



AAFP

# 2017 Consent Calendar for the Reference Committee on Health of the Public & Science

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National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Health of the Public and Science has considered each of the**  
2 **items referred to it and submits the following report. The committee’s recommendations on**  
3 **each item will be submitted as a consent calendar and voted on in one vote (page numbers**  
4 **indicate page in reference committee report). An item or items may be extracted for debate.**  
5

6 **RECOMMENDATION: The Reference Committee on Health of the Public and Science**  
7 **recommends the following consent calendar for adoption:**  
8

9 **Item 1:** Adopt Substitute Resolution No. 3001: “Decriminalization of Possession and Personal Use  
10 of Marijuana by Minors” in lieu of Resolution No. 3001 (pp. 1-2).  
11

12 **Item 2:** Adopt Resolution No. 3002: “Creation of Sexual and Gender Health Toolkit” (p. 2).  
13

14 **Item 3:** Adopt Resolution No. 3003: “Solitary Confinement in Youth” (p. 2).  
15

16 **Item 4:** Adopt Substitute Resolution No. 3004: “Lactation Support for Physician Moms” in lieu of  
17 Resolution No. 3004 (p. 3).  
18

19 **Item 5:** Adopt Substitute Resolution No. 3005: “Call for a Physical Activity Vital Sign in Clinical  
20 Practice” in lieu of Resolution No. 3005 (pp. 3-4).  
21

22 **Item 6:** Adopt Resolution No. 3006: “Support for Clean Air and Clean Water Protections” (pp. 4-5).  
23

24 **Item 7:** Adopt Substitute Resolution No. 3007: “A Social Justice Framework for Health Policy” in  
25 lieu of Resolution No. 3007 (pp. 5-6).  
26

27 **Item 8:** Adopt Resolution No. 3008: “Body Size Recognition by the AAFP as a Social Determinant  
28 of Health” (p. 6).  
29

30 **Item 9:** Adopt Substitute Resolution No. 3009: “Enhancing Nutrition Education for Family Medicine  
31 Physicians” in lieu of Resolution No. 3009 (pp. 6-7).  
32

33 **Item 10:** Adopt Substitute Resolution No. 3010: “American Academy of Family Physician Center  
34 for Diversity and Health Equity Report to Support the International Convention on the Elimination of  
35 All Forms of Racial Discrimination (ICERD)” in lieu of Resolution No. 3010 (pp. 7-8).  
36

37 **Item 11:** Adopt Substitute Resolution No. 3011: “Supporting Immigrant Physicians and Medical  
38 Students” in lieu of Resolution No. 3011 (p. 8).  
39

40 **Item 12:** Adopt Resolution No. 3012: ““Health in All Policies” to Achieve Health Equity” (pp. 8-9).  
41

42 **Item 13:** Not Adopt Resolution No. 3013: “Recommend HIV Antiretroviral Therapy for Incarcerated  
43 Patients” (p. 9).

44  
45 **Item 14:** Adopt Resolution No. 3014: “Supporting Family Physicians in Social Determinants of  
46 Health Screening, Data Collection and Payment” (p. 10).



# 2017 Report of the Reference Committee on Health of the Public & Science

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 The Reference Committee on Health of the Public & Science has considered each of the  
2 items referred to it and submits the following report. The committee's recommendations on  
3 each item will be submitted as a consent calendar and voted on in one vote. Any item or  
4 items may be extracted for debate.

5  
6 **ITEM NO. 1: RESOLUTION NO. 3001: DECRIMINALIZATION OF POSSESSION AND**  
7 **PERSONAL USE OF MARIJUANA BY MINORS**

8  
9 RESOLVED, That the American Academy of Family Physicians update its current position  
10 on decriminalization of possession and personal use of marijuana to include minors and  
11 young adults, and be it further

12  
13 RESOLVED, That the American Academy of Family Physicians update its current policy to  
14 include intervention and treatment of use in lieu of incarceration of minors and young  
15 adults.

16  
17 The reference committee heard testimony supporting the resolution on decriminalization of  
18 possession and personal use of marijuana by minors, except for two oppositions – really more in  
19 concern for unintended consequences. Family physicians expressed concern with early  
20 incarceration of juveniles who then can have felony convictions that follow them their entire lives,  
21 as well as adverse childhood experiences that can shape their future lives for the worse.  
22 Decriminalization reduces the probability of unnecessary and harmful initial contact with the  
23 criminal justice system, reducing risk of slipping into a cycle of criminality and incarceration. Two  
24 individuals expressed concern of unintended consequences such as the possible exploitation of  
25 minors as mules.

