now, therefore, be it

50 RESOLVED, That the American Academy of Family Physicians (AAFP) support the inclusion of
51 a patient's biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and
52 (if applicable) surrogate identifications in medical documentation and related forms in a
53 culturally sensitive manner, and be it further

54
55 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for collection
56 of patient data that is inclusive of sexual orientation/gender identity for the purposes of research
57 into patient health.

Resolution NO. S1-105

The Urgency of Minority Medical Student Support

Introduced by: Stephen Richmond, II, Los Angeles, CA
Christen Johnson, Dayton, OH
Erica Tukiainen, Los Angeles, CA

7 WHEREAS, Medical school is an environment with exceedingly high academic, professional
8 and personal expectations which can result in maladaptive coping strategies, depression,
9 anxiety, and burnout, potentially leading to a decline in academic performance, substance
10 abuse, and suicide, and

12 WHEREAS, medical students of minority backgrounds are disproportionately affected by these
13 issues, yet solutions have been largely unstudied, and

15 WHEREAS, students of underrepresented minorities (URM) have been shown to experience a
16 greater number of familial difficulties, a greater intensity of academic challenges, and are more
17 likely to face additional stresses from racial discrimination whether direct or systematic, and

19 WHEREAS, in a study conducted by Dyrbye and colleagues, surveys showed that URM
20 students were more likely to rate themselves as having lower 'sense of personal
21 accomplishment,' "mental quality of life," "overall quality of life," "mental well-being," "social
22 activity," and "support from friends and family," and

24 WHEREAS, Lesbian, Gay, Bisexual, Transgender (LGBT) student population has experienced
25 similar challenges, and

26
27 WHEREAS, a study by Risdon, et al, displayed students' worries about discrimination from
28 rejection from classmates and challenges in dealing with inappropriate jokes and statements on
29 the wards and in the classroom, and

31 WHEREAS, students in the LGBT population reported lower scores of support and spending
32 greater energy in searching for safe spaces in their respective medical schools. and

34 WHEREAS, female students have been shown to have "higher emotional exhaustion"
35 throughout medical school and exhibit more depression if they had children while in medical
36 school, contrary to male students that have children, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians investigate how more
39 comprehensive support of minorities enrolled in medical education programs affects the
40 educational outcomes of medical students, and be it further

41
42 RESOLVED, That the American Academy of Family Physicians investigate how more
43 comprehensive support of minorities enrolled in medical education programs affects the mental
44 wellness and burnout of medical students.

1 **RESOLUTION NO. S1-106**

2 **Reduce Food Waste at the American Academy of Family Physician Conference Events**

3 Introduced by: Chetan Patel, MD, Columbus, GA
4 Kyle Gleaves, Scranton, PA
5 Kathleen O'Leary

6 WHEREAS, Americans discard the equivalent of \$165 billion of food each year, and

7 WHEREAS, in 2014, 48.1 million Americans lived in food insecure households, which represent
8 14 percent of American households, and

9 WHEREAS, 14 states exhibited statistically significantly higher household food insecurity rates
10 than the U.S. national average of 14.3 percent between 20012-2014, including Missouri where
11 the National Conference is held, now, therefore, be it

12 RESOLVED, That the American Academy of Family Physician (AAFP) will investigate how
13 much food is discarded at AAFP conferences, and be it further

14 RESOLVED, That the American Academy of Family Physician collaborate with and encourage
15 vendors and caterers to adopt less wasteful practices, and be it further

16 RESOLVED, That the American Academy of Family Physician encourage vendors to donate all
17 donatable food products that would otherwise be discarded in accordance with local regulations

1 Resolution NO. S1-107

2 Discontinuation of Discriminating Native American Imagery

6 WHEREAS, The American Academy of Family Physicians values healthy families and
7 communities, and

9 WHEREAS, the suicide rate amongst Native American youth is rising with a current rate of 18%
10 of suicide deaths this year, and

12 WHEREAS, Native American men are five times as likely to commit suicide, and

14 WHEREAS, imagery in the form of “native” names, mascots, negative imagery in sports teams
15 perpetuates negative racial stereotypes, and

16
17 WHEREAS, the American Psychological Association recognized that racism and racial
18 discrimination are attitudes and behaviors that are earned and threaten human development,
19 and

20
21 WHEREAS, perpetuation of negative imagery and lack of positive imagery leads to low self-
22 esteem of native youth, contributing to suicide, as well as predisposes native youth to physical
23 violence and bullying from others, now, therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians support discontinuation of
26 disparaging Native American imagery in the form of “native” names and mascots of sport teams,
27 schools, and athletic programs.

