2024 Agenda for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

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RESOLUTION NO. 3001

Continue and Reinstate AAFP's Tar Wars Tobacco and Vaping Education and Prevention Program

Introduced by: Julia DeJoseph, MD, Women
Macy McNair, MD, New Physician
Michael Satchell, MD, General Registrant
Melissa Stephens, MD, Women

WHEREAS, The Tar Wars program, created by former American Academy of Family Physicians (AAFP) President Jeff Cain, MD, in 1988, has educated over 10 million children globally, and

WHEREAS, the AAFP manages the Tar Wars program, which aligns with the Centers for Disease Control and Prevention's guidelines for youth tobacco prevention, and

WHEREAS, Tar Wars uniquely provides outreach and educational support to young school-aged children, engaging thousands of children, parents, and school officials, thereby underscoring the family physician's commitment to lifelong patient care, and

WHEREAS, Tar Wars is an established nationally known school-based curriculum educating elementary school aged children, at no cost to the schools, and

WHEREAS, the U.S. Surgeon General has declared vaping a national epidemic, noting its association with nicotine addiction and irreversible lung damage among the 25% of youth who vape daily, and

WHEREAS, in 2021, the AAFP updated the Tar Wars curriculum to address the inclusion of additional nicotine products (Tar Wars Campaign Releases Updated Resources | AAFP), and

WHEREAS, without preventive measures, five million current minors will die from diseases linked to smoking, and

WHEREAS, smoking disproportionately harms Black Americans, causing 45,000 deaths annually and being the leading cause of preventable death in this community, and

WHEREAS, tobacco companies disproportionately target Black Americans and other minorities with menthol cigarettes and flavored cigars, which are more addictive and challenging to quit, and

WHEREAS, tobacco use leads to diseases affecting every organ in the body and poses risks even to non-smokers through secondhand smoke exposure, and

WHEREAS, 90% of adults who smoke started as teenagers or younger, and

WHEREAS, the Tar Wars program is a proven, effective method for educating students about the significant risks of tobacco, nicotine, and vaping/e-cigarette use, and

WHEREAS, nicotine, a highly addictive substance found in vaping devices, is known to cause lifelong addiction and negatively affects the developing brains of youth, impacting memory and attention, and

WHEREAS, it should be recognized that Tar Wars empowers family physicians to form community-based partnerships to address pertinent public health risks through education and prevention, and

WHEREAS, Tar Wars creates a meaningful platform to familiarize school children with the role a family medicine physician plays in their community thereby starting awareness and recruitment into our field in these formative years, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians Board of Directors promptly reinstate the Tar Wars program, allocating necessary resources to modernize the curriculum and continue combatting the initiation of vaping and tobacco use among youth, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) identify best practices based on states (such as Georgia) that most effectively utilize this essential AAFP resource to increase engagement and utilization such that its benefits are most effectively shared with communities across the entire country, and be it further

RESOLVED, That the American Academy of Family Physicians consider incorporating Tar Wars into the Family Medicine Champions Program as a way to engage participants in real-world opportunities for making meaningful change in their communities.

RESOLUTION NO. 3002

Promoting a Patient-Centered Focus for Gender-Affirming Care

Introduced by: Kyle Kurzet, MD;MS, LGBTQ+
Audrey Livesey, MD, LGBTQ+
Joanna Turner Bisgrove, MD, FAAFP, LGBTQ+
Suzanne Giunta, MD, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) supports access to gender-affirming care and has a policy on "Care for the Transgender and Gender Nonbinary Patient," and

WHEREAS, the World Professional Association for Transgender Health (WPATH), American Medical Association (AMA), American Psychiatric Association (APA), American College of Obstetrics and Gynecology (ACOG), American Academy of Pediatrics (AAP), and American College of Physicians (ACP) have all issued statements validating that gender-affirming care is medically necessary, evidence-based healthcare, and

WHEREAS, gender-diverse people have individual needs and goals in their healthcare and gender expression, but many healthcare providers and insurance payers require specific, step-wise treatments for gender affirmation, and

WHEREAS, the United States (US) military medical system currently has a prescribed medical treatment plan that patients must follow in order to get gender-affirming care, wherein hormone therapy is required prior to any surgical treatments, and

WHEREAS, gender-diverse people remain subject to dysphoria and extremely high rates of violence due to their visible and audible gender expression, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) add language to the "Care for the Transgender and Gender Nonbinary Patient" policy supporting patient-centered gender-affirming care without prescribed order and opposing any requirement of certain gender-affirming treatments prior to others (such as requiring hormone therapy prior to surgery), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of individualized, non-sequential gender-affirming treatment options for United States military service members and veterans, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other specialties' physician groups (including but not limited to the American Academy of Pediatrics (AAP), American College of Obstetrics and Gynecology (ACOG), American College of Physicians (ACP), American Society of Plastic Surgeons, American College of Surgeons, American Urological Association, and GLMA to encourage their support of individualized, non-sequential gender-affirming treatment options for gender-diverse patients.

