



2016 Agenda for the Reference Committee on Organization & Finance

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 4001	Necessity of a Specific Law Regarding Violence Against Physicians
2. Resolution No. 4002	Public Reporting of Diversity Data for Race and Ethnicity
3. Resolution No. 4003	Public Reporting of Diversity Data for Gender Identity and Sexual Orientation
4. Resolution No. 4004	Better Parental Leave Policies for Family Physicians
5. Resolution No. 4005	Addressing Health Care Workplace Violence
6. Resolution No. 4006	Put the “Family” in Family Medicine Meetings
7. Resolution No. 4007	Identifying icd10 Codes Which Are Related to Social Determinants of Health
8. Resolution No. 4008	Advocacy and Policy to Prevent Gun Violence in Medical Facilities
9. Resolution No. 4009	People-First Language for Obesity
10. Resolution No. 4010	Collecting Sexual Orientation and Gender Identity Data as Standard Demographics
11. Resolution No. 4011	Upgrading to Diversity and Inclusion Version 3.0
12. Resolution No. 4012	Position Statement Against Religious Freedom Bills
13. Resolution No. 4013	Increasing the Pipeline of Underrepresented Physicians to Address Diversity and Inclusion



Resolution No. 4001

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Necessity of a Specific Law Regarding Violence Against Physicians

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3 Submitted by: Sneha Chacko, MD, Minority

4 Margarita De Federicis, MD, General Registrant

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6 WHEREAS, Statistics and data show that majority of non-fatal assaults in the workplace are
7 attributed to healthcare workers (as per Bureau of Labor Statistics, 70-74%), and

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9 WHEREAS, this data has been established in the face of under reporting, (indicating that the
10 numbers are much higher), as many physicians have resigned their thinking, that dealing with
11 combatant disorderly patients is part of their job, and

12

13 WHEREAS, there are already laws in place in 31 states where it is a felony to assault a nurse, and
14 in all states to assault a police officer, fireman, etc, and

15

16 WHEREAS, there are no specific laws stating that it is a felony to assault a physician on duty,
17 thereby jeopardizing physicians' safety with little or no consequence to the perpetrator, and

18

19 WHEREAS, a law against assault and violence toward a physician on duty should include spitting,
20 biting, hitting, shoving, and purposely causes the person's bodily fluid (including, but not limited to
21 feces, urine, blood, saliva, etc) to make physical contact with the physician, now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend and influence
24 legislation to have a law protecting physicians, residents, and medical students on duty, which
25 should state that it be considered a felony to assault a physician on duty, as modelled after the
26 Violence Against Nurses.



Resolution No. 4002

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Public Reporting of Diversity Data for Race and Ethnicity

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3 Submitted by: Jessica Guh, MD, Minority

4 LeeAnna Muzguiz, MD, Minority

5 Steve Williamson, MD, GLBT

6 Anita Ravi, MD, MPH, New Physicians

7 Bhavik Kumar, MD, MPH, New Physicians

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9 WHEREAS, The American Academy of Family Physicians (AAFP) collects demographic data on
10 our members, and

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12 WHEREAS, the AAFP has resolved to promote physician diversity, and

13

14 WHEREAS, the AAFP publicly posts self-reported demographic data on sex, age, place of
15 practice, etc. readily available on the membership census data website, and

16

17 WHEREAS, it is necessary to have accurate baseline data to evaluate diversity efforts, and

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19 WHEREAS, the AAFP currently collects race and ethnicity demographic data separately from the
20 other demographics, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data
23 on race and ethnicity of the American Academy Family Physician membership be published
24 publicly so that it is demonstrated that diversity is an important value of American Academy of
25 Family Physicians, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) intentionally promote the
28 importance of race and ethnicity self-reporting in census data for its own organization, and be it
29 further

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31 RESOLVED, That the American Academy of Family Physicians (AAFP) include race and ethnicity
32 data in the primary census survey from the American Academy Family Physician as opposed to a
33 separate survey.



