



# 2012 Agenda for the Reference Committee on Health of the Public and Science

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National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
1. Resolution No. 3002	Addressing the Invisible Wounds Of War
2. Resolution No. 3003	Addressing the Obesity Epidemic
3. Resolution No. 3004	Backpack Safety in Children
4. Resolution No. 3005	To Increase Bone Marrow Registries for Minority Populations
5. Resolution No. 3006	Update on HIV Screening
6. Resolution No. 3010	The Great Salt Shake Up: Clarity In Nutrition Labeling
7. Resolution No. 3011	Family Physician Participation in Under and Uninsured Medical Programs
8. Resolution No. 3007	Increased Targeted HIV Screening for Men Who Have Sex with Men (MSM)
9. Resolution No. 3008	Evidence Based Screening for Blood Donation
10. Resolution No. 3009	Helmets During Tornado Alerts
11. Resolution No. 3001	Certified Medical Examiner Training and Certification Testing



## Resolution No. 3002

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1 Addressing the Invisible Wounds Of War

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3 Submitted by: Evelyn L. Lewis&Clark, MD, MA, FAAFP, Minority  
4 Tess Garcia, MD, FAAFP, Minority  
5 Joseph Perez, MD, FAAFP, Minority  
6

7 WHEREAS, Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) has seen  
8 the deployment of over 2 million US troops, many with multiple deployments, since October  
9 2001, and

10  
11 WHEREAS, conservatively speaking, this means approximately 75 million individuals or 25% of  
12 the United States population are directly impacted by the injuries referred to as the “Invisible  
13 Wounds of War,” and

14  
15 WHEREAS, with the recent ending of the Iraq war, our health care system (military, veteran,  
16 and civilian), it is now recognized that the psychological toll of these deployments outweighs the  
17 physical injuries resulting from combat, and

18  
19 WHEREAS, the American Academy of Family Physicians and dozens of other medical  
20 associations and 130 medical schools are partnering in the White House's Joining Forces  
21 initiative to help physicians meet the unique health care needs of service members, veterans  
22 and their families, and

23  
24 WHEREAS, under the initiative, the physician organizations and medical schools are charged to  
25 provide educational and research opportunities that advance the diagnosis and treatment of  
26 post-traumatic stress disorder, traumatic brain injuries and post-combat depression, and

27  
28 WHEREAS, the 2008 RAND Corporation report, recommended the need for specific training,  
29 now, therefore, be it

30  
31 RESOLVED, That the American Academy of Family Physicians (AAFP) urge its members to  
32 acquire training and provide in their practice medical care specifically related to trauma and  
33 military mental and behavioral health concerns, and be it further

34  
35 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for inclusion  
36 in the current certification process a mechanism to demonstrate the clinical qualifications and  
37 requisite knowledge of unique military culture and issues relevant to service members and  
38 veterans, and be it further

39  
40 RESOLVED, That the American Academy of Family Physicians (AAFP) explore providing an  
41 appropriate CME curriculum and certificate for excellence in military medicine.



## Resolution No. 3003

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1 Addressing the Obesity Epidemic

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3 Submitted by: Geetha Ambalavanan, MD, Minority  
4 Tess Garcia, MD, FAAFP, Minority

5

6 WHEREAS, Obesity has been identified as one of the major challenges to the medical community,  
7 and

8

9 WHEREAS, obesity is one of the greatest modifiable health risks that the country faces, and

10

11 WHEREAS, obesity is a major contributor to health care costs by the complications it adds to other  
12 disease processes and by its own morbidity and mortality, now, therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family  
15 physicians and their practice teams to serve as positive role models for healthy lifestyle choices,  
16 and be it further

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family  
19 physicians to provide their patients with access to available resources (on-line and print) to help  
20 them make healthy lifestyle choices.



