



2018 Agenda for the Reference Committee on Health of the Public & Science

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 3001	Implicit Bias
2. Resolution No. 3002	Comprehensive Sex Education in Schools
3. Resolution No. 3003	Revision of Reproductive Health Policies Wording
4. Resolution No. 3004	Update to “Prevention and Control of Sexually Transmitted and Blood Borne Infections” Policy Statement
5. Resolution No. 3005	Including Medical Resources and Referral Information on Anti-Bullying Websites
6. Resolution No. 3006	Menstrual Equity
7. Resolution No. 3007	Non-Discrimination Against PrEP Users
8. Resolution No. 3008	Reduce Sexual Harassment of Female Physicians and Trainees
9. Resolution No. 3009	Access to Evidence-Based HIV Prevention Strategies in State and Federal Correction Systems
10. Resolution No. 3010	The Fourth Trimester
11. Resolution No. 3011	Shackles on Women During Active Labor and Immediate Postpartum
12. Resolution No. 3012	It’s on Us to Stop Sexual Assault
13. Resolution No. 3013	Promoting Safe Schools
14. Resolution No. 3014	Recipes for Life
15. Resolution No. 3015	Sexual Consent



Resolution No. 3001

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Implicit Bias

2

3 Submitted by: Ivonne McLean, MD, New Physician
4 Betsy Gilbertson, MD, New Physician
5 Emily Young, DO, MPH, MA, New Physician
6 Mercedes Giles, MD, General Registrant
7 Natalie Hinchcliffe, DO, LGBT
8 Tabatha Wells, MD, FAAFP, New Physician
9 Daniel Neghassi, MD, Minority

10

11 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that “health is a
12 basic human right” and

13

14 WHEREAS, the AAFP opposes racial and other forms of discrimination against patients, and

15

16 WHEREAS, implicit bias is defined as the attitudes or stereotypes that affect our understanding,
17 actions, and decisions in an unconscious manner, and

18

19 WHEREAS, these biases encompasses both favorable and unfavorable assessments and are
20 activated involuntarily which has been linked as a cause of poor health outcomes, and

21

22 WHEREAS, there is existing evidence linking racial disparities to maternal and infant mortality, and

23

24 WHEREAS, it is the AAFP policy for all family physicians to provide culturally proficient health care
25 and infuse multicultural perspectives into initiatives and recruit and retain diverse individuals, to
26 prepare the workforce to work with diverse individuals, and

27

28 WHEREAS, implicit biases create differential health care service offerings and delivery and affect
29 the effectiveness of care provided, including lack of cultural competence, and

30

31 WHEREAS, for example, African American women are more likely to give birth to low-birthweight
32 infants, and their newborns experience higher infant death rates that are not associated with any
33 biological differences, even after accounting for socioeconomic factors and

34

35 WHEREAS, clinicians can reduce the impact of implicit bias through training and organizational
36 support, and

37

38 WHEREAS, the Accreditation Council for Graduate Medical Education program requirements
39 include a resident’s ability to “communicate effectively with patients, families, and the public, as
40 appropriate, across a broad range of socioeconomic and cultural backgrounds,” and

41

42 WHEREAS, the AAFP has created the Center for Diversity and Health Equity and subsequently
43 the EveryONE Project which aims to address social determinants of health by providing AAFP
44 members with education and information about health equity, now, therefore, be it
45
46 RESOLVED, That the American Academy of Family Physicians create a policy statement defining
47 implicit bias and recognizing its impact on disparities of care, and be it further
48
49 RESOLVED, That the American Academy of Family Physicians encourage the Review Committee
50 of Family Medicine (RC-FM) of the Accreditation Council for Graduate Medical Education to
51 include implicit bias trainings within residency education core curriculum, and be it further
52
53 RESOLVED, That the American Academy of Family Physicians create continuing medical
54 education opportunities around implicit bias, and be it further
55
56 RESOLVED, That the American Academy of Family Physicians encourage research on the effects
57 of implicit bias on patient outcomes and how education around this topic can have measurable and
58 positive effects on population health and individual practice.