26  
27 The reference committee discussed the testimony and agreed with the first resolved clause, as  
28 written; however, the second resolved clause needed revision. The reference committee included  
29 changes to the second resolved clause because each individual state is responsible for deciding  
30 policy on incarceration details and recommendations about legal decisions are outside the purview  
31 of the AAFP. Therefore the reference committee recommended highlighting the benefits of  
32 intervention in lieu of incarceration.

33  
34 **RECOMMENDATION: The reference committee recommends that substitute Resolution No.**  
35 **3001 be adopted in lieu of Resolution No. 3001 which reads as follows:**

36  
37 **RESOLVED, That the American Academy of Family Physicians update its current**  
38 **position on decriminalization of possession and personal use of marijuana to include**  
39 **minors and young adults, and be it further**

1 **RESOLVED, That the American Academy of Family Physicians update its current**  
2 **policy to highlight the benefits of intervention and treatment of use in lieu of**  
3 **incarceration of minors and young adults.**  
4

5 **ITEM NO. 2: RESOLUTION No. 3002: CREATION OF SEXUAL AND GENDER HEALTH**  
6 **TOOLKIT**  
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a free and  
9 easily accessible gender and sexual health Tool Kit on the AAFP website, which includes  
10 education and resources to assist with assessing and addressing the medical needs of our  
11 patients with diverse gender identities and sexual expressions.  
12

13 The reference committee heard favorable testimony in support of the resolution. The current  
14 American Academy of Family Physicians policy supporting education on the care and support of  
15 transgender and gender-nonconforming youth and adults was mentioned. The importance of  
16 access to primary healthcare and hormone therapy is essential for transgender and gender-  
17 nonconforming patients. It was recommended that AAFP collect all resources related to data,  
18 knowledge, competencies and skills and place them in one location on the website, where it is  
19 easily accessible.  
20

21 The reference committee agreed with the intent of the resolution and recognized the importance of  
22 development of a toolkit that would be accessible to family physicians and other healthcare  
23 providers. A toolkit will help reduce barriers and management and care of transgender and gender-  
24 nonconforming patients.  
25

26 **RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be**  
27 **adopted.**  
28

29 **ITEM NO. 3: RESOLUTION NO. 3003: SOLITARY CONFINEMENT IN YOUTH**  
30

31 RESOLVED, That the American Academy of Family Physicians write a policy in support of  
32 ending solitary confinement for children in all juvenile and adult facilities.  
33

34 The reference committee heard testimony supporting the resolution on solitary confinement in  
35 youth. Each year, thousands of children in juvenile and adult facilities are placed into solitary  
36 confinement, which can cause social anxiety, suicide, trauma, depression, and increased risk of  
37 self-harm. Research shows that more than half of youth who commit suicide inside facilities do so  
38 in solitary confinement. Minorities are disproportionately targeted for solitary confinement. There  
39 were concerns that this resolution would not protect children who are vulnerable in the general  
40 population of a juvenile or adult facility. Solitary confinement is sometimes used as a protection.  
41 Providers familiar with the criminal justice system assured the reference committee that there are  
42 many other ways to protect incarcerated minors.  
43

44 The reference committee agreed with the intent of the resolution and discussed the impact that  
45 solitary confinement could have on juveniles and determined that the harms outweighed the  
46 benefits. Solitary confinement should not be used as a means to protect children.  
47

48 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**  
49 **adopted.**  
50  
51  
52

1 **ITEM NO. 4: RESOLUTION NO. 3004: LACTATION SUPPORT FOR PHYSICIAN MOMS**

2  
3 RESOLVED, That the American Academy of Family Physicians create and maintain a  
4 resource for physicians and practice administrators to share best practices for workplace  
5 accommodations for breastfeeding physicians, and be it further  
6

7 RESOLVED, That the American Academy of Family Physicians create a statement of  
8 support for paid break times for physicians to breastfeed or express breast milk.  
9

