2019 Agenda for the Reference Committee on Health of the Public and Science

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

Item No.	Resolution Title
1. Resolution No. 3001	Person-first Language in AAFP Materials
2. Resolution No. 3002	Improving Access to Care for Homebound Patients
3. Resolution No. 3003	Front of Label Packaging to Improve Diet Choices among those with Low Health Literacy
4. Resolution No. 3004	Abolish Corporal Punishment in Schools
5. Resolution No. 3005	Family Medicine's Role in Addressing and Preventing Sexual Harassment
6. Resolution No. 3006	Eliminate Race-Based Medicine
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8. Resolution No. 3008	Gender Affirming Medical Care for Youth in Family Medicine
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10. Resolution No. 3010	Addressing "Stealthing" as a Form of Sexual Assault
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12. Resolution No. 3012	Gender-neutral Language in AAFP Publications
13. Resolution No. 3013	Sexual Orientation and Gender Identity Data Collection in Electronic Health Records
14. Resolution No. 3014	AAFP to Oppose Legislation of Physician-Patient Decision Making in Child and Adolescent Gender-Affirming Care
15. Resolution No. 3015	Oppose Racism

Resolution NO. 3001

Person-first Language in AAFP Materials

Submitted by: Lauren Williams, MD, General Registrant
Kara Mayes, MD, New Physicians

WHEREAS, Popular terminology often uses disease status as an adjective or noun such as "smoker", "addict", "obese person", which implies that these are unchanging characteristics rather than modifiable disease states, and

WHEREAS, it is now standard of practice to use medically accurate, person-first language to refer to individuals with chronic disease states and doing so is outlined in rules of American Psychological Association style, and

WHEREAS, current American Academy of Family Physicians policy titled, “Obesity and Overweight,” states, "Family physicians should counsel all patients on nutrition, physical activity, and behavioral strategies to prevent inappropriate weight gain and obesity. Family physicians should screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. (Intense counseling involves more than one session per month for at least 3 months). Overweight and obesity are defined as the Centers for Disease Control and Prevention (CDC) defines them. Reasonable and necessary diagnosis and treatment should be paid by all third party payers," and

WHEREAS, in 2013 the American Medical Association adopted a policy which recognizes obesity as a complex, chronic disease that requires medical attention, and

WHEREAS, the American Association of Clinical Endocrinologists has a policy statement categorizing obesity as a chronic disease, and

WHEREAS, the Obesity Action Coalition and partner medical organizations including American Society for Metabolic and Bariatric Surgery, The Obesity Society, Obesity Medicine Association, Academy of Nutrition and Dietetics, American Academy of Orthopaedic Surgeons, World Obesity Federation, and College of Contemporary Health support people-first language for obesity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update its policy titled, “Obesity and Overweight,” to incorporate person-first language: stating "adults with obesity" rather than "obese adults" and recognizing obesity as a complex, chronic disease that requires medical attention, and be it further

RESOLVED, That the American Academy of Family Physicians revise content on familydoctor.org to ensure person-first language in all of its educational materials, and remove any current language that uses a disease state as a descriptor for a specific individual, for example, using "a person who has obesity," instead of "a patient who is obese", and be it further

RESOLVED, That National Conference of Constituency Leaders bring a resolution forward to the American Academy of Family Physicians Congress of Delegates asking that the American Academy of Family Physicians adopt a policy of consistent use of person-first language for all disease states, recognizing that patients should not be defined by their disease state.

Resolution NO. 3002

Improving Access to Care for Homebound Patients

Submitted by: Anna Doubeni, MD, MPH, Women
Kristin Mack, DO, Women

WHEREAS, Homebound patients are patients for whom it is a significant hardship to leave their home without assistance based on functional impairment from physical or mental health disability, and

WHEREAS, close to two million Medicare beneficiaries living in the United States are completely or mostly homebound. An estimated two million more have difficulty accessing care outside the home, and four million Medicare patients are potentially underserved, and

WHEREAS, there are patients of all ages that would benefit from home based care and have unique needs through the continuum of their lives, and

WHEREAS, homebound patients are likely to under-access preventive care and chronic disease management impacting health outcomes and resulting in high-cost care delivered in hospitals and emergency departments, and

WHEREAS, functional impairment represents a risk factor for re-admissions and mortality and homebound patients represent a population with complex physical and social needs, and