RESOLUTION NO. 3003

Focus Exploring Utilization and Impact of AAFP Policies around Gender-Affirming Care

Introduced by: Andrea Larson, DO, LGBTQ+
Vickie Fowler, MD, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) is committed to promoting equitable, comprehensive, and patient-centered health care for all individuals, and

WHEREAS, gender-affirming care is vital to the health and well-being of transgender and gender-diverse patients, and

WHEREAS, the AAFP established a policy titled, “Care of the Transgender and Gender Nonbinary Patient,” to support the provision of gender-affirming care, including but not limited to hormone therapy, surgical interventions, mental health support, and

WHEREAS, there is a need to ensure the effective utilization and implementation of these policies across the diverse landscape of health care in our nation, and

WHEREAS, a dedicated effort is required to evaluate the current impact and effectiveness of AAFP policies on gender-affirming care, and

WHEREAS, almost half of the states in the United States have passed legislation restricting the delivery of gender-affirming care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians ask an appropriate commission to assess current utilization and impact of the “Care for the Transgender and Gender Nonbinary Patient” policy to dedicate an intentional focus around gender-affirming care that may include committees or a task force, and be it further

RESOLVED, That the American Academy of Family Physicians provide regular updates and reports about the focus of gender-affirming care policy utilization through its ongoing publications.

RESOLUTION NO. 3004

Improving Access to Hospice and Palliative Care and Amend End-of-Life Care Policy

Introduced by: Elizabeth McIntosh, MD, MPH, General Registrant
Bharat Joshi, MD, FAAFP, Minority
Kyle Kurzet, MD, LGBTQ+
Cedric Barnes, DO, Minority
Kento Sonoda, MD, IMG

WHEREAS, High quality palliative and hospice care is a continuum of care that aims to alleviate suffering in order to promote the highest quality of life for the longest period of time possible, and to allow natural end of life, but not to hasten death, by meeting patients' needs for compassionate care, comfort, and support, and

WHEREAS, medical aid in dying, also referred to as physician-assisted dying or physician-assisted suicide, is "the practice of a physician providing a competent, terminally ill patient - at the patient's request - with a prescription for a lethal dose of medication that the patient intends to use to end his or her own life," and

WHEREAS, medical aid in dying occurs against the backdrop of a healthcare system in which patients, especially the poor, disabled, and elderly, have uneven access to care, including access to high-quality palliative and end-of-life care, and may be disproportionately promoted among people who belong to those vulnerable groups, and

WHEREAS, patients from racial, ethnic, sexual, and gender minorities tend to have less access and receive lower quality care. As a result, people from these groups are often diagnosed with late stage illness and have worse outcomes, leading not only to consistently higher mortality rates but also to greater suffering, and

WHEREAS, the American Academy of Family Physicians currently has seven beliefs on End-of-Life Care, including belief #6, "Medical aid in dying, in which a terminally ill patient requests medication to hasten a foreseeable death, is a personal end-of-life decision. Family medicine clinicians may encounter inquiries about it and should have basic knowledge, communication skills, and conversational strategies to respond in a compassionate and supportive manner, regardless of whether they choose to provide medical aid in dying. Basic requisite knowledge includes the legal status of medical aid in dying in the state in which the practice is located, eligibility requirements for participation where legal, and alternatives. Family physicians should be aware of resources to assist patients who inquire about medical aid in dying, as well as resources to support clinicians who may experience distress when caring for a patient who is pursuing medical aid in dying," now, therefore, be it

RESOLVED, That the American Academy of Family Physicians affirm the importance of hospice and palliative care and separate this from physician-assisted suicide/medical aid in dying, and be it further

RESOLVED, That the American Academy of Family Physicians should support CME activities in yearly conferences to help improve education on the topics of end-of-life care, and be it further

RESOLVED, That the American Academy of Family Physicians amend and update its policy

statement for end-of-life care to state:

“Medical aid in dying, in which a terminally ill patient requests **lethal** medication to hasten a foreseeable death, is a personal end-of-life decision **that is distinct from hospice and palliative care. requests for medical aid in dying can be a signal that a patient’s end-of-life needs are unmet and that further evaluation may be needed to identify the elements contributing to the patient’s suffering**. Family Medicine clinicians may encounter inquiries about medical aid in dying and should have basic knowledge, communication skills, and conversational strategies to respond in a compassionate and supportive manner, regardless of whether they choose to provide medical aid in dying. Basic requisite knowledge includes the legal status of medical aid in dying in the state in which the practice is located, eligibility requirements for participation where legal, and alternatives, **including enrollment in hospice or palliative care**.”