10 The reference committee heard a large amount of favorable testimony supporting the resolution on  
11 lactation support for physician moms. The American Academy of Family Physicians (AAFP)  
12 supports that all babies, with rare exceptions, should be breastfed and/or receive expressed  
13 human milk exclusively in the first six months, which should continue with complementary foods as  
14 long as mutually desired. AAFP has also recently adopted a policy statement that family medicine  
15 training programs should promote and support institutional policies to provide appropriate  
16 accommodations to allow trainees to securely breastfeed and/or express breast milk as needed  
17 during designated duty hours. The AAFP also currently has a breastfeeding position paper and  
18 toolkit targeting all nursing mothers.  
19

20 Physician and medical administrator mothers who are nursing are often exempt professionals  
21 without protected time to express milk or breastfeed. An unintended consequence for not having  
22 appropriate accommodations is that the physician mothers are forced to end their nursing practices  
23 earlier than the recommended time, and then some go on and don't recommend it to their patients  
24 as strongly as those who had favorable breastfeeding experiences.  
25

26 The reference committee agreed with the intent of the resolution and discussed the existing AAFP  
27 breastfeeding toolkit and recommended updating it to accommodate breastfeeding physicians.  
28 They also discussed compensation and protected time for exempt professionals and determined  
29 that breastfeeding physicians should be compensated and their time should be protected to allow  
30 for breastfeeding, expressing milk and storing milk in environments where their time is tracked and  
31 measured in terms of percentage spent as clinical time. The goal being that they would not have to  
32 "make this time up" later in their day.  
33

34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
35 **3004, be adopted in lieu of Resolution No. 3004 which reads as follows:**  
36

37 **RESOLVED, That the American Academy of Family Physicians update its**  
38 **breastfeeding toolkit to share best practices for work place accommodations for**  
39 **breastfeeding physicians, and be it further**  
40

41 **RESOLVED, That the American Academy of Family Physicians create a statement of**  
42 **support for compensated, and protected break times for physicians to breastfeed,**  
43 **express, and store breast milk.**  
44

45 **ITEM NO. 5: RESOLUTION NO. 3005: CALL FOR A PHYSICAL ACTIVITY VITAL SIGN IN**  
46 **CLINICAL PRACTICE**  
47

48 RESOLVED, That the American Academy of Family Physicians encourage family  
49 physicians to recommend that adults aged 18–64 do at least 150 minutes of moderate-  
50 intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-  
51 intensity aerobic physical activity throughout the week or an equivalent combination of  
52 moderate- and vigorous-intensity activity, and be it further

1  
2 RESOLVED, That the American Academy of Family Physicians develop policy to  
3 encourage family physicians to make a routine, standardized and widespread practice of  
4 measuring patients' habitual physical activity, and consider physical activity a "vital sign," to  
5 be assessed at clinical visits as appropriate and to engage patients in conversation and  
6 preventative counseling to ensure they are aware of and understand the proven connection  
7 between regular physical activity and optimal health.  
8

9 The reference committee heard testimony supporting the resolution on the call for physical activity  
10 vital sign in clinical practice. Vital signs are objective measures that inform clinicians about the  
11 likelihood of future disease and the presence and severity of acute and chronic illness. The intent  
12 of the resolution is recommending that asking a patient about exercise habits may have at least as  
13 much impact as asking questions about smoking or diet. AAFP policy endorses promotion of  
14 fitness as an integral component of preventive care, risk reduction and disease management and  
15 family physicians are uniquely positioned to promote fitness among their patients and encouraged  
16 to open a dialogue with their patients about fitness during patient visits. Supporters of the  
17 resolution stated that a physical activity vital sign is successfully being used in several large  
18 healthcare systems, including Kaiser Permanente, Intermountain Healthcare (Utah), and the  
19 Greenville Health System (South Carolina). However, opposition testimony objected to the use of  
20 the term "vital signs" for subjective assessments, as well as very prescriptive recommendations,  
21 and somewhat paternalistic language.  
22

23 The reference committee indicated that there is no evidence that measurements alone improve  
24 outcomes and there's currently a resolution by the residents and students of similar intent that has  
25 been forwarded to the Commission on Health of the Public and Science (CHPS). CHPS is currently  
26 developing a policy to address this topic.  
27