WHEREAS, independent telemedicine firms and payer-based care programs provide a conduit but does not provide a therapeutic alliance between a primary care physician and a patient which leads to fragmented care, and

WHEREAS, the delivery of care in the home to homebound patients requires a team-based approach with an intense focus on care management. and

WHEREAS, family medicine physicians are uniquely qualified to provide and coordinate care and advocacy for homebound patients across the continuum of life with a multigenerational approach, and

WHEREAS, there are financial obstacles to physicians providing this care, but use of advanced practitioners with more limited scope of practice in these roles often leads to further referrals that may not be necessary or desired by the patient, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians recognize the lack of access to care for homebound patients and the role of the family medicine physician in providing these services, and be it further

RESOLVED, That the American Academy of Family Physicians research and support training family medicine physicians in team-based delivery of care in the home setting, and be it further

RESOLVED, That the American Academy of Family Physicians support current opportunities for family medicine physicians providing these services, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for legislation and parity in compensation for physician delivery of primary care in the home setting.

Resolution NO. 3003

Front of Label Packaging to Improve Diet Choices among those with Low Health Literacy

Submitted by: Harshini Jayasuriya, MD, General Registrant
Meisha Waleh, MD, General Registrant
Johan Hernandez, MD, International Medical Graduates
Meisha Shields, MD, Women
Maria Colon-Gonzalez, MD, FAAFP, Minority
Nichole Johnson, MD, LGBT
Erika Roshanravan, MD, General Registrant
Juliann Barrett, DO, Women
Joseph Freund, MD, LGBT

WHEREAS, Cardiovascular disease and Type 2 diabetes are the diseases affecting the greatest number of Americans, that are also most strongly associated with diet, and

WHEREAS, given that two-thirds of the United States (U.S.) adult population and one-third of children and adolescents are overweight or obese, chronic disease levels are high, and a healthy diet consistent with the Dietary Guidelines for Americans is essential for all Americans, and

WHEREAS, U.S. Congress directed the Centers for Disease Control and Prevention and the Institute of Medicine to examine and provide recommendations regarding front-of-package nutrition rating systems and symbols in 2010, and

WHEREAS, studies support the goal and purposes of front-of-package systems announced by the Food and Drug Administration in April 2010 and concludes that the most useful primary purpose of front-of-package rating systems and symbols would be to help consumers identify and select foods based on the nutrients most strongly linked to public health concerns for Americans, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians offer updated conclusions based on current research on diet and nutrition as it relates to obesity and cardiovascular disease (leading cause of death among adults in the United States), and be it further

RESOLVED, That the American Academy of Family Physicians support single, standardized front-of-package labeling, regulated by the Food and Drug Administration, specifically geared toward obesity, cerebrovascular accident, and diabetes in a simple, health literate manner.

Resolution NO. 3004

Abolish Corporal Punishment in Schools

Submitted by: Nicole Shields, MD, Women
Marie-Elizabeth Ramas, MD, Minority
Juilann Barrett, MD, Women

WHEREAS, The American Academy of Family Physicians' (AAFP) Corporal Punishment in Schools policy states that it is opposed to corporal punishment in schools, and

WHEREAS, the AAFP policy defines corporal punishment in schools as the purposeful infliction of bodily pain or discomfort by an official in the educational system upon a student as a penalty for disapproved behavior, and

WHEREAS, the AAFP policy states that evidence indicates that corporal punishment is not as effective as other means of behavior management and may make behavior worse, and positive reinforcement has been shown to be more effective and long-lived than aversive reinforcement, and

WHEREAS, the AAFP supports alternative methods of behavior management and modification in the school environment which enhances a student's optimal learning, and

WHEREAS, corporal punishment is still legal at public schools in 19 states (Alabama, Arkansas, Arizona, Colorado, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Wyoming) and is also allowed at private schools in 48 states, and

WHEREAS, the American Academy of Pediatrics supports the need for adults to avoid physical punishment and verbal abuse of children and recommended the abolishment of corporal punishment in schools, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians strengthen its statement on Corporal Punishment in Schools to recommend the abolishment of corporal punishment in schools, and be it further

RESOLVED, That the American Academy of Family Physicians develop free creative resources and supportive tools for chapters to advocative locally against corporal punishment in schools, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics for the abolishment of corporal punishment in schools in the 19 states where corporal punishment is legal.