## Resolution No. 3004

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1 Backpack Safety in Children

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3 Submitted by: Jocelyn Hines, MD, Minority  
4 Nicole Davis, MD, FAAFP, Minority  
5 S. Gail Martin, MD, Minority  
6

7 WHEREAS, Overweight backpacks can cause strain on necks, back and shoulders, as well as  
8 potentially poor posture, especially in children, and  
9

10 WHEREAS, backpacks are a popular and practical method used to carry school books,  
11 instruments, laptops and a myriad of school supplies, and  
12

13 WHEREAS, the American Academy of Orthopedic Surgeons, the American Physical Therapy  
14 Association and the American Academy of Pediatricians have set guidelines regarding  
15 backpacks to avoid back injury to children, and  
16

17 WHEREAS, wide padded two shoulder strapped, lightweight, waist strapped backpacks have  
18 been found to be safest, now, therefore, be it  
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend children  
21 not carry over the shoulder backpacks greater than 15% of their body weight, and be it further  
22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) place information about  
24 backpack safety on the Familydoctor.org website.  
25

- 26 1. AAP Grand Rounds VOI.18 Num.1 July 2007 pgs. 10-11 "Backpack Weight: How Heavy  
27 is Safe"
- 28 2. Kids and backpacks. American Academy of Orthopaedic Surgeons website.  
29 <http://orthoinfo.aaos.org/fact/thr%5Freport.cfm?Thread%5FID=105&topcategory=Spine>.
- 30 3. UCSD researchers report results of children's backpack study. University of California,  
31 San Diego Medical Center website. Available at:  
32 <http://health.ucsd.edu/news/2005/12%5F05%5FMacias.htm>
- 33 4. "Tips to Prevent back pain from Kid's Backpacks" John J. Triano PhD



## Resolution No. 3005

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1 To Increase Bone Marrow Registries for Minority Populations

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3 Submitted by: Beena Nagappala, MD, MOH, Minority  
4 Tess Garcia, MD, FAAFP, Minority

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6 WHEREAS, The National Marrow Donor Program consists of 75% Caucasians and lacks  
7 minority donors on its registry programs, especially among Latino, African American and Asian  
8 populations, and

9

10 WHEREAS, there is lack of knowledge among the minority population about the existence and  
11 importance of the bone marrow registry, and

12

13 WHEREAS, there are funds available through the National Marrow Donor Program to educate  
14 the group on the registry, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) contact the National  
17 Bone Marrow registry and utilize its funds to evaluate how best to disseminate information  
18 regarding the need for minorities to be on the registry, and be it further

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) join the National  
21 Marrow Donor Program for the development of a campaign to increase the number of minority  
22 bone marrow donors.



## Resolution No. 3006

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1 Update on HIV Screening

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3 Submitted by: Marie-Elizabeth Ramas, MD, Minority  
4 Susan Saucedo, MD, Gemera; Registrant  
5 Flora Sadri-Azarbayejani, DO, FAAFP, GLBT  
6 Jose Tiburcio, MD, Minority  
7

8 WHEREAS, Despite recommendations set forth in 2010 by the Centers for Disease Control  
9 (CDC) to routinely screen for human immunodeficiency virus (HIV) all individuals between the  
10 ages of 13 and 64, the rate of infection still rises, and  
11

12 WHEREAS, according to the American Academy of Family Physicians (AAFP) guidelines the  
13 AAFP strongly recommends that physicians screen for HIV all adolescents and adults at  
14 increased risk for HIV infection (2005), and  
15

16 WHEREAS, per CDC statistics in 2009 indicated that although African Americans represented  
17 14% of the total United States population, they accounted for 44% of all new HIV infections, and  
18

19 WHEREAS, according to the New England Journal of Medicine (NEJM) "Cost-effectiveness of  
20 Screening for HIV in the Era of Highly Active Antiretroviral Therapy," the cost-effectiveness of  
21 routine HIV screening in health care settings, even in relatively low-prevalence populations, is  
22 similar to that of commonly accepted interventions and such programs should be expanded, and  
23

24 WHEREAS, according to CDC 2009 statistics, although the annual number of new HIV  
25 infections was stable overall during 2006 to 2009, there was an estimated 21% increase in HIV  
26 incidence for people aged 13-29 years, driven by a 34% increase in young men who have sex  
27 with men (MSM), and  
28

29 WHEREAS, among MSM ages 13 to 29, HIV incidence among black/African American MSM  
30 increased by 485 from 2006 through 2009, now, therefore, be it  
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommends  
33 that physicians screen for human immunodeficiency virus (HIV) all individuals between 13 and  
34 64 years of age regardless of recognized risk factors, as per CDC 2010 guidelines, and be it  
35 further,  
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) make policy that human  
38 immunodeficiency virus (HIV) consent be an opt-out process regardless of risk stratification.