28 The reference committee discussed the importance of encouraging physical activity but did not  
29 agree with adopting it as a vital sign, so a substitute resolution was proposed.  
30

31 **RECOMMENDATION: The reference committee recommends that substitute Resolution No.**  
32 **3005 be adopted in lieu of Resolution No. 3005 which reads as follows:**  
33

34 **RESOLVED, That the American Academy of Family Physicians encourage family**  
35 **physicians to make a routine, standardized and widespread practice of measuring**  
36 **patients' habitual physical activity.**  
37

38 **ITEM NO. 6: RESOLUTION NO. 3006: SUPPORT FOR CLEAN AIR AND CLEAN WATER**  
39 **PROTECTIONS**  
40

41 RESOLVED, That the American Academy of Family Physicians condemn any actions taken  
42 by local, state, or national governments that weaken existing stream and air protections,  
43 and be it further  
44

45 RESOLVED, That the American Academy of Family Physicians Congress of Delegates  
46 strengthen and expand existing policy statements to more strongly support clean air and  
47 clean water protections, and be it further  
48

49 RESOLVED, That the American Academy of Family Physicians oppose any actions to  
50 reduce access to environmental health research data.  
51

1 The reference committee heard testimony from two individuals in support of the resolution for clean  
2 air and clean water protections. Air and water pollution is a significant public health threat affecting  
3 many communities in the United States. The Clean Air Act and Clean Water Act were created to  
4 prevent and correct air and stream pollution. Family Physicians are often the first to notice water  
5 supply issues within their community and the effects it has on their patient population.

6  
7 The reference committee discussed the testimony and agreed with the intent of the resolution. It  
8 was recommended that AAFP expand their existing policy and support clean water and air.

9  
10 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**  
11 **adopted.**

12  
13 **ITEM NO. 7: RESOLUTION NO. 3007: A SOCIAL JUSTICE FRAMEWORK FOR HEALTH**  
14 **POLICY**

15  
16 RESOLVED, That the American Academy of Family Physicians adopt the following General  
17 Statement on Health Policy which highlights seven core social justice values that represent our  
18 profession:

- 19 1) Health care is a human right.
- 20 2) We believe in evidence-based medicine and public health policy.
- 21 3) Mental health services are a fundamental part of health care.
- 22 4) Women's health must be protected.
- 23 5) People deserve health care regardless of immigration status.
- 24 6) The neglect and mistreatment of marginalized communities affects health and must be  
25 opposed.
- 26 7) All people, regardless of their gender identity or sexual orientation, must be treated with  
27 dignity and respect, and be it further

28  
29 RESOLVED, That the American Academy of Family Physicians publish the General Statement  
30 on Health Policy statement on its website, make it available to media outlets, and promote it in  
31 their print publications, and be it further

32  
33 RESOLVED, That the American Academy of Family Physicians (AAFP) use the General  
34 Statement on Health Policy statement as a guide when deciding whether and which health  
35 policies are consistent with the mission of the AAFP.

36  
37 The reference committee heard spirited testimony on the resolution for a social justice framework  
38 for health policy. America is undergoing a changing political environment in which it is important to  
39 protect the rights of certain vulnerable groups and all people should have access to essential,  
40 effective health care including primary and preventive care. It was mentioned that the principles of  
41 science, understanding that medical research must be non-partisan, unbiased, and based on the  
42 scientific method and public health policy must be evidence-based and free from political  
43 motivation. Several testimonies suggested that principles of social justice be included in future  
44 policies.

45  
46 The reference committee discussed the intent of the resolution and agreed with the importance of  
47 it, however, they felt that some of the language in the resolved clauses were redundant and could  
48 be captured in one resolved clause. The reference committee modified the language on the first  
49 resolved clause to allow the Commission of the Health of the Public and Science some leeway to  
50 do their work.