Resolution NO. 3005

Family Medicine's Role in Addressing and Preventing Sexual Harassment

Submitted by: Tabatha Wells, MD, FAAFP, New Physicians
Tessa Rohrberg, MD, New Physicians
Margaret Smith, MD, Minority
Carrie Pierce, MD, Women
Scott Hartman, MD, FAAFP, General Registrant

WHEREAS, The American Academy of Family Physicans (AAFP) Board adopted an anti-harassment policy in January 2019, and

WHEREAS, these are just a few source postings on AAFP's website that address sexual harassment, and

WHEREAS, our responsibility as educators and patient advocates is no different on this topic than it is for any other disease state or public health concern, and

WHEREAS, our mission as family physicians is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity, and

WHEREAS, as a nation, we must come to terms with the epic pervasiveness of sexual harassment, and

WHEREAS, the AAFP has been a leader on other issues of epic proportion that have impacted the health and well-being of our communities (AIDS, measles, etc.), and

WHEREAS, the following are examples of dated resources from AAFP that demonstrate how a comprehensive approach (awareness campaign) can be captured on any topic: Depression and Mental Health Compilation of policies, clinical recommendations, journals, and patient resources, Ask and Act Tobacco Cessation Campaign Compilation of resources (both internal and external) and ways to get involved, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a comprehensive initiative to raise awareness of family medicine's role in addressing and preventing sexual harassment, both member-facing and public-facing.

Resolution NO. 3006

Eliminate Race-Based Medicine

Submitted by: Lauren Williams, MD, General Registrant
Daniel Neghassi, MD, Minority
Lisetta Shah, MD, Minority
Adegbemisola Daniyan, MD, General Registrant
Alexandra Zaballa, MD, General Registrant
Zia Okocha, MD, General Registrant
Nicole Chaisson, MD, Women
Ivonne McLean, MD, General Registrant

WHEREAS, Race is a social construct and there is no underlying genetic or biological factor that unites people within the same racial category, and

WHEREAS, race is poorly-defined, changing over time and dependent on country (e.g. an individual can be classified as both White in Brazil and Black in the USA), and

WHEREAS, while genetic ancestry can be used to assess genetic predisposition for disease, people who belong to the same racial category do not necessarily share the same genetic ancestry and

WHEREAS, unlike genetic ancestry, racial categories are broad, poorly-defined and not scientific, and racial health disparities cannot be ascribed to innate biological differences, and

WHEREAS, medical calculations exist that use race as a variable, as if it were a biologic marker, such as in widely-used calculations of glomerular filtration rate, pulmonary function, post-partum hemorrhage risk, success of trial of labor after Cesarean, and determination of atherosclerotic cardiovascular disease risk, and these calculations may not accurately reflect the patient's true health status, and

WHEREAS, race is a social category, thus when race is used as a risk factor for disease, that risk is a reflection of how society treats people of different races, not of any underlying genetic predisposition, and often the only characteristic shared by people of the same race is the lived experience of being treated as a member of that racial category, and

WHEREAS, the Kidney Disease Improving Global Outcomes 2012 practice guideline for evaluation and management of CKD has recommended discontinuing use of the MDRD study equation in favor of a more accurate serum-marker based equation that does not rely on race as a surrogate, and

WHEREAS, the coefficient used may underestimate CKD in black patients, especially young patients, which in turn may systematically cause high-risk black patients to miss time-sensitive interventions, and

WHEREAS, there is value in understanding how racism and systemic oppression result in racial health disparities, and

WHEREAS, one of the AAFP's key strategic objectives is to "take a leadership role in addressing diversity and social determinants of health as they impact individuals, families, and communities across the lifespan and to strive for health equity." now, therefore be it

RESOLVED, That the American Academy of Family Physicians adopt a policy that speaks against the use of race as a proxy for biology or genetics in management guidelines, and that identifies race as a social construct, and be it further

RESOLVED, That the American Academy of Family Physicians support members in critically evaluating their use of race in research and clinical practice, including development of materials to educate its members regarding how to interpret estimated glomerular filtration rate within the context of the patient and without emphasis on the race coefficient, and be it further

RESOLVED, That the American Academy of Family Physicians support research to investigate indicators alternative to race to stratify medical risk factors for disease states, including advocating for research into new estimated glomerular filtration rate equations that don't use race as a proxy for muscle mass, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for estimated glomerular filtration rate to be reported without regard to race by liaising with other medical associations (including the American Society of Nephrology).