Resolution No. 4003

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Public Reporting of Diversity Data for Gender Identity and Sexual Orientation

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3 Submitted by: Patricia Chico, MD, Women
4 Bhavik Kumar, MD, New Physicians
5 Jonathon Wells, MD, GLBT
6 Anita Ravi, MD, New Physicians
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) collects demographic data on its
9 members, and

10 WHEREAS, the AAFP has resolved to promote physician diversity, and

11 WHEREAS, the AAFP publicly posts self-reported demographic data on sex, age, place of
12 practice, etc. readily available on the membership census data website, and

13 WHEREAS, it is necessary to have accurate baseline data to evaluate diversity efforts, and

14 WHEREAS, the AAFP currently collects race and ethnicity demographic data separately from the
15 other demographics, and

16 WHEREAS, the AAFP also currently collects self-reported sexual orientation and gender identity
17 (SOGI) demographic data separately from other demographics, now, therefore, be it

18 RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data
19 on self-reported sexual orientation and gender identity of American Academy Family Physician
20 membership be published publicly so that it is demonstrated that diversity is an important value of
21 American Academy Family Physician, and be it further

22 RESOLVED, That the American Academy of Family Physicians (AAFP) will intentionally promote
23 the importance of sexual orientation and gender identity self-reporting in census data for its own
24 organization, and be it further

25 RESOLVED, That the American Academy of Family Physicians (AAFP) sexual orientation and
26 gender identity data is included in the primary census survey as opposed to a separate survey.
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Resolution No. 4004

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Better Parental Leave Policies for Family Physicians

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3 Submitted by: Lauren Oshman, MD, FAAFP, Women

4

Rachel O’Byrne, MD, Women

5

Heather Kinsel-Evans, MD, Women

6

Afsheen Patel, MD, Women

7

Tabatha Wells, MD, General Registrant

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Elizabeth Cozine, MD, Women

9

Rebecca Lundh, MD, Women

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11 WHEREAS, Many countries offer both parents paid leave, and the United States is the only
12 industrialized nation without mandated paid leave for mothers of newborns, and

13

14 WHEREAS, the 2015 National Conference of Constituency Leaders (NCCL) passed a resolution
15 that “the American Academy of Family Physicians (AAFP) promote and support policies toward
16 establishing paid parental/caregiver leave,” and

17

18 WHEREAS, the AAFP membership is now made up of more than 50% female physicians, many of
19 whom are or will be parents, and

20

21 WHEREAS, the United States guarantees 12 weeks of unpaid leave via the Family Medical Leave
22 Act of 1993, but only for a subset of eligible employees working for covered employers. Generally,
23 this law applies to private employers with 50 or more employees and workers who have worked for
24 at least 1,250 hours during the last 12-month period and have worked for the employer for at least
25 12-months, and

26

27 WHEREAS, the American Academy of Pediatrics supports legislation providing 12 weeks of paid
28 family leave, and

29

30 WHEREAS, only about 12 percent of U.S. private sector workers have access to paid family leave
31 according to the Bureau for Labor Statistics, and

32

33 WHEREAS, employers may choose to offer voluntary maternity leave disability insurance but
34 anecdotally, family physicians may not be provided paid maternity leave, and

35

36 WHEREAS, the AAFP Insurance Program does not provide an insurance product for individual
37 parental leave disability insurance, and

38

39 WHEREAS, as a 2014 web-based survey of Emergency Medicine physicians showed that only
40 53% of women worked in a setting with a formal maternity leave policy; 36% of women reported
41 dissatisfaction with the policy; 18% reported no compensated leave and 7% reported 12 or more
42 weeks at full salary. 8% of women considered leaving a job, and 17% delayed pregnancy due to
43 maternity leave policy, and

44
45 WHEREAS, a study of maternity leave policies in the United States demonstrated that maternity
46 leave of less than 12 weeks is associated with decreased rates of breastfeeding and childhood
47 immunization and increased behavioral problems in children, now, therefore, be it

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) shall support a minimum of
50 12 weeks of paid leave for the primary caregiver for a newly born or adopted child, including family
51 physicians and residents, and support an optional extension of this leave as unpaid time off, and
52 be it further

53
54 RESOLVED, That the American Academy of Family Physicians (AAFP) shall perform an electronic
55 survey of its members, focusing on residents and new physicians, regarding current employment
56 and self-employed parental leave experiences, policies and benefits, and be it further

57
58 RESOLVED, That the American Academy of Family Physicians (AAFP) shall work with employers
59 of family physicians to provide paid parental leave through expansion of the current AAFP
60 Insurance Program to include short term disability for maternity leave at a minimal cost to
61 physicians and residents.