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
2 **3007 is adopted in lieu of Resolution No. 3007, which reads as follows:**

3  
4 **RESOLVED, That the American Academy of Family Physicians develop a General**  
5 **Statement on Health Policy which incorporates the following seven core social justice**  
6 **values that represent our profession with the intent it be used as a guide when deciding**  
7 **whether and which health policies are consistent with AAFP:**

- 8 1) **Health care is a human right.**
- 9 2) **We believe in evidence-based medicine and public health policy.**
- 10 3) **Behavioral health services are a fundamental part of health care.**
- 11 4) **Women’s health must be protected.**
- 12 5) **People deserve health care regardless of immigration status.**
- 13 6) **The neglect and mistreatment of marginalized communities affects health and**  
14 **must be opposed.**
- 15 7) **All people, regardless of their gender identity or sexual orientation, must be**  
16 **treated with dignity and respect.**

17  
18 **ITEM NO. 8: RESOLUTION NO. 3008: BODY SIZE RECOGNITION BY THE AAFP AS A**  
19 **SOCIAL DETERMINANT OF HEALTH**

20  
21 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
22 Health Equity include body size and sizeism as social determinants of health.

23  
24 The reference committee heard testimony in support of the resolution on the topic of body size  
25 recognition as a social determinant of health. The AAFP recently announced the creation of the  
26 Center for Diversity and Health Equity in order to address social determinants of health. Body Mass  
27 Index (BMI), while frequently measured in health care as a screening tool for cardio-metabolic risk,  
28 is a poor predictor of individual cardio-metabolic health. Size discrimination and stigma in health  
29 care occur toward people of all body sizes, but especially towards people of large body size, and  
30 research shows size discrimination and stigma in health care affects health outcomes.

31  
32 The reference committee agreed with the intent of the resolution.

33  
34 **RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be**  
35 **adopted.**

36  
37 **ITEM NO. 9: RESOLUTION NO. 3009: ENHANCING NUTRITION EDUCATION FOR FAMILY**  
38 **MEDICINE PHYSICIANS**

39  
40 RESOLVED, That the American Academy of Family Physicians expand its toolkit on  
41 Nutrition to include current evidence-based strategies to train family medicine physicians to  
42 provide standardized multidisciplinary patient centered nutrition education, and be it further

43  
44 RESOLVED, That the American Academy of Family Physicians review and revise its toolkit  
45 on nutrition every three years.

46  
47 The reference committee heard testimony from four individuals in favor of this resolution. Family  
48 physicians recognize the lack of nutrition education is an issue within the healthcare system,  
49 particularly for small independent practices. It was mentioned in testimony that some patients lack  
50 access to nutrition and wellness education and this may impact health outcomes.



1 The reference committee agreed with the intent of the resolution, but recognized that family  
2 physicians would benefit from additional education strategies to counsel their patient on nutrition. It  
3 was recommended that AAFP expand its current toolkit on nutrition.

4  
5 Staff informed the reference committee that all AAFP policies are reviewed every 5 years unless  
6 there is data to support an earlier review. The reference committee agreed to remove the second  
7 resolved clause because it did not support current AAFP policy.

8  
9 **RECOMMENDATION: The reference committee recommends that substitute Resolution No.**  
10 **3009 be adopted in lieu of Resolution No. 3009 which reads as follows:**

11  
12 **RESOLVED, That the American Academy of Family Physicians expand its toolkit on**  
13 **Nutrition to include current evidence-based strategies to educate family medicine**  
14 **physicians to provide standardized multidisciplinary patient-centered nutrition**  
15 **education.**

16  
17 **ITEM NO. 10: RESOLUTION NO. 3010: AMERICAN ACADEMY OF FAMILY PHYSICIAN**  
18 **CENTER FOR DIVERSITY AND HEALTH EQUITY REPORT TO SUPPORT THE**  
19 **INTERNATIONAL CONVENTION ON THE ELIMINATION OF ALL FORMS OF RACIAL**  
20 **DISCRIMINATION (ICERD)**

21  
22 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
23 Health Equity commission a report, in partnership with The Robert Graham Center or  
24 similar entities to determine the differential access to healthcare using the social  
25 determinants of health, and be it further

26  
27 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
28 Health Equity submit a parallel report to the US Report to the International Convention of  
29 the Elimination of All Forms of Racial Discrimination (ICERD) to address concerns and  
30 recommendations set forth by the 2014 ICERD report.

31  
32 The reference committee heard favorable testimony on this resolution for the Center for Diversity  
33 and Health Equity to support the international convention on the elimination of all forms of racial  
34 discrimination. Testimony was given on racial discrimination and identity barriers that have impact  
35 on the care of patients. The vision of the AAFP is to transform healthcare to achieve optimal health  
36 for everyone and they believe policymaking should be population-based and evidence-based, and  
37 should support current and future research on social determinants of health.