Resolution NO. 3007

Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents

Submitted by: Kevin Bernstein, MD, MMS, FAAFP, General Registrant
Wesley Eichorn, DO, New Physicians
Alan-Michael Vargas, MD, FAAFP, IMG
Wanda Gumbs, MD, MPH, Minority
Benjamin Silverberg, MD, MSc, FAAFP, LGBT
Sarah Ledger, DO, Women
Rosalie Cassidy, MD, General Registrant
Jessica Richmond, MD, FAAFP, New Physicians
Alex Mroszczyk-McDonald, MD, New Physicians

WHEREAS, The consumption of sugary drinks is directly linked to increasing rates of childhood obesity within the United States at record levels, and

WHEREAS, childhood obesity continues into adulthood resulting in significant co-morbidities and early mortality, and

WHEREAS, the American Academy of Pediatrics and American Heart Association recently published and endorsed its 2019 Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents to include supporting the following public policy recommendations:

1. Local, state, and/or national policies intended to reduce consumption of added sugars should include the consideration of approaches that increase the price of sugary drinks, such as an excise tax. Such taxes should be accompanied by education of all stakeholders on the rationale and benefits of the tax before implementation. Tax revenues should be allocated, at least in part, to reducing health and socioeconomic disparities.
2. Federal and state governments should support efforts to decrease sugary drink marketing to children and adolescents.
3. Federal nutrition assistance programs should aim to ensure access to healthful food and beverages and discourage consumption of sugary drinks.
4. Children, adolescents, and their families should have ready access to credible nutrition information, including on nutrition labels, restaurant menus, and advertisements.
5. Policies that make healthy beverages the default should be widely adopted and followed.
6. Hospitals should serve as a model and implement policies to limit or disincentivize purchase of sugary drinks, and

WHEREAS, the American Academy of Family Physicians is the premier primary care physician organization that has significant impact as an advocate for public health, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a policy statement that mirrors the American Academy of Pediatrics 2019 Policy Statement: "Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents", and be it further

RESOLVED, That the American Academy of Family Physicians join the American Academy of Pediatrics (AAP) and the American Heart Association in its support of the AAP 2019 Policy Statement: "Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents."

Resolution NO. 3008

Gender Affirming Medical Care for Youth in Family Medicine

Submitted by: Jean Lu, MD, Minority
Melissa Hidde, MD, LGBT
James Conniff, MD, MPH, New Physicians
Juan Carlos Venis, MD, MPH, LGBT
Jessica Heselschwerdt, MD, LGBT

WHEREAS, Gender affirming medical treatments are associated with improved health outcomes among transgender youth, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support gender-affirming medical care for children and adolescents including puberty suppression and hormonal treatment as part of the scope of family medicine.

Resolution NO. 3009

Implicit Bias Revision

Submitted by: Fayza Sohail, MD, Minority
Loretta Duggan, MD, Minority
Bernard Richard, MD, Minority
Jorge Galdamez, MD, General Registrant
Dakeya Jordan, DO, Women
Keasha Guerrier, MD, General Registrant

WHEREAS, In 2018 the American Academy of Family Physicians adopted the definition of implicit bias which can result in poor experiences for clinicians, patients and other member of the health care team, and

WHEREAS, established attitudes and behaviors brought into patient encounters can adversely affect treatment and adherence, and

WHEREAS, implicit bias can result in different outcomes for various sub-populations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians make available a toolkit to allow for implicit bias education for all members of the healthcare delivery team, and be it further

RESOLVED, That the American Academy of Family Physicians address implicit bias training through various means such as continuing medical education, performance improvement activity, problem-based learning sessions, and other activities, and be it further

RESOLVED, That the American Academy of Family Physicians coordinate with the Accreditation Council for Graduate Medical Education efforts to create a curriculum and toolkit for implicit bias training, and report findings back to the 2020 National Conference of Constituency Leaders.