1 **RESOLUTION NO. S1-108**

2 **Improving Patient Education of Limited English Proficiency Patients**

3 Introduced by: Sway Wu, Detroit, MI
4 Katie Zurek, MD, Traverse City, MI
5 Mike Collins, MD, Flint, MI
6 Max Weston, MD, Seattle, WA

7
8 WHEREAS, Fifty-seven million (20%) of the United States population speak a language other
9 than English at home, and

10 WHEREAS, 25 million (8.6%) of the United States population are defined as limited English
11 proficiency, and

12 WHEREAS, when professional interpreters are not used at admission or discharge, the length
13 of hospital stay for patients with limited English proficiency is increased, and

14 WHEREAS, patients limited English proficiency face barriers to medical information
15 comprehension, now, therefore, be it

16
17 RESOLVED, That the American Academy of Family Physicians add links such as ethnomed.org
18 to its official website, and be it further

19
20 RESOLVED, That the American Academy of Family Physicians provide continuing medical
21 education at such events as the Family Medicine Experience and National Conference of Family
22 Residents and Medical Students to educate physicians on providing culturally competent care,
23 and be it further

24
25 RESOLVED, That the American Academy of Family Physicians familydoctor.org website
26 provide more patient information in more languages for physician and patient use.

1 **RESOLUTION NO. S1-109**

2 **Involving the Center for Global Health Initiatives in the Coordination and Planning of the**
3 **National Conference**

4 Introduced by: Samuel Donovan, Rochester, NY
5 Ben Pederson, MD, Portland, OR

6
7 WHEREAS, Global health is one of the fastest growing areas of interest among medical
8 students and serves as a powerful recruiting tool for students to choose family medicine, and

9
10 WHEREAS, 30 percent of medical students participate in global health activities, and

11
12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health
13 training programs among all medical specialties, and

14
15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)
16 members are facing global health challenges within their practice within the U.S. (i.e. refugee
17 and immigrant health, emerging infectious disease such as Zika, travel medicine etc.), and

18
19 WHEREAS, participation in global health related sessions at the National Conference of Family
20 Medicine Residents and Medical Students as well as attendance at the Global Health Workshop
21 has increased each year, and

22
23 WHEREAS, the Center for Global Health Initiatives is the primary global health organization
24 within the AAFP, now, therefore be it

25
26 RESOLVED, That the American Academy of Family Physicians Center for Global Health
27 Initiatives be involved in the planning and coordination of all global health related programming
28 at the National Conference of Family Residents and Medical Students, and be it further

29
30 RESOLVED, That the National Conference of Family Medicine Residents and Medical Students
31 increase the number of global health related speakers and skills based workshops.

32

1 **RESOLUTION NO. S1-110**

2 **Increasing the Visibility of Global Health on the American Academy of Family Physicians**
3 **Website**

4 Introduced by: Ben Pederson, M.D., Portland, OR
5 Samuel Donovan, Rochester, NY

6
7 WHEREAS, Global health is one of the fastest growing areas of interest among medical
8 students and serves as a powerful recruiting tool for students to choose family medicine, and

9
10 WHEREAS, thirty percent of medical students participate in global health activities, and

11
12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health
13 training programs among all medical specialties, and

14
15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)
16 members are facing global health challenges within their practice within the US (i.e. refugee and
17 immigrant health, emerging infectious disease such as Zika, travel medicine, etc.), and

18
19 WHEREAS, there are more than 10 pages within the AAFP website containing information for
20 students and physicians interested in global health, but that information is currently distributed
21 across several different subsections of the website (i.e. Patient Care, Med Schools and
22 Residencies, and Events), and

23
24 WHEREAS, the Center for Global Health Initiatives is the primary global health organization
25 within the AAFP, and can serve as the primary resource coordinating organization for all global
26 health-related materials on the AAFP website, now, therefore, be it

27
28 RESOLVED, That the American Academy of Family Physicians streamline its website to
29 highlight and improve access to existing global health resources, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians coordinate website changes
32 involving global health-related materials with the Center for Global Health Initiatives.