38  
39 The reference committee suggested that the Center for Diversity and Health Equity work with the  
40 Robert Graham Center to support the resolved clauses and AAFP indicated that there is funding to  
41 do so. The reference committee added more clarity to the first resolved clause.

42  
43 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
44 **3010 be adopted in lieu of Resolution No. 3010, which reads as follows:**

45  
46 **RESOLVED, That the American Academy of Family Physicians Center for Diversity**  
47 **and Health Equity commission a report, in partnership with The Robert Graham**  
48 **Center or similar entities to study the differential access to healthcare using social**  
49 **determinants of health data, and be it further**

50  
51 **RESOLVED, That the American Academy of Family Physicians Center for Diversity**  
52 **and Health Equity submit a parallel report to the US Report to the International**

1 **Convention of the Elimination of All Forms of Racial Discrimination (ICERD) to**  
2 **address concerns and recommendations set forth by the 2014 ICERD report.**  
3

4 **ITEM NO. 11: RESOLUTION NO. 3011: SUPPORTING IMMIGRANT PHYSICIANS AND**  
5 **MEDICAL STUDENTS**  
6

7 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose deportation  
8 of medical students, residents, fellows, and practicing physicians, and be it further  
9

10 RESOLVED, That the American Academy of Family Physicians work to protect the civil  
11 rights of medical students, residents, fellows, practicing physicians whose immigration  
12 status might be adversely affected by government action, so that they can continue to  
13 provide care in their communities.  
14

15 The reference committee heard testimony in favor of the resolution, and it was mentioned that the  
16 AAFP has existing policy regarding immigration policy. The resolution asked that the AAFP support  
17 immigrant family physicians, residents, and students that may have fear of deportation. The current  
18 Trump Administration deportation policies are out of line with AAFP current policies.  
19

20 The reference committee indicated that there are circumstances when there may be valid reasons  
21 for deportation and the AAFP should not oppose general deportation, because all deportation is  
22 not without cause. It was stated that visa changes may have undue impact on the immigration  
23 process, but there is trust in the court system. Also, it is difficult to see how the AAFP would play a  
24 role in protecting civil rights.  
25

26 The reference committee agreed to recommend adoption with substitution, and modified the  
27 resolved clauses to include information about due process and support physicians with immigration  
28 status.  
29

30 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
31 **3011 be adopted in lieu of Resolution No. 3011, which reads as follow:**  
32

33 **RESOLVED, That the American Academy of Family Physicians (AAFP) oppose**  
34 **deportation without due process of medical students, residents, fellows, and**  
35 **practicing physicians, and be it further**  
36

37 **RESOLVED, That the American Academy of Family Physicians support medical**  
38 **students, residents, fellows, practicing physicians whose immigration status might**  
39 **be adversely affected by government action, so that they can continue to provide**  
40 **care in their communities.**  
41

42 **ITEM NO. 12: RESOLUTION NO. 3012: "HEALTH IN ALL POLICIES" TO ACHIEVE HEALTH**  
43 **EQUITY**  
44

45 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
46 Health Equity specifically utilize the terminology "Health in All Policies" in articulating their  
47 goals, and be it further  
48

49 RESOLVED, That the American Academy of Family Physicians advocate for legislation that  
50 mandates a Health in All Policies Framework at federal, state, and local government levels,  
51 and be it further  
52

1 RESOLVED, That the American Academy of Family Physicians (AAFP) write a policy  
2 statement articulating the AAFP's commitment to Health in All Policies.  
3

4 The reference committee heard testimony supporting the resolution. The testimony was all in favor  
5 of this resolution, because this terminology is not currently applied within AAFP policies. The  
6 AAFP's Center for Diversity and Health Equity will adopt goals to advocate for policies at the  
7 national, state, and local levels to address social determinants of health.  
8

9 The reference committee discussed the resolution and determined that the Commission on Health  
10 of the Public and Science (CHPS) is addressing this terminology, and they are moving forward with  
11 plans to incorporate health as a filter to all policies. The AAFP's Center for Diversity and Health  
12 Equity will add this as one of their objectives.  
13

14 **RECOMMENDATION: The reference committee recommends that Resolution No. 3012 be**  
15 **adopted.**  
16