RESOLUTION NO. 3005

Increasing Availability of Suicide Prevention Knowledge and Services

Introduced by: Bharat Joshi, MD, Minority
Katy Liu, MD, FAAFP, Minority
Cedric Barnes, DO, Minority
Janet Hurley, MD, General Registrant
Elizabeth McIntosh, MD, MPH, Minority

WHEREAS, Suicide rates in the United States (U.S.) have been increasing, and in 2021, suicide was the second leading cause of death among ages 1-44 according to the Centers for Disease Control and Prevention (CDC), and it is now the 11th leading cause of death in the U.S., and

WHEREAS, in 2021,1.7 million Americans attempted suicide and men died by suicide 3.9 times more than women while 94% of people surveyed in the U.S. think suicide can be prevented and 90% who died by suicide have diagnosable mental health conditions, and

WHEREAS, according to federal guidelines 72% of communities in the U.S. did not have enough mental health providers to serve residents, and

WHEREAS, it tells urgency of situation which is multifactorial, mostly mental health conditions, with other social stressors and lack of social support, and

WHEREAS, there is need of ongoing training to effectively identify suicide risk and how to refer to mental health providers or crisis intervention centers, and

WHEREAS, we should be mindful about our workplace and encourage wellbeing of our professionals and if we can avert this situation, we can assist people to be productive and responsible members of the family and society, and

WHEREAS, family physicians can partner with education leaders and community leaders to increase awareness and advocate for public health issues, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians work to increase public awareness of and training for suicide prevention through partnership with public institutions and community advocacy groups, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) create a patient handout on suicide education and prevention that will be available on the AAFP general website, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the Occupational Safety and Health Administration and major employers to provide a suicide prevention education toolkit to institutions, businesses, and related public domains.

RESOLUTION NO. 3006

AAFP to Collaborate with ACOG to Address the Maternal Morbidity and Mortality Crisis

Introduced by: Danielle Carter, MD, Women
Amanda Russell, MD, Women
Melissa Stephens, MD, FAAFP, Women
Andrew Lutzkanin, MD, FAAFP, New Physician
Grant Studebaker, MD, FAAFP, IMG

WHEREAS, the American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG) released via joint task force the AAFP-ACOG Joint Statement on Cooperative Practice and Hospital Privileges in 1998, and

WHEREAS, the AAFP has done much to highlight and support family medicine obstetrics internally since the release of the joint statement, but has been unable to formally partner with ACOG thereafter, and

WHEREAS, the landscape of obstetric care has changed significantly since the joint statement was released, including the identification of a maternal morbidity and mortality crisis in the United States (U.S.), and

WHEREAS, obstetrical care deserts now exist in one-third of U.S. counties while there has been a concurrent decrease in the obstetric workforce as more obstetric graduates subspecialize and those in practice retire, and

WHEREAS, data from the Robert Graham Center demonstrated that family physicians are the sole maternity care clinicians delivering babies in 181 maternity care deserts serving 400,000 birthing patients, and

WHEREAS, recent AAFP data showed a significant increase in family medicine physicians practicing obstetrics, from 8% to 15%, and

WHEREAS, ACOG has recently started a campaign focused on increasing certified nurse midwife (CNM) workforce and granting independent privileges to CNM as a solution to the morbidity and mortality crisis while excluding family medicine from this solution, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians directly advocate to the American College of Obstetrics and Gynecology regarding the inclusion of family medicine physicians practicing obstetrics in a plan to jointly address the maternal morbidity and mortality crisis in the United States.

RESOLUTION NO. 3007

Optimizing Access to Maternal Mortality Data

Introduced by: Kwanza Devlin, MD, Minority
Amanpreet Sethi, MD, Women
Mariama Massaquoi, MD, MPH, Minority

WHEREAS, Reducing maternal mortality and morbidity is a national priority, and

WHEREAS, maternal health is an American Academy of Family Physicians priority, and

WHEREAS, population health data are accessible for patients/consumers, providers, healthcare executives, and policy makers to make informed choices, and

WHEREAS, access to quality maternal mortality data is available, the data reported are variable (e.g. state-run Maternal Mortality Review Committees, Centers for Disease Control and Prevention (CDC) Pregnancy Mortality Surveillance System, Mapping Broadband Health in America), and

WHEREAS, a search for community health data found that many sources excluded maternal mortality [e.g. County Health Rankings, CDC Prevention Status Reports, Center for Medicare and Medicaid Services (used to compile the Hospital Safety Grade)], now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore methods to integrate maternal mortality data into available community and populations health metrics (such as with the Robert Graham Center), and be it further

RESOLVED, That the American Academy of Family Physicians investigate methods to integrate maternal mortality into community and population health metrics delineated by demographic data (including race and ethnicity).