1 **Resolution NO. S1-111**

2 **Feasibility of Virtual Resolution Meetings**

3 Introduced by: Chetan Patel, MD, Columbus, OH
4 Kyle Gleaves, Scranton, PA

5
6 WHEREAS, Resolution writing is critical to engaging student and residents, and
7
8 WHEREAS, staff and leadership input is essential to effective resolution writing, and
9
10 WHEREAS, most resolutions are written and submitted only during four hour block once a year,
11 and

12
13 WHEREAS, technological advancements in video conferencing, social media, and discussion
14 forums can be leveraged to improve the resolution writing process, and
15
16 WHEREAS, the American Medical Association (AMA) has created an online forum for resolution
17 writing that allows members to create resolutions and ask for assistance and feedback
18 throughout the year, now, therefore, be it

19
20 RESOLVED, The American Academy of Family Physicians investigate the use of virtual
21 meetings (via video chat, social media, discussion forums, etc.) to provide a means for dialogue
22 with residents and students in order to result in improved resolution development prior to the
23 National Conference of Family Medicine Residents and Medical Students.

RESOLUTION NO. S1-112

Support for Sexual Orientation and Gender Expression Nondiscrimination

Introduced by: Vivian Jiang, M.D., Rochester, NY
Juan Carlos Venis, M.D., M.P.H., Muncie, IN
Anna Pfahl, M.D., Rochester, NY
Aisha Harris, Washington, D.C.

WHEREAS, The Equality Act (S.1858, H.R.3185) has currently been proposed to the United States Congress and establishes explicit, permanent protections against discrimination based on an individual's sexual orientation or gender identity in matters of employment, housing, access to public places, federal funding, credit, education, and jury service, and

WHEREAS, surveys indicate that more than 40% of lesbian, gay, and bisexual people and almost 90% of transgender people have experienced employment discrimination, harassment or mistreatment, all of which have been shown in multiple studies to be associated with increased medical and psychological comorbidities, and

WHEREAS, one in five transgender people in the U.S. has been discriminated against when seeking a home, and more than 1 in 10 has been evicted from their homes, because of their gender identity, and

WHEREAS, evidence shows that same sex couples are discriminated against even in the initial stages of searching for a home, and

WHEREAS, unemployment, homelessness, avoidance of public facilities such as public restrooms, lower educational attainment, and financial hardship all correlate with increased medical and psychological comorbidities, and

WHEREAS, 32 states still lack clear, fully-inclusive non-discrimination protections for lesbian, gay, bisexual, transgender, queer/questioning people, and

WHEREAS, Health People 2020 includes the goal to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals, and such goals cannot be achieved without clear and equal protections under the law, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a policy in support of sexual orientation and gender expression nondiscrimination specifically with regard to employment, housing, access to public places, education, and any other areas where lesbian, gay, bisexual, and transgender (LGBT) discrimination occurs, and be it further

RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to pass the current proposed Equality Act in both the Senate and House of Representatives.

1 RESOLUTION NO. S1-113

Establishing a Relationship Between the American Academy of Family Physicians and the American Psychiatric Association

7 WHEREAS, The American Psychiatric Association (APA) works to ensure humane care and
8 effective treatment for all persons with mental illness, and

10 WHEREAS, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is
11 used by mental health professionals to classify mental disorders, and

13 WHEREAS, family physicians address many mental health concerns in their patient population,
14 now, therefore be it

19 with mental illness in their communities, strengthen the collaboration between health
20 professionals in the medical home, and improve mental health care in the community.