Resolution No. 3002

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1 Comprehensive Sex Education in Schools

2
3 Submitted by: Lindsey Kurdi Wood, DO, General Registrant
4 Sarah Ledger, DO, Women
5 Bridget Lynch, MD, Women
6 Juan Carlos Venis, MD, LGBT
7 Nykki Boersma, MD, Women
8 Mara Groom, DO, New Physician
9

10 WHEREAS, The American Academy of Family Physicians policy statement entitled, “Adolescent
11 Health Care, Sexuality and Contraception” encourages family physicians to engage in
12 comprehensive sexual education with their patients, and
13

14 WHEREAS, national policy and funding for sexual education in public schools is shifting toward
15 “sexual-risk avoidance” education from comprehensive sexual education, and
16

17 WHEREAS, when adjusting for age, gender, race, income, residence, and family intactness,
18 abstinence-only education is not significantly associated with teen pregnancy when compared with
19 no sexual education, and
20

21 WHEREAS, in a study by Kohler, Manhart, and Lafferty, when comparing abstinence-only education
22 and comprehensive sexual education, there was a 50% reduction in teenage pregnancies, and
23

24 WHEREAS, sexual education is lacking in many public schools, with students from low-income
25 families, African American families, or rural areas are more likely to receive no sexual education at
26 all, and
27

28 WHEREAS, the United Nations Population Fund (UNFPA), United Nations Education, Scientific, and
29 Cultural Organization (UNESCO) and many researchers promote comprehensive sexual education
30 that emphasizes social context, especially gender and rights, within programs, and
31

32 WHEREAS, UNFPA and UNESCO recommend sexual education that is scientifically accurate about
33 human rights, gender norms, and power in relationships (including consent and decision making,
34 sexual coercion, intimate-partner and gender-based violence, and sexual diversity), the body,
35 puberty, reproduction, and sexual health (including STIs/HIV and AIDS, unintended pregnancy,
36 condoms, and contraception), and
37

38 WHEREAS, as family physicians, our population is significantly affected by changes in national
39 policy regarding sexual education in public schools, now, therefore, be it
40

41 RESOLVED, That the American Academy of Family Physicians act to promote health education
42 programs within public elementary, middle, and high schools that are age-appropriate, culturally
43 relevant, and include evidence-based medical information regarding contraception, sexually
44 transmitted infection (STI) prevention, consent, and lesbian, gay, bisexual, transgendered,
45 questioning, intersexual, and asexual/ally (LGBTQIA) issues.



Resolution No. 3003

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1 Revision of Reproductive Health Policies Wording

2

3 Submitted by: Megan Vigil, MD, LGBT
4 Kristi VanDerKolk, MD, General Registrant
5 Martha Simmons, MD, General Registrant
6 Carrie Pierce, MD, Women
7

8 WHEREAS, The current American Academy of Family Physicians (AAFP) policy on reproductive
9 health states the AAFP supports a woman's access to reproductive health services and opposes
10 nonevidence-based restrictions on medical care and the provision of such services (2014 COD),
11 and

12

13 WHEREAS, current AAFP policy on Coverage for Reproductive Decisions states that AAFP
14 endorses the principle that women receiving health care paid for through health plans funded by
15 state or federal governments who have coverage for continuing a pregnancy also should have
16 coverage for ending a pregnancy (2017 December BOD), and

17

18 WHEREAS, universal coverage of In Vitro Fertilization (IVF) has been associated with increased
19 access to IVF treatment with decreased rates of multiple births, premature births, neonatal
20 intensive care unit admissions and the cost per live birth, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) modify its Reproductive
23 Health Policy to specify that the AAFP support a person's access to comprehensive reproductive
24 health services, including prenatal care, full spectrum family planning, and assisted reproductive
25 technology and opposes nonevidence-based restrictions on medical care and the provision of such
26 services, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) modify its policy on
29 Coverage for Reproductive Decisions to specify that the AAFP endorse the principle that persons
30 receiving health care paid for through health plans funded by state or federal governments who
31 have coverage for continuing a pregnancy also should have coverage for ending a pregnancy in
32 addition to coverage for assisted reproductive technology.



Resolution No. 3004

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1 Update to “Prevention and Control of Sexually Transmitted and Blood Borne Infections” Policy
2 Statement

3

4 Submitted by: Juan Carlos Venis, MD, LGBT
5 Joseph Freund, MD, FAAFP, LGBT

6

7 WHEREAS, The current American Academy of Family Physicians policy entitled “Prevention and
8 Control of Sexually Transmitted and Blood Borne Infections” is inconsistent with current evidence-
9 based guidelines and best clinical practice, and

10

11 WHEREAS, the physician-patient relationship and an affirming sexual health history interview are
12 invaluable in the prevention of sexually transmitted infections, and

13

14 WHEREAS, strategies for safer sex are not limited to abstinence, monogamous relationships, and
15 barriers, but also include, and are not limited to, strategies such as encouraging patients to talk
16 with partners about their status and history, individualized screening recommendations based on
17 risk criteria, discussing safe use of toys and prosthetics, and pharmaceutical prophylaxis, now,
18 therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians Commission on Science and
21 Health of the Public update the language of the Prevention and Control of Sexually Transmitted
22 and Blood Borne Infections policy statement to reflect current evidence-based guidelines and best
23 clinical practice.