## Resolution No. 3010

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1 The Great Salt Shake Up: Clarity In Nutrition Labeling

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3 Submitted by: Jessica Triche, MD, New Physicians  
4 Tiffany Leonard, MD, New Physicians  
5 John C. Cawley, MD, New Physicians  
6 Angela Sparks, MD, New Physicians  
7

8 WHEREAS, Current nutrition labeling includes “sodium” content of the food, and  
9

10 WHEREAS, the average health literacy level is third to fifth-grade level<sup>1</sup>, and  
11

12 WHEREAS, sodium is not a layman’s term and is not readily understood by many consumers to  
13 be equivalent with salt content, and  
14

15 WHEREAS, Americans consume an average of more than 3,400 mg of sodium chloride, which  
16 about one and one-half teaspoons per day, significantly higher than the daily maximum value of  
17 2,300 mg, which is about one teaspoon, established in 2005 by the Department of Health and  
18 Human Services and the Department of Agriculture in Dietary Guidelines for Americans<sup>2</sup>, and  
19

20 WHEREAS, a study in the *Annals of Internal Medicine* suggested that following the above  
21 dietary guidelines would save \$32 billion in medical costs and avert almost one million  
22 myocardial infarctions and strokes over the lifetime of adults aged 45-85, and reducing sodium  
23 intake to 1200 mg daily would reduce annual stroke episodes by 32,000-66,000 and myocardial  
24 infarction episodes by 54,000-99,000 with an estimated annual savings of \$10 to \$24 billion in  
25 healthcare savings<sup>3</sup>, now, therefore, be it  
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) make a formal  
28 recommendation to the Food and Drug Administration (FDA) to modify nutrition labels such that  
29 wherever the word “sodium” appears in written format, it will instead read “sodium (salt).”  
30  
31

32 Sources:

33 1) Falconer, Naudia, et. al. An Analysis of the Readability of Educational Materials on the  
34 Consumer Webpage of a Health Professional Organization: Considerations for Practice. *The*  
35 *Internet Journal of Allied Health Sciences and Practice*. Vol 9 No 3 (2011). Available at:  
36 <http://ijahsp.nova.edu>  
37

38 2) IOM Report Urges FDA to Set Standards for Sodium Content: Recommendations Take Aim  
39 at High Prevalence of Hypertension. *AAFP News Now*. 4/21/2010. Available at:  
40 [http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-](http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-public/20100421sodium-rpt.html)  
41 [public/20100421sodium-rpt.html](http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-public/20100421sodium-rpt.html)  
42

43 3) Frieden TR and Briss PA. We can reduce dietary sodium, save money, and save lives. *Ann*  
44 *Inter Med*. 2010 April 20; 152(8): 526-7, W182. Epub 2010 Mar1



## Resolution No. 3011

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1 Family Physician Participation in Under and Uninsured Medical Programs  
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3 Submitted by: Julio Menocal, MD, FAAFP, IMG  
4 V. Hema Kumar, MD, FAAFP, IMG  
5  
6 WHEREAS, The ranks of underinsured and uninsured recipients have swelled by about 50% in  
7 some parts of the country due to the economic slow-down, and  
8  
9 WHEREAS, physician participation in the care of this group is low nationwide, and  
10  
11 WHEREAS, access to effective primary care for this group continues to be an obstacle for  
12 adequate medical care, and  
13  
14 WHEREAS, family physicians are specially suited to take care of the whole person and the  
15 whole family, and  
16  
17 WHEREAS, the percentage of under and uninsured patients has been an average of 16.7%,  
18 and  
19  
20 WHEREAS, participation of family physicians in the care of under or uninsured patients is well  
21 below 10% of all family physicians, now, therefore be it  
22  
23 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage their  
24 members via email, regular mail and other communications to participate in local and state  
25 medically underserved programs for at least 7% of their patient population.