Resolution NO. 3010

Addressing "Stealthing" as a Form of Sexual Assault

Submitted by: Anita Ravi, MD, New Physicians
Rupal Bhingradia, MD, General Registrant
Kyle Speakman, MD, New Physicians
Tessa Rohrberg, MD, New Physicians
Tabatha Wells, MD, New Physicians
Margaret Smith, MD, Minority
Laura Kaplan-Weismann, MD, LGBT
Nicole Chaisson, MD, MPH, Women
Tessa Lang, MD, New Physicians

WHEREAS, Stealthing is a term that refers to non-consensual condom removal during sexual intercourse, and

WHEREAS, stealthing exposes victims to physical risks of pregnancy, disease, and emotional consequences, and

WHEREAS, the American Academy of Family Physicians (AAFP) has existing policy endorsing effective ways to prevent sexually transmitted infections, including the use of "condoms (or other effective devices such as dental dams) in a suitable manner for the entire episode of sexual activity," and

WHEREAS, family physicians likely see many patients affected by non-consensual condom removal, however, good quality statistics of prevalence of this issue in the United States do not exist, and

WHEREAS, one health center in Melbourne Australia found that 32% of women and 19% of men who have sex with men (MSM) patients reported experiencing stealthing, and

WHEREAS, there is no existing policy in the United States that recognizes 'stealthing' as a form of sexual assault, and

WHEREAS, the American College of Obstetricians (ACOG) included in its committee opinion from the Committee on Health Care for Underserved Women in 2013 the importance of screening, educating and counseling patients on the effect of reproduction and sexual coercion, and

WHEREAS, representatives Ro Khanna (CA) and Carolyn Maloney (NY) sent a letter to Attorney General William Barr on February 22, 2019 requesting clarity regarding how the Department of Justice addresses the act of nonconsensual condom removal, and

WHEREAS, ACOG defines sexual assault as a crime of violence and aggression and encompasses a continuum of sexual activity that ranges from sexual coercion to contact abuse (unwanted kissing, touching, or fondling) to rape, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a policy defining sexual assault, and be it further

RESOLVED, That the American Academy of Family Physicians include non-consensual condom removal (stealthing) as a form of sexual assault, and be it further

RESOLVED, That the American Academy of Family Physicians provide patient education on non-consensual condom removal as a form of sexual assault, including but not limited to FamilyDoctor.org, and be it further

RESOLVED, That the American Academy of Family Physicians support legislative efforts that include non-consensual condom removal (stealthing) as a form of sexual assault, and be it further

RESOLVED, That the NCCL Delegates present a resolution on non-consensual condom removal at the 2019 AAFP Congress.

Resolution NO. 3011

Increase Food Equity in the United States

Submitted by: Robn Anderson, MD, Women
Zita Maggiore, MD, Women

WHEREAS, Over 33% of the population in the United States live more than one mile from a grocery store and do not own a car, in both urban and rural settings, and

WHEREAS, living in an area that has increased access to high calorie, low nutritional content food (fast food, junk food) has been shown to lead to increased rates of obesity, and

WHEREAS, programs that have improved access to healthy foods have been shown to lower rates of obesity, and

WHEREAS, recipients of Supplemental Nutrition Assistance Program (SNAP) funds can use these funds for high-calorie, low-nutritional content foods, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a toolkit to help members advocate to address food deserts and food swamps in their community, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for restricting the use of Supplemental Nutrition Assistance Program (SNAP) funds so that junk foods and high-caloric foods cannot be purchased using these funds.

Resolution NO. 3012

Gender-neutral Language in AAFP Publications

Submitted by: Jessica Heselschwerdt, MD, LGBT
Juan Carlos Venis, MD, LGBT
Melissa Hidde, MD, LGBT
Chelsea Unruh, MD, LGBT
Tabatha Wells, MD, New Physicians

WHEREAS, The estimated prevalence of transgender persons is 0.3-0.5% and non-binary individuals make up 25-35% or more of transgender populations, and

WHEREAS, many, if not most transgender men retain reproductive organs and the capacity to become pregnant, and

WHEREAS, many, if not most transgender women retain reproductive organs such as the prostate regardless of their decision to pursue gender affirming surgeries, and

WHEREAS, there are well described rationale for using gender neutral language in patient care and using language that is inclusive of all gender identities can reduce victimization and discrimination, and

WHEREAS, the Joint Commission recommends using neutral and inclusive language in interviews and when talking with all patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians existing and future publications (eg. online, print) be reviewed and updated to use gender-neutral language, including those regarding sexual and reproductive health topics or other topics that have traditionally been gendered, and be it further

RESOLVED, That all American Academy of Family Physicians (AAFP) produced and AAFP-supported patient education materials use gender-neutral language, including those regarding sexual and reproductive health or other topics that have traditionally been gendered, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for use of gender-neutral language in patient-oriented materials to third-party purveyors of patient education materials used by AAFP members in their practice.

