



Resident 1 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 27 -29, 2017 – Kansas City, MO

1. Resolution No. R1-401 Supporting the Reduction of Adverse Childhood Experiences
2. Resolution No. R1-402 Advocacy Against All-Terrain Vehicle Use in Children Under 16
3. Resolution No. R1-403 Establishing a Nationwide Fast Food Chain Tax to Combat Obesity and Comorbidities
4. Resolution No. R1-404 Screening, Intervening, and Advocating to Address Food Insecurity
5. Resolution No. R1-405 Family Physicians as Public Health Advocates and Collaborators
6. Resolution No. R1-406 AAFP Stance on Health Care as a Human Right
7. Resolution No. R1-407 Addressing Loopholes in Background Checks Prior to Gun Sales
8. Resolution No. R1-408 Supporting the Safety of Personal Care Products
9. Resolution No. R1-409 Establishing a Nationwide Sugar-Sweetened Beverage Tax to Combat Obesity and Comorbidities

1 **Resolution NO. R1-401**

2
3 **Supporting the Reduction of Adverse Childhood Experiences**

4
5 Introduced by: Taneev Escamilla, Seattle, Washington
6 Lauren Williams, Minneapolis, Minnesota
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) position paper on violence
9 states that “The Adverse Childhood Experiences (ACE) study has been instrumental in
10 establishing the relationship between childhood exposures to violence and abuse and risk for
11 poor health-related outcomes in adulthood,” and

12
13 WHEREAS, the AAFP position paper on violence states that “The ACE study provides a
14 conceptual framework describing how childhood adversity results in social, emotional, and
15 cognitive impairment that predisposes the exposed to developing health risk behaviors
16 associated with disease, disability, and social problems that ultimately result in early death,” and
17

18 WHEREAS, the AAFP position paper on violence states that “Family physicians should watch
19 for new research and future developments in violence prevention; in particular, they should look
20 for findings that can be implemented in the primary care setting,” and
21

22 WHEREAS, the AAFP position paper of violence states that “Since violence and traumatic
23 stress affect our patients and present to us as family physicians in many different ways, it is vital
24 that we understand them in the context of our patients’ lives,” and
25

26 WHEREAS, the Centers for Disease Control and Prevention-Kaiser Permanente ACE study
27 continues to conduct one of the largest investigations of childhood abuse and neglect and later-
28 life health and well-being, and
29

30 WHEREAS, many states, including the state of Washington, passed legislation that supports the
31 creation of community and private efforts in reducing ACEs (H.R. 1965), and
32

33 WHEREAS, Washington state’s bill (H.R. 1965) led to the formation of public agencies, private
34 foundations, and community organizations and the formation of ACEs Public-Private Initiative
35 (APPI) to reduce ACEs statewide, now, therefore, be it
36

37 **RESOLVED**, That the American Academy of Family Physicians support legislation that will fund
38 community efforts and interventions aimed at preventing and reducing Adverse Childhood
39 Experiences.

1 **Resolution NO. R1-402**

2
3 **Advocacy Against All-Terrain Vehicle Use in Children Under 16**

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5 Introduced by: Heather Walls, MD, Kingsport, Tennessee
6 Kelly Kahle, MD, Kingsport, Tennessee
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8 WHEREAS, The American Academy of Pediatrics has recommended that children under the
9 age of 16 are not developmentally capable of safely operating all-terrain vehicles, and

10
11 WHEREAS, the American Academy of Pediatrics has recommended that no child under the age
12 of 16 should drive or ride an all-terrain vehicle, and

13
14 WHEREAS, the consumer product safety commission reports that from 1982 through 2015,
15 children under the age of 16 represent 22% (3,163 out of 14,129 fatalities) of All-terrain vehicle
16 related fatalities, and

17
18 WHEREAS, of the all-terrain vehicle fatalities in children under 16 reported by the Consumer
19 Products Safety commission 44% were younger than the age of 12, and

20
21 WHEREAS, in the most recent data that is considered complete (2012), children under the age
22 of 16 represent 12% (68 of 573 fatalities) of all-terrain vehicle related fatalities, and

23
24 WHEREAS, in 2013 children under the age of 16 represent an estimated 25% of all serious
25 injuries related to all-terrain vehicle use, and

26
27 WHEREAS, educational outreach to communities regarding all-terrain vehicles has been shown
28 to be more effective than legislative policy regarding helmet safety alone, now, therefore be it