RESOLUTION NO. S1-114

Advocacy for a Federal Ban on Reparative Therapy

Introduced by: Juan Carlos Venis, Muncie, IN
Aisha Harris, Washington, D.C.
Stewart Decker, MD, Klamath Falls, OR
Vivian Jiang, MD, Rochester, NY

WHEREAS, Multiple professional societies, including the American Academy of Family Physicians (AAFP), oppose “conversion therapies,” also known as “reparative” or “ex-gay therapies,” and their practice on minors in attempts to change their sexual orientation or gender identity, and

WHEREAS, many expert organizations accept sexual orientation and gender identity as immutable characteristics of an individual, and

WHEREAS, multiple studies have demonstrated the harm of such “conversion” practices and their association with increased risk of depression, substance abuse, high-risk behaviors, and suicidality, and

WHEREAS, youth involuntarily subjected to such practices and poor acceptance from their families have higher rates of self-harm and suicide, and

WHEREAS, the United Nations High Commissioner for Human Rights recommends that member states ban conversion therapy when forced, or otherwise involuntary, due to breach of the prohibition on torture and ill-treatment, and

WHEREAS, more than 75% of known American lesbian-gay-bisexual-transgender (LGBT) population lives in states with no laws banning conversion therapy for minors, and

WHEREAS, President Obama's administration supports the banning of such therapies' use on minors and there has been considerable public attention drawn to this and similar issues in recent years, and

WHEREAS, United States federal LGBT and child welfare protections as they currently stand continue to allow these harmful practices by licensed professionals, even those state-funded, and

WHEREAS, the American public continues to witness the senseless deaths of our queer youth as a result of these quack practices, and

WHEREAS, the AAFP serves to advocate for the health of all children and all Americans regardless of gender identity or sexual orientation, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to place a federal ban on “reparative therapy” practiced by licensed professionals on minors and recognize this practice as harmful under federal law.

1 **RESOLUTION NO. S1-115**

2 **Repurposing Food Waste**

3 Introduced by: Megan Chock, M.D., M.P.H., San Diego, CA
4 Stewart Decker, M.D., Klamath Falls, OR
5 Redmond Finney, Baltimore, MD
6 Laura Doan, M.D., M.B.A., Los Angeles, CA

7
8 WHEREAS, Organizations such as the American Academy of Family Physicians (AAFP) have
9 expressed support for healthy communities, including the "Family Medicine for America's
10 Health" and its associated "Health is Primary" campaign, and

11
12 WHEREAS, efforts to improve the health of communities, including those efforts by the AAFP,
13 often focus on nutrition and healthy eating, and

14
15 WHEREAS, in 2014, the United States Department of Agriculture found that 14.0% of
16 households – 48.1 million Americans including 7.9 million children, were food insecure at some
17 point in the last year, meaning that their access to adequate food is limited by a lack of money
18 and other resources, and

19
20 WHEREAS, approximately 31% of food produced for human consumption or 133 billion pounds
21 went to food waste in 2010, accounting for 1,249 calories per American per day, and

22
23 WHEREAS, the United States Environmental Protection Agency's Food Recovery Hierarchy
24 prioritizes ways to prevent and divert wasted food, including source reduction, feeding hungry
25 people, feeding animals, and composting, and

26
27 WHEREAS, the AAFP can model such food recovery efforts starting at its National Conference
28 of Family Medicine Residents and Medical Students and making practice improvement toolkits
29 available to AAFP members, and

30
31 WHEREAS, smaller organizations like the University of Vermont have piloted exercises to
32 advocate zero food waste at hosted meetings by donating edible food and composting inedible
33 foods, and

34
35 WHEREAS, organizations and companies exist near the AAFP National Conference site that
36 are experts at providing food repurposing services, and

37
38 WHEREAS, national programs such as the Environmental Protection Agency's Food Recovery
39 Challenge provide a framework including free workshops and an online database to support
40 such efforts, and

41
42 WHEREAS, partnering with local and national efforts at the national level can set the example
43 for AAFP chapters, and

44
45 WHEREAS, the AAFP ought to model desired behavior, especially in its official gatherings, now,
46 therefore, be it

47
48 RESOLVED, That the American Academy of Family Physicians work towards having a zero
49 food waste initiative at its conferences by 2020 or sooner, and be it further

50
51 RESOLVED, That the American Academy of Family Physicians particularly focus this zero food
52 waste initiative according to the Environmental Protection Agency's Food Recovery Hierarchy
53 focusing first on source reduction, feeding hungry people and feeding animals, and be it further
54
55 RESOLVED, That the planning committee for the American Academy of Family Physicians
56 National Conference of Family Medicine Residents and Medical Students include
57 environmentally friendly efforts into its planning decisions, including repurposing food waste.