## Resolution No. 3007

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2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Increased Targeted HIV Screening for Men Who Have Sex with Men (MSM)

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3 Submitted by: Scott Nass, MD, MPA, GLBT

4 Flora Sadri-Azarbayejani, DO, FAAFP, GLBT

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6 WHEREAS, Human immunodeficiency virus (HIV) remains a threat to the public health and  
7 carries significant morbidity and mortality despite the development of life-sustaining treatments,  
8 and

9

10 WHEREAS, the American Academy of Family Physicians (AAFP) strongly recommends that  
11 physicians screen for HIV in all adolescents and adults at increased risk for HIV infection, and

12

13 WHEREAS, men who have sex with men (MSM) account for nearly half of the approximately  
14 1.2 million people living with HIV in the United States and for more than half of all new HIV  
15 infections in the United States each year (2010 data), and

16

17 WHEREAS, while only four percent of men in the United States are MSM, and

18

19 WHEREAS, the rate of new HIV diagnoses among MSM in the United States is more than 44  
20 times that of other men, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) support increased  
23 targeted human immunodeficiency virus (HIV) screening for men who have sex with men (MSM)  
24 toward reducing the disproportionate infection rate among MSM.



## Resolution No. 3008

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2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Evidence Based Screening for Blood Donation

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3 Submitted by: Samuel Hanson Willis, MD, GLBT  
4 Doug Vacek, DO, GLBT

5

6 WHEREAS, The American Academy of Family Physicians' (AAFP) Commission on Health of  
7 the Public and Science sent a letter to the Federal Drug Administration (FDA) in March 2010  
8 requesting that standards set by the FDA for deferral of blood donation for human  
9 immunodeficiency virus (HIV) risk be based on current scientific evidence, and

10

11 WHEREAS, the FDA has taken no action to change their lifetime deferral policy for men who  
12 have had sex with men since 1977 so that it is in line with scientific evidence, now, therefore, be  
13 it

14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) request the Food and  
16 Drug Administration's Blood Products Advisory Committee and the U.S. Department of Health &  
17 Human Services' Advisory Committee on Blood Safety and Availability change the deferral  
18 period for blood donation from a permanent deferral to a 12 month deferral for male blood  
19 donors who have had sexual contact with another male.



## Resolution No. 3009

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2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Helmets During Tornado Alerts

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3 Submitted by: Andrew Goodman, MD, GLBT

4 Werner Brammer, MD, FAAFP, GLBT

5 Laura Ellis, MD, FAAFP, GLBT

6

7 WHEREAS, Head injuries are the number one cause of death in tornadoes, and

8

9 WHEREAS, bicycle-style helmets have been shown to reduce the incidence of such head  
10 injuries (Safety Helmets: A Practical, Inexpensive Solution for Reducing the Risk of Head  
11 Injuries Resulting from Tornadoes, UAB Injury Control Research Center. The University of  
12 Alabama at Birmingham M. Scott Crawford, Philip R. Fine, P. Jeff Foster, John W. Waterbor,  
13 Gregory G. Davis, & Robert M. Brissie), now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of  
16 helmets for people in tornado alert areas.



## Resolution No. 3001

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2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Certified Medical Examiner Training and Certification Testing

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3 Submitted by: Teresa Lovins, MD, FAAFP, Women

4 Carolyn Forbes, MD, FAAFP, Women

5 Kelly Jones, MD, Women

6

7 WHEREAS, The Department of Transportation is going to require all providers who complete  
8 medical examinations for commercial drivers become Certified Medical Examiners by May  
9 2014, and

10

11 WHEREAS, the American Academy of Family Physicians (AAFP) has many member physicians  
12 who currently do these examinations who will need to be certified, and

13

14 WHEREAS, the AAFP currently creates and supports Continuing Medical Education (CME) for  
15 its members, now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the  
18 educational requirements that will be presented by the Department of Transportation for  
19 Certified Medical Examiners and provide an educational opportunity and certification testing as  
20 a service to its members.