29
30 RESOLVED, That the American Academy of Family Physicians recommend against the use of
31 all-terrain vehicles by children under the age of 16, and be it further

32
33 RESOLVED, That the American Academy of Family Physicians advocate for legislative and
34 regulatory action against operation of all-terrain vehicles by children under the age of 16, and be
35 it further

36
37 RESOLVED, That the American Academy of Family Physicians promote community and public
38 health education and awareness regarding dangers of all-terrain vehicle use in children under
39 the age of 16, and be it further

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41 RESOLVED, That the American Academy of Family Physicians develop guidelines regarding
42 counseling pediatric patients and their families on all-terrain vehicle safety.

1 **Resolution NO. R1-403**

2

3 **Establishing a Nationwide Fast Food Chain Tax to Combat Obesity and Comorbidities**

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5 Introduced by: Nelly Song, MD, San Jose, California

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7 WHEREAS, Fast foods contribute to obesity and multiple comorbidities including hypertension,
8 high cholesterol, and Ddabetes, and

9

10 WHEREAS, most of the time fast food is unhealthy, and

11

12 WHEREAS, 25% of Americans consume fast food everyday, and

13

14 WHEREAS, obesity leads to lost productivity and an overburdened health care system, and

15

16 WHEREAS, medical costs related to obesity in the U.S. alone were estimated to be \$147 billion
17 a year in 2009, now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians release a statement endorsing
20 a nationwide fast food chain tax as a measure that would improve the the health of all
21 Americans.

1 **Resolution NO. R1-404**

2
3 **Screening, Intervening, and Advocating to Address Food Insecurity**

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5 Introduced by: Jonathan Jimenez, MD, Durham, North Carolina
6 Alexa Mieses, MD, MPH, Durham, North Carolina
7 Jessica Lapinski, MD, Durham, NC
8 Mansi Shah, MD, Durham, NC
9

10 WHEREAS, Food insecurity is a social determinant of health, and

11
12 WHEREAS, food insecurity in adulthood is associated with diabetes, heart disease,
13 hypertension, pregnancy complications, poor overall health status, poor sleep outcomes,
14 functional limitations, depression and mental health problems, and obesity (primarily in women),
15 and

16
17 WHEREAS, food insecurity in childhood is associated with poor overall health status, low birth
18 weight, some birth defects, iron deficiency anemia, asthma, poor oral health, developmental
19 risk, mental health and behavioral problems, and poor educational outcomes, and

20
21 WHEREAS, patients experiencing food insecurity, even at low levels, may engage in health-
22 compromising coping strategies to stretch limited budgets, such as cost-related medication non-
23 adherence, postponing preventive or needed medical care, forgoing the foods, and

24
25 WHEREAS, health-compromising coping strategies used by patients struggling with food
26 insecurity as well as food insecurity itself can exacerbate disease, compromise health, increase
27 physician encounters, increase emergency department visits, and increase hospitalizations, and

28
29 WHEREAS, food insecurity is associated with some of the most costly and serious health
30 problems in the United States (U.S.) the direct and indirect health-related costs of hunger and
31 food insecurity in the U.S. are estimated to be \$160 billion annually, and

32
33 WHEREAS, patients experiencing food insecurity may be difficult to identify, and

34
35 WHEREAS, the federal nutrition programs, including the Supplemental Nutrition Assistance
36 Program; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
37 school breakfast and lunch programs; summer and afterschool meals, are key health
38 interventions and support those experiencing food insecurity or at-risk for food insecurity, now,
39 therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians support efforts to universally
42 screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and
43 connect patients to federal nutrition programs and resources, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians create a policy to support a
46 strong and effective national nutrition safety net for vulnerable, low-income individuals by
47 protecting and defending the federal nutrition programs from block grants, structural changes,
48 and budget cuts, and by ensuring all people in the United States have access to the nutrition
49 they need to live healthy and productive lives, and be it further

50 RESOLVED, That the American Academy of Family Physicians educate its members on the
51 health implications of food insecurity, health benefits of the federal nutrition programs, promising
52 interventions to address food insecurity in health care settings, and advocacy opportunities to
53 address food insecurity at the local, state, and national level.