62
63 Fiscal note: \$5,000 cost for survey



Resolution No. 4005

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Addressing Health Care Workplace Violence

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3 Submitted by: Aria Solis, MD, IMG

4 Ike Okwuwa, MD, IMG

5 Alfred Gitu, MD, FAAFP, IMG

6 Tina Tanner, MD, GLBT

7 Jorge Plasencia, MD, FAAFP, IMG

8

9 WHEREAS, Health care workplace violence is an underreported, ubiquitous, and persistent
10 problem that has been tolerated and largely ignored, and

11

12 WHEREAS, in a 2014 survey on hospital crime, violence accounted for 75% of aggravated
13 assaults and 93% of all assaults against employees, and

14

15 WHEREAS, between 2011 and 2013, the number of workplace assaults averaged approximately
16 24,000 annually, with nearly 75% occurring in health care settings, and

17

18 WHEREAS, violence includes actions that degrade, intimidate, alienate and isolate physicians
19 leading to depression, anxiety, post-traumatic stress disorder, and physician loss due to suicide
20 and resignation, and

21

22 WHEREAS, many international studies have shown high rates of abuse toward family physicians,
23 particularly in Canadian and Australian health systems, primarily by patients with mental illness or
24 displaying narcotic seeking behavior. Studies of the United States health care system are needed
25 to further define the extent of such violence, and

26

27 WHEREAS, unnecessary requirements decrease overall access to abortion, cutting the number of
28 providers and clinics, increasing travel time, costs, and stress for the patient and are only worse
29 for women who fall at or below the poverty line, now, therefore, be it

30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue of
32 workplace violence as it relates to family physicians, and be it further

33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) explore and make
35 recommendations for addressing health care workplace violence.



Resolution No. 4006

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Put the “Family” in Family Medicine Meetings

2

3 Submitted by: Shani Muhammad, MD, Minority

4 Rachel Franklin, MD, Women

5 Jaividhya Dasarathy, MD, FAAFP, General Registrant

6 Ana Solis, MD, IMG

7 Heather Kinsel–Evans, MD, Women

8

9 WHEREAS, The American Academy of Family Physicians (AAFP) needs active participation from
10 members with families to stay vital, and

11

12 WHEREAS, many members with children travel to meetings, and

13

14 WHEREAS, there are currently no childcare services offered at national meetings, now, therefore,
15 be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) offer age-appropriate
18 interactive and engaging childcare services at medium-large national meetings at cost to the
19 members.



Resolution No. 4007

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Identifying icd10 Codes Which Are Related to Social Determinants of Health

2

3 Submitted by: Susan Chiarito MD, FAAFP, Women

4 Kathryn Kolonic, MD, FAAFP, Women

5 Adnan Ahmed, ND, IMG

6

7 WHEREAS, Inconsistent (or the lack there of) health care coverage is a significant problem for
8 many patients, and

9

10 WHEREAS, payment and access to care directly affect morbidity/mortality across populations, and

11

12 WHEREAS, the lack of access to health care prevents a patient from obtaining appropriate
13 treatment, and

14

15 WHEREAS, health insurance coverage with high deductibles limits a patient's access because of
16 costs or limited networks, which puts the patient at risk and may worsen their medical problems,
17 and

18

19 WHEREAS, relationship-centered primary care becomes much less likely without means or
20 payment, and

21

22 WHEREAS, the health consequences of no payment or no coverage is on par with known disease
23 states that are classically included in the patients problem list, now, therefore, be it

24

25 RESOLVED, That the lack of consistent health care coverage is a legitimate medical problem and
26 the American Academy of Family Physicians (AAFP) should encourage utilization of these codes in
27 the patient problem list International Classification of Disease Tenth Edition codes z91.1xx (ICD10)
28 as well as include a list of these ICD10 codes on the AAFP website for member reference within
29 articles about health disparities.