17 **ITEM NO. 13: RESOLUTION NO. 3013: RECOMMEND HIV ANTIRETROVIRAL THERAPY FOR**  
18 **INCARCERATED PATIENTS**  
19

20 RESOLVED, That the American Academy of Family Physicians recommends that all  
21 federal and state correctional institutions follow Health & Human Services guidelines for the  
22 treatment of all patients infected with Human Immunodeficiency Virus, and be it further (not  
23 adopt)  
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to  
26 state and federal correctional regulatory bodies strongly urging that all correctional facilities  
27 follow Health & Human Services guidelines for the treatment of all patients infected with  
28 Human Immunodeficiency Virus.  
29

30 The reference committee heard testimony from several members in support of the resolution on  
31 HIV Antiretroviral Therapy for Incarcerated Patients, and not having policies applied evenly among  
32 correctional institutions at the state and federal level. During testimony it was stated that treatment  
33 and prevention can help the general population and reduce the spread of infection. It was noted  
34 that the treatment of HIV in jail/prison facilities disproportionately affects minorities.  
35

36 While the reference committee agrees with the spirit of the resolution and its goals of treating and  
37 preventing HIV disease within the prison system, the reality is much more complicated. Prisons at  
38 the state and federal level are managed in a patchwork of regulatory bodies as private prisons and  
39 government controlled ones. There is often limited funding within all facilities for expensive  
40 medications, HIV testing, and a lack of providers comfortable with prescribing these medications  
41 and watching for side effects. There is often little access to specialists or funding to transport these  
42 patients to those specialists. In addition, it is unclear if the resolution refers to initiation or  
43 continuation of treatment, or both. It was also noted that AAFP cannot direct the state and federal  
44 government to change policies. Also, the second resolved clause is not clear if it is directing the  
45 AAFP to write letters to all 50 states, etc. The reference committee is recommending the resolution  
46 not be adopted though the reference committee hopes the authors can bring it back next year with  
47 more specificity.  
48

49 **RECOMMENDATION: The reference committee recommends that Resolution No. 3013 not**  
50 **be adopted.**  
51

1 **ITEM NO. 14: RESOLUTION NO. 3014: SUPPORTING FAMILY PHYSICIANS IN SOCIAL**  
2 **DETERMINANTS OF HEALTH SCREENING, DATA COLLECTION AND PAYMENT**

3  
4 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with  
5 other organizations in the development of a validated tool(s) for social determinants of  
6 health screening, and be it further  
7

8 RESOLVED, That the American Academy of Family Physicians Center for Diversity and  
9 Health Equity develop a criteria to evaluate measures of social determinants of health, and  
10 be it further  
11

12 RESOLVED, That the American Academy of Family Physicians advocate for the  
13 development of curricular content for resident and student education on social determinants  
14 of health, and be it further  
15

16 RESOLVED, That the American Academy of Family Physicians promote to its members  
17 best practices for coding related to social determinants of health, including for the purpose  
18 of collecting population data, and be it further  
19

20 RESOLVED, That the American Academy of Family Physicians advocate for payment for  
21 care coordination and data collection related to social determinants of health.  
22

23 The reference committee heard a large amount of testimony, all in favor of this resolution. In the  
24 testimony it was mentioned that the goals and objectives of the Center for Diversity and Health  
25 Equity will flush out the needs of the members to address social determinants of health by  
26 including resources that will benefit family physicians, residents, and students.  
27

28 The reference committee discussed that the resolution was part of the Commission on Health of  
29 the Public and Science.  
30

31 **RECOMMENDATION: The reference committee recommends that Resolution No. 3014 be**  
32 **adopted.**  
33

34 **I wish to thank those who appeared before the reference committee to give testimony and**  
35 **the reference committee members for their invaluable assistance. I also wish to commend**  
36 **the AAFP staff for their help in the preparation of this report.**  
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38 Respectfully Submitted,  
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44 Megan Guffey, MD, MPH – CHAIR

45 Jennifer Hernandez, MD – IMG  
46 Haroon Samar, MD, MPH – Minority  
47 Laurel Dallmeyer, MD. FAAFP – Women  
48 Christopher Baumert, MD – New Physicians  
49 Joanna Bisgrove, MD, FAAFP – LGBT  
50 Lael Greenstein, MD (Observer)