1 **Resolution NO. R1-405**

2

3 **Family Physicians as Public Health Advocates and Collaborators**

4

5 Introduced by: Raman Nohria, MD, Lawrence, Massachusetts
6 Courtney Pilkerton, MD, Morgantown, West Virginia

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8 WHEREAS, Only 10% of patient care is contributed by the health care sector while close to
9 60% of a person's health can be attributed to individual decision and social determinants of
10 health, and

11

12 WHEREAS, the American Academy of Family Physicians (AAFP) currently has a position paper
13 advocating for integration of public health and family medicine, but lacks specific guidance on
14 how to approach this integration, and

15

16 WHEREAS, the AAFP has previously collaborated with other organizations to create an
17 advocacy playbook, but not necessarily devised a specific training program, and

18

19 WHEREAS, the advocacy playbook has been difficult to use, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians explore and collaborate with
22 appropriate entities to help family physicians function as community advocates for public health
23 or public health officer, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians explore the development of an
26 educational toolkit and curriculum to provide family medicine physicians with the necessary
27 evidenced-based knowledge and tools to function as community advocates for public health or
28 public health offices.

1 **Resolution NO. R1-406**

2

3 **AAFP Stance on Health Care as a Human Right**

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5 Introduced by: Cleveland Piggott, MD, Aurora, Colorado
6 Kyle Leggott, MD, Aurora, Colorado

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8 WHEREAS, The American Academy of Family Physicians (AAFP) strategic objectives include
9 the advancement of health care for all and the American Academy of Family Physicians
10 strategic objectives include the advancement of health care for all, and

11

12 WHEREAS, the current health care financing system has inherent barriers that can make
13 patient care unaffordable, inequitable, and fragmented, and

14

15 WHEREAS, the United States of America ranked last among 11 industrialized countries in cost-
16 related access to care and health equity in a 2013 Commonwealth Fund report, and

17

18 WHEREAS, nearly 30 million Americans are still uninsured after full implementation of the
19 Affordable Care Act (ACA), and

20

21 WHEREAS, many Americans die each year due to lack of health insurance, as the uninsured
22 have an increased risk of death compared to the insured, and

23

24 WHEREAS, currently proposed legislation and repeal efforts in Washington D.C. will likely lead
25 to an additional 22-32 million Americans without health insurance based on the, non-partisan,
26 Congressional Budget Office, now, therefore, be it

27

28 RESOLVED, That the American Academy of Family Physicians recognizes that health care, in
29 the United States of America, is a basic human right for every person and not a privilege.

1 **Resolution NO. R1-407**

2

3 **Addressing Loopholes in Background Checks Prior to Gun Sales**

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5 Introduced by: Valerie Good, MD, Columbus, Ohio

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7 WHEREAS, The American Academy of Family Physicians has a position statement on the
8 Prevention of Gun Violence that supports expanded background check requirements prior to the
9 sale of guns in the United States,

10

11 WHEREAS, gaps exist in state and federal law that allow convicted domestic violence offenders
12 to purchase guns legally in United States from private sellers without background checks, and

13

14 WHEREAS, more than half of women murdered in the United States are killed by intimate
15 partners or family members, and

16

17 WHEREAS, a woman who is a victim of domestic violence is five times more likely to be
18 murdered if the abuser has access to a gun, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians release a statement to address
21 loopholes that allow convicted domestic violence offenders to purchase guns in the United
22 States from private sellers without a background check.

1 **Resolution NO. R1-408**

2
3 **Supporting the Safety of Personal Care Products**

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5 Introduced by: Anna Balabanova, MD, Evanston, Illinois
6 Kristina Dakis, MD, Chicago, Illinois
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8 WHEREAS, Recent research published June 26, 2017 in the *Journal of the American Medical*
9 *Association (JAMA)* reports consumer complaints more than doubled for cosmetic products from
10 2015 to 2016, and

11
12 WHEREAS, the number of overall adverse events increased from 706 in 2015 to 1,591 in 2016,
13 with hair care products seeing the largest increase, and

14
15 WHEREAS, baby products, personal cleanliness products, hair care products and hair coloring
16 products had the highest proportion of self-reports of a serious adverse health outcomes, such
17 as serious injury, death, disability, and

18
19 WHEREAS, the Federal Food, Drug, and Cosmetic Act does not require cosmetic products and
20 ingredients to require the Food and Drug Administration (FDA) approval with the exception of
21 color additives other than those in hair dyes, and