RESOLUTION NO. 3008

Extending Recommended Duration of Breastfeeding/Chestfeeding in AAFP Policy

Introduced by: Catherine Khoo, MD, Women
Stephanie McKenney Groff, DO, Women
L. Latéy Bradford, MD, PhD, New Physician
Susan Wang, General Registrant

WHEREAS, Breastfeeding/chestfeeding offers numerous benefits to both parent and child, and

WHEREAS, the World Health Organization (WHO) cites that the first two years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall, and

WHEREAS, the parental benefits of breastfeeding for greater than 12 months is associated with decreasing maternal diabetes mellitus, hypertension, breast cancer, and ovarian cancer, and

WHEREAS, United States (U.S.) data from Healthy People 2020 reflects diminishing breastfeeding rates with any breastfeeding at 12 months of life at 35.0%, and

WHEREAS, only one-half of mothers who breastfeed past one year discuss their decision with their pediatric primary care provider and 38% of women who reported that their provider was unsupportive of breastfeeding past the first year elected to change their pediatric primary care provider, and

WHEREAS, breastfeeding has benefits to society beyond the parent-child dyad including environmental and economic benefits related to reduction in waste and missed work days, and

WHEREAS, the impact of not breastfeeding on health systems is estimated to cost the U.S. $28 million related to illnesses that could have been prevented by breastfeeding, and

WHEREAS, the WHO, the United Nations International Children's Emergency Fund, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists have updated previous recommendations to support continued breastfeeding while complementary foods are introduced, as long as mutually desired by the lactating parent and child for two years or beyond, and

WHEREAS, the American Academy of Family Physicians has existing policy on breastfeeding that recommends breastfeeding should continue with the addition of complementary foods throughout the second half of the first year, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update the policy statement on breastfeeding to reflect a recommendation to continue breastfeeding/chestfeeding with the addition of complementary foods for at least two years and beyond as long as mutually desired by the lactating parent and child.

RESOLUTION NO. 3009

Increasing Physician and Community Awareness Regarding Cardiovascular Health Disparities in Black Women

Introduced by: Victoria Dooley, MD, FAAFP, Women
Jiana Menendez, MD; MPH, FAAFP, General Registrant
Chelsea Faso, MD, Women
Lisa Winkler, MD, Women
Christine Derisse, MD, IMG
Julia Dejoseph, MD, Women
Heba Elzawahry, MD, IMG

WHEREAS, According to the American Heart Association (AHA), 50% of black women over age 19 have cardiovascular disease, and most are not aware that this is their most likely cause of death, and

WHEREAS, the Office of Minority Health data shows that black women are 30% more likely to die from heart disease compared to their white counterparts, and

WHEREAS, the Office of Minority Health data also shows that black women are 30% more likely to have hypertension, but considerably less likely to have it controlled by AHA guidelines, and

WHEREAS, race has been relied on by various clinical algorithms (including risk calculators, laboratory reporting, medication management), however the actual increased disparity is due to exposure to systemic and institutional racism, and

WHEREAS, while the Health Equity for EveryONE project provides an educational curriculum, there is a significant cost to obtain course content, which limits access to this important training, and

WHEREAS, the resources available from the EveryONE project do not contain a patient facing toolkit or educational materials, and

WHEREAS, the American Academy of Family Physicians policy supports health equity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop patient-facing educational materials about the elevated risk of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to increase awareness in the community, and be it further

RESOLVED, That the American Academy of Family Physicians develop in-person and free virtual continuing medical education materials to educate physicians on the disparities of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to better care for their patients.

RESOLUTION NO. 3010

Educational Collaboration of AAFP with American Academy of Pediatrics and American College of Obstetricians and Gynecologists for Better Patient Care

Introduced by: Dalia Youssef, MBBCH, IMG
Kento Sonoda, MD, IMG
Xinuo Gao, MD, IMG
Grace Chiu, MD, LGBTQ+
Aisha Harris, MD, New Physician
Michelle Hoadley, DO, New Physician
Tahera Azharuddin, MD, IMG

WHEREAS, There are 130,000 AAFP members that take ownership of maternal and children health, 74% take care of children and infants and 18% obstetric care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collaborate with the United States Preventive Services Task Force and other institutions, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics and American College of Obstetricians and Gynecologists as well to get free access for updated guidelines to manage this population better.