Resolution NO. 3013

Sexual Orientation and Gender Identity Data Collection in Electronic Health Records

Submitted by: Juan Carlos Venis, MD, LGBT
Jessica Heselschwerdt, MD, LGBT
Daniel Harris, MD, New Physicians
Jessica Hidde, MD, LGBT

WHEREAS, LGBTQ+ patients have unique health needs and experience health disparities, and

WHEREAS, Sexual Orientation and Gender Identity (SOGI) data collection helps clinicians provide safe, high quality, and equitable patient care, and

WHEREAS, chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth, and

WHEREAS, the Institute of Medicine and the Joint Commission recommend collection of SOGI data in the electronic medical record, and

WHEREAS, the World Professional Association for Transgender Health has published recommendations for modernizing electronic health records to include health information necessary for equitable care of gender minority persons, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to commercial electronic health record developers and vendors to include Sexual Orientation and Gender Identity fields, name used, pronouns used, and anatomy inventories, as required features, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for hospital and other health care entities to enable Sexual Orientation and Gender Identity fields, name used, pronouns used, and anatomy inventories in their electronic health record, and provide adequate training to their staff on best practices for this data collection.

Resolution NO. 3014

AAFP to Oppose Legislation of Physician-Patient Decision Making in Child and Adolescent Gender-Affirming Care

Submitted by: Nichole Johnson, MD, LGBT
Brent Sugimoto, MD, LGBT
Marissa Lapedis, MD, LGBT
Nicole Chaisson, MD, Women
Jewell Carr, MD, New Physicians
Syed Naseeruddin, MD, Minority
Cynthia Jeremiah, MD, IMG

WHEREAS, Living in a body that does not match your gender identity causes emotional and mental stress and can lead to societal stigma, poor mental health outcomes, and suicide, and

WHEREAS, research shows that regardless of developmental stage, prepubertal children who assert a transgender identity know their gender as clearly and consistently as their developmentally equivalent peers and benefit from the same level of validation and social, and

WHEREAS, American Academy of Pediatrics supports policies that are gender-affirming for children, and

WHEREAS, medical decision-making should solely occur between a patient and physician, and

WHEREAS, legislation should not play a role in medical decision-making, particularly in the nuanced and sensitive topic of gender identity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians have a position statement that supports gender-affirming care of children and adolescents, and be it further

RESOLVED, That the American American of Family Physicians affirms that gender-affirming care should occur solely between the physician and patient and patient's guardian, and be it further

RESOLVED, That the American Academy of Family Physicians oppose any legislation regarding medical decision-making in gender-affirming care for children and adolescents.

Resolution NO. 3015

Oppose Racism

Submitted by: Natalie Hinchcliffe, DO, General Registrant
Nichole Johnson, MD, LGBT
Roma Amin, MD, Minority
Nichole Rajesh, MD, IMG
Amelia Frank, MD, Women
Tabetha Wells, MD, New Physicians
Richard Bruno, MD, General Registrant
Laura Kaplan-Weisman, MD, LGBT
Jewell Carr, MD, New Physicians

WHEREAS, Race is a social construct and that construct has a myriad negative effects on personal health, including harming the physician-patient relationship and poor health outcomes, and

WHEREAS, racism - structural, explicit and implicit - contributes to health disparities in the United States, over and above the role of socioeconomic status, and

WHEREAS, existing American Academy of Family Physicians (AAFP) anti-discrimination policy mentions race, but AAFP has no explicit anti-racism policy and has not taken a vocal stance against racism (e.g., failing to speak out against recently revealed racist medical school yearbook photos), and

WHEREAS, the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education have cultural competence and anti-discrimination policies that fail to mention race, thereby denying people's lived experience of racism, and

WHEREAS, family physicians have a moral, ethical and professional imperative to identify racism in our profession, in our communities, and in ourselves, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt an anti-racism policy, and be it further

RESOLVED, That the American Academy of Family Physicians ask that the Liaison Committee on Medical Education add race to its existing "Cultural Competence and Health Care Disparities" section 7.6 of their Functions and Structure of a Medical School Standards for Accreditation of Medical Education Programs Leading to the MD Degree, and be it further

RESOLVED, That the American Academy of Family Physicians take an active stance against racism when racist events occur in the medical community, and be it further

RESOLVED, That the American Academy of Family Physicians encourage its members and require its officeholders to participate in training in racism and implicit bias, and be it further

RESOLVED, That the American Academy of Family Physicians encourage its members to identify structural racism in their work setting.