22
23 WHEREAS, drugs and medical devices undergo extensive clinical trials, surveillance and recall
24 protocols, and

25
26 WHEREAS, market research shows the United States beauty industry achieved \$17 billion in
27 sales in 2016 and has gained \$1 billion for three consecutive years, thus holding the potential to
28 dramatically influence public health and contribute to increasing healthcare costs, and

29
30 WHEREAS, the Personal Care Products Safety Act (S. 1014) amends the Federal Food, Drug,
31 and Cosmetic Act to require cosmetics companies to submit to the FDA cosmetic ingredient
32 statements that include the amounts of a cosmetic's ingredients, and

33
34 WHEREAS, S. 1014 requires said companies to pay a fee based on their annual gross sales of
35 cosmetics which can only be used for cosmetic safety activities, and

36
37 WHEREAS, S. 1014 also states if the FDA determines that a cosmetic has a reasonable
38 probability of causing serious adverse health consequences, it may prohibit the cosmetic's
39 distribution, and

40
41 WHEREAS, S. 1014 requires the FDA to review the safety of at least five cosmetic ingredients
42 each year, and it may establish conditions for safe use of an ingredient, and

43
44 WHEREAS, S. 1014 requires cosmetics companies to report to the FDA any serious adverse
45 health event associated with their cosmetics or ingredients contained therein, and

46
47 WHEREAS, the aforementioned *JAMA* study urges a need for "better cosmetic surveillance"
48 and support for the Personal Care Products Safety Act (PCPSA) as well as investment in the
49 National Toxicology Program for more rigorous scientific testing, and

50 WHEREAS S. 1014 does not provide more investment in the National Toxicology Program for
51 more rigorous scientific testing, and

52
53 WHEREAS, due to its aforementioned goals S. 1014 would therefore fall under the American
54 Academy of Family Physicians(AAFP) Strategic Objective of Clinical Expertise by aiming to
55 “accelerate the generation and implementation of new knowledge and research to improve
56 population and community health,” and

57
58 WHEREAS, the AAFP policy states, “The Academy supports legislation to protect the public
59 from dangerous products” and includes “proper testing of new drugs and biological agents for
60 safety and benefit as measured by health outcomes of value to patients,” but does not specify
61 personal care and/or beauty products, now, therefore, be it

62
63 RESOLVED, That the American Academy of Family Physicians create policy in support of
64 proper testing of personal care and beauty products for safety and benefit as measured by
65 health outcomes of value to patients, and be it further

66
67 RESOLVED, That the American Academy of Family Physicians support legislation to protect the
68 public from dangerous personal care and beauty products including making previously approved
69 agents available for research, and be it further

70
71 RESOLVED, That the American Academy of Family Physicians demonstrate this support by
72 writing a letter to the appropriate senators, congresspeople, committees, and bodies,
73 particularly the Senate Committee on Health, Education, Labor, and Pension, encouraging them
74 to support legislation giving the Food and Drug Administration (FDA) more oversight over
75 beauty-product safety, including the Personal Care Products Safety Act and urging more
76 investment to the National Toxicology Program for more rigorous scientific testing.

1 **Resolution NO. R1-409**

2
3 **Establishing a Nationwide Sugar-Sweetened Beverage Tax to Combat Obesity and**
4 **Comorbidities**

5
6 Introduced by: Nelly Song, MD, Palo Alto, California

7
8 WHEREAS, Sugar-sweetened beverages (SSB) contribute to obesity and multiple comorbidities
9 including Diabetes, and

10
11 WHEREAS, soft drinks and sugar-sweetened beverages are the largest contributors of added
12 sugars in Americans' diets, and

13
14 WHEREAS, medical costs related to obesity in the U.S. alone were estimated to be \$147 billion
15 a year in 2009, and

16
17 WHEREAS, first tax on sugar-sweetened beverages in Berkeley, California has shown soft drink
18 sales fall by almost 10% and an increase water consumption, and

19
20 WHEREAS, the American Academy of Family Physicians (AAFP), in the interest of public
21 health, ended its advertising partnership with Coca Cola in 2015, and

22
23 WHEREAS, existing AAFP policy endorses SSB taxes but does not specifically call for a
24 national tax on sugar taxes, now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians release a statement endorsing
27 a nationwide sugar-sweetened beverage tax as a measure that would improve the the health of
28 all Americans.