Resolution No. 4008

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Advocacy and Policy to Prevent Gun Violence in Medical Facilities

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3 Submitted by: Christopher Doan, MD, New Physicians

4 Sebastian Tong, MD, New Physicians

5 Alex Faustin, MD, Minority

6 Sarah Marks, MD, New Physicians

7

8 WHEREAS, Sixteen states are currently introducing and passing legislation permitting the carrying
9 of firearms on public university campuses, which can also include associated teaching hospitals
10 and clinics, and

11

12 WHEREAS, the American Academy of Family Physicians (AAFP) has published policy regarding
13 firearms and public health that indicate that the AAFP supports restrictions in firearm ownership
14 and usage, and

15

16 WHEREAS, the current AAFP policy statement entitled "Firearms and Safety Issues" includes a
17 statement promoting support for current legislation which likely does not reflect what the organizati
18 on wants to say, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against laws that
21 permit firearms in health care facilities, including, but not limited to, hospitals, clinics, nursing home
22 s and medical school campuses, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) current policy statement
25 entitled "Firearms and Safety Issues" be changed to remove the statement "The Academy
26 supports strong and robust enforcement of existing federal, state and local laws and regulations re
27 garding the manufacture, sale and possession of guns."



Resolution No. 4009

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 People-First Language for Obesity

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3 Submitted by: Rachel Franklin, MD, Women

4 Kathryn Kolonic, DO, Women

5 Melissa Hemphill, MD, New Physicians

6 Alan-Michael Vargas, MD, IMG

7

8 WHEREAS, “People-first language” describes people before describing their disability, rather than
9 putting a disease first (for example, saying “child with autism” rather than “autistic child” or “patient
10 with schizophrenia” versus “schizophrenic patient”), and

11

12 WHEREAS, labeling a person with the adjective “obese” describes the person rather than
13 objectively stating that a person has the disease of obesity, and has been demonstrated in implicit
14 association tests to show bias on the part of the provider, and

15

16 WHEREAS, using the adjective “obese” to describe a person has been shown to “influence how
17 individuals feel about their condition and how likely they are to seek care,” and

18

19 WHEREAS, that the American Academy of Family Physicians already uses people-first language
20 for patients with other chronic diseases, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) use people-first language
23 on their websites and educational materials by using “obesity” as a disease rather than the
24 adjective “obese” to describe a patient.



Resolution No. 4010

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Collecting Sexual Orientation and Gender Identity Data as Standard Demographics

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3 Submitted by: Joseph Freund, MD, GLBT

4 Patrick Simpson, MD, GLBT

5 Michael "Eli" Pendleton, MD, New Physicians

6

7 WHEREAS, The Gay, Lesbian, Bisexual, and Transgender (GLBT) population is at risk for known
8 health disparities, and

9

10 WHEREAS, identifying a patient's health risks is dependent upon gathering pertinent demographic
11 information, and,

12

13 WHEREAS, responding proactively to the health disparities of patients is the responsibility of all
14 family physicians, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians strongly recommends that sexual
17 orientation and gender identity be treated as standard demographic information and collected for
18 all patients in an effort to identify and address specific health disparities.



Resolution No. 4011

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Upgrading to Diversity and Inclusion Version 3.0

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3 Submitted by: Kisha Davis, MD, MPH, GLBT
4 Rachel Franklin, MD, Women
5 Kim Yu, MD, FAAFP, General Registrant
6 Cathleen London, MD, Women
7 Tamer Said, MD, IMG
8 Arthur Ohannessian, MD, New Physicians
9 Marian C. Allen, MD, GLBT
10 Venis Wilder, MD, General Registrant
11 Anita Eason, MD, GLBT
12 Viviana Martinez-Bianchi, MD, General Registrant
13 Kevin Wang, MD, FAAFP, GLBT
14

15 WHEREAS, The American Academy of Family Physician's (AAFP) policy states that the
16 organization will position itself in a leadership role in creating a medical workforce reflective of the
17 patient populations served by family physicians, and
18

19 WHEREAS, "there is a growing appreciation for diversity and inclusion as strategic assets in
20 medicine and efforts to build a diverse and inclusive organizational culture pay dividends of
21 increased institutional effectiveness," and
22