Resolution No. 3005

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1 Including Medical Resources and Referral Information on Anti-bullying Websites

2

3 Submitted by: Patrick Simpson, MD, LGBT

4 Marian Allen, MD, LGBT

5 Seema Shah, MD, MPH, General Registrant

6 Marilou Gonzalez, MD, Minority

7

8 WHEREAS, Bullying is ubiquitous in all corners of society, indiscriminate of age, race, nationality,
9 gender, sexual orientation or identity, or socioeconomic status, and

10

11 WHEREAS, the American Academy of Family Physicians has recognized through official policy
12 and scholarly articles that family physicians can help prevent the negative consequences of
13 bullying, and

14

15 WHEREAS, anti-bullying websites serve as popular resources for families, educational staff and
16 the public, but lack the inclusion of physicians as a resource, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of
19 medical resources and referral information on major non-profit anti-bullying websites, and be it
20 further

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter
23 recommending the incorporation of links to physician professional organizations including AAFP
24 and American Academy of Pediatrics to websites such as StopBullying.gov, StompOutBullying.org
25 and other appropriate organizations, and be it further

26

27 RESOLVED, That the above referenced letter include a statement recommending the individual
28 who is seeking resources consult their primary care physician.



Resolution No. 3006

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1 Menstrual Equity

2

3 Submitted by: Rachel Franklin, MD, FAAFP, Women
4 Sandra Hughes, MD, Women
5 Cathleen London, MD, Women

6

7 WHEREAS, Lack of access to menstrual support products causes absenteeism in education and
8 employment among menstruating persons, and

9

10 WHEREAS, in the absence of access to sanitary menstrual support, menstruating persons seek
11 alternatives that increase their risk for infection, hunger or other adverse health outcomes, and

12

13 WHEREAS, access to free toilet paper and hand soap in restrooms is mandated by the federal
14 government, but menstrual products are deemed "luxury items," and

15

16 WHEREAS, most American programs designed to help low-income families, including Medicaid,
17 SNAP (Supplemental Nutrition Assistance Program, i.e. food stamps) and WIC (Special
18 Supplemental Nutrition Program for Women, Infants, and Children) exclude menstrual products,
19 even though the Federal Drug Administration considers them "medical products," and

20

21 WHEREAS, the American Academy of Family Physicians has defined social determinants of health
22 as "the conditions under which people are born, grow, live, work, and age," and

23

24 WHEREAS, the United Nations has declared menstrual hygiene a public-health, gender-equality,
25 and human rights issue, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians issue a policy statement declaring
28 access to menstrual hygiene a public-health, gender-equality, and human rights issue, and
29 represents a social determinant of health, and be it further

30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) provide access to
32 menstrual hygiene products in restrooms at AAFP offices and all conference venues, whether at
33 AAFP cost or by contract with venues.



Resolution No. 3007

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Non-discrimination Against PrEP Users

2

3 Submitted by: Sarah Marks, MD, FAAFP, LGBT

4 Scott Hartman, MD, FAAFP, General Registrant

5 Margaret Smith, MD, MPH, MHSA, Minority

6 Jen Brull, MD FAAFP, Women

7

8 WHEREAS, Discrimination against patients who take pre-exposure prophylaxis for HIV (PrEP) has
9 been reported when purchasing life or health insurance, and

10

11 WHEREAS, the potential prohibition against obtaining life or health insurance might discourage
12 patients, who would otherwise benefit, from taking PrEP, and

13

14 WHEREAS, the American Academy of Family Physicians has existing policy supporting the use of
15 PrEP, now, therefore, be it

16

17 RESOLVED, That language opposing discrimination in the purchase of life or health insurance by
18 people taking pre-exposure prophylaxis for HIV be included in the American Academy of Family
19 Physician's statement entitled "Prevention and Control of Sexually Transmitted and Blood Borne
20 Infections."



Resolution No. 3008

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Reduce Sexual Harassment of Female Physicians and Trainees

2

3 Submitted by: Alison Block, MD, Women
4 Vivienne Rose, MD, Minority
5 Jessica Heselschwerdt, MD, Women
6 Cathleen London, MD, Women
7 Anne Toledo, MD, General Registrant

8

9 WHEREAS, The pervasiveness of sexual harassment and discrimination in our culture has recently
10 gained more attention, and

11

12 WHEREAS, existing American Academy of Family Physicians (AAFP) policy discourages various
13 forms of harassment but does not adequately address the negative effects of sexual harassment
14 on family physicians and trainees, and

15

16 WHEREAS, 30% of female physicians experience sexual harassment and 47% of those feel the
17 harassment has negatively impacted their careers, and

18

19 WHEREAS, 69% of female medical students report some form of gender discrimination or sexual
20 harassment, and

21

22 WHEREAS, women are underrepresented in leadership roles