1 **RESOLUTION NO. S1-116**

2 **Public Facility Use and Transphobia**

3 Introduced by: Juan Carlos Venis, MD, MPH, Muncie, IN
4 Stewart Decker, MD, Klamath Falls, Oregon
5 Vivian Jiang, MD, Rochester, NY
6 Aisha Harris, Washington, DC

7
8 WHEREAS, Transgender people experience worse health compared with cisgender people due
9 to avoidance of care, stress from discrimination and alienation, and higher rate of sexual and
10 physical violence, and

11
12 WHEREAS, gender dysphoria intensifies over time and, when inadequately treated, can lead to
13 clinically significant psychological distress, dysfunction, debilitating depression, self-surgery and
14 suicidality, and

15
16 WHEREAS, in order to adequately treat gender dysphoria, transgender women must live fully
17 as females and transgender men must live fully as men in society, and

18
19 WHEREAS, all people share the real human need for access to safe restroom facilities, and

20
21 WHEREAS, being required to use a public facility that does not correspond with gender identity
22 is a health issue that negatively affects transgender people by increasing their risk of
23 experiencing sexual, verbal, and physical harassment and violence, and

24
25 WHEREAS, inability to access restroom facilities and avoidance of restroom use is a health
26 issue that has been shown to lead to health problems including dehydration, kidney infections
27 and urinary tract infections, and

28
29 WHEREAS, nine bills have been introduced in various states across the United States in
30 January 2016 dictating the use of public facilities, such as restrooms and locker rooms, and

31
32 WHEREAS, these bills require people to use public facilities that correspond with their biological
33 sex identified at birth and/or chromosomes instead of their gender identity, and

34
35 WHEREAS, proposed legislation effectively makes it illegal for transgender people to live as the
36 gender which they identify, which, as described above, has significant health implications and
37 furthermore sends the message to transgender people that they are unwanted, misunderstood,
38 and unprotected, and

39
40 WHEREAS, current federal nondiscrimination laws covering public facilities cover only race,
41 color, religion, national origin and disability, and does not prohibit discrimination based on sex,
42 gender identity or sexual orientation in public facilities, now, therefore, be it

43
44 RESOLVED, That the American Academy of Family Physicians endorse existing state and
45 federal laws that protect people from discrimination based on gender expression and identity,
46 and oppose laws that compromise the safety and health of transgender people by failing to
47 provide this protection, and be it further

48

49 RESOLVED, That the American Academy of Family Physicians actively support the ability of
50 transgender people to use the public facilities of the gender with which they identify and actively
51 oppose any legislation which would infringe upon that ability.

RESOLUTION NO. S1-117

Asking Gender Identity and the Clinic Experience of Transgender Patients

Introduced by: Naomi Gorfinkle, Baltimore, MD
Maya Siegel, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The importance of transgender-inclusive health care is widely recognized, and

WHEREAS, the American Academy of Family Physicians (AAFP) supports Lesbian-Gay-Bisexual-Transgender-Questioning inclusive health care, and

WHEREAS, the Health Resources and Services Administration's (HRSA) most recent Uniform Data System reporting change mandates that Federally Qualified Health Centers (FQHC) report all patients' sex assigned at birth as distinct from their gender identify, and

WHEREAS, the gender identity of transgender and gender non-binary patients continues to be effectively ascertained in clinics and recorded in most electronic medical records, often being confused with sex, and

WHEREAS, “misgendering” (the act of referring to someone by gender pronouns other than the ones they prefer) in healthcare settings continues to occur, and

WHEREAS, “misgendering” in healthcare settings continues to alienate transgender and gender non-binary patients and hinder their ability to form trusting relationships with healthcare providers, and

WHEREAS, transgender individuals feel that the majority of healthcare professionals are inadequately equipped to care for their specific health needs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with partner organizations to develop best practices with regard to making clinics a safe place for transgender and gender non-binary patients and publish them on the AAFP's website (aafp.org), and be it further

RESOLVED, That these best practices include asking the gender identity of all patients as a distinct entity from their sex assigned at birth in accordance with the most recent Health Resources and Services Administration (HRSA) policy, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) approach electronic health record vendors about including a designated space in their demographic sections to specifically ask patients' gender identity as distinct from their sex assigned at birth in the medical record.