23 WHEREAS, the AAFP supports the broad adoption of cultural proficiency standards by
24 government, payers, healthcare organizations, practices and individuals, and
25

26 WHEREAS, the current family physician workforce does not proportionately represent the racial,
27 ethnic and sexual diversity of the United States (U.S.) population, and
28

29 WHEREAS, projections estimate an increasing diversity within the U.S. population, which will
30 necessitate a culturally competent family physician workforce that is uniquely positioned to build
31 trust and foster relationships with patients, and
32

33 WHEREAS, the American Association of Medical Colleges (AAMC), as well as many corporations
34 and academic institutions, have created a position dedicated to diversity and inclusion, now,
35 therefore, be it
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a Taskforce on
38 Diversity and Inclusion to address issues of diversity including, but not limited to: develop diversity
39 metrics and processes to assess diversity, equity, and inclusion efforts; develop programs to
40 encourage diversity and cultural proficiency in the medical workforce; explore development of an
41 office of diversity and inclusion; create strategic partnerships with community organizations, higher
42 education, government, and other organization, and be it further
43

44 RESOLVED, that the Taskforce on Diversity and Inclusion report back to the National Conference
45 of Constituency Leaders (NCCL) by 2018.



Resolution No. 4012

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Position Statement Against Religious Freedom Bills

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3 Submitted by: Syed Naseeruddin, MD, GLBT

4 David J. Hoelting, MD, GLBT

5 Adnan Ahmed, MD, IMG

6 Ada Stewart, MD, FAAFP, Minority

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8 WHEREAS, The American Academy of Family Physicians (AAFP) currently has a non-
9 discriminatory policy regarding provision of medical care to patients, and

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11 WHEREAS, the majority of health care disciplines have oaths or beliefs that embody providing
12 care to all individuals regardless of their own personal belief system, and

13

14 WHEREAS, it is established that our minority and disenfranchised patients have limited access to
15 care, and

16

17 WHEREAS, there is an alarming trend of so called religious freedom bills being adopted by state
18 legislatures, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) modify its current policy to
21 include a statement opposing religious freedom legislation and the inherent resultant
22 discrimination.



Resolution No. 4013

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Increasing the Pipeline of Underrepresented Physicians to Address Diversity and Inclusion

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3 Submitted by: Marc Wilson, MD, Minority
4 Eleanor Lisa Lavadie-Gomez, MD, Minority
5 Jesus Iniguez, General Registrant
6 LeeAnna Muzuiz, MD, Minority
7 Kim Yu, MD, General Registrant
8 Kathryn Kolonic, DO, Women
9 Melissa Hemphill, MD, New Physicians
10 Mary Nguyen, MD, Minority
11 Jessica Guh, MD, Minority
12 Venis Wilder, MD, GLBT
13 Ada Stewart, MD, Minority
14 Karen Krigger, MD, Minority

15
16 WHEREAS, The American Academy of Family Physician's (AAFP's) policy states that the
17 organization will position itself in a leadership role in creating a medical workforce reflective of the
18 patient populations served by family physicians, and

19
20 WHEREAS, the Institute of Medicine and the United States (U.S.) Surgeon General recommend
21 increased focus on elimination of health disparities in primary care, and

22
23 WHEREAS, the current physician workforce does not proportionately represent the racial, ethnic
24 and sexual diversity of the U.S. population, thereby addressing underrepresented family
25 physicians, and

26
27 WHEREAS, projections estimate an increasing diversity within the U.S. population, which will
28 necessitate a culturally competent family physician workforce who are uniquely positioned to build
29 trust and foster relationships with patients, now, therefore, be it

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) commit to the promotion of
32 increasing the number of underrepresented family physicians, and be it further

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34 RESOLVED, That the American Academy of Family Physicians (AAFP) develop relationships with
35 partners who are creating solutions to grow the number of underrepresented family physicians, and
36 be it further

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) should report out annually
39 its efforts to grow the number of underrepresented family physicians to an AAFP governing body to
40 review progress, and be it further

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) should engage in a
43 leadership role in bringing together medical societies around issues of promoting the increasing

44 need for underrepresented family physicians and thereby addressing diversity and inclusion which
45 will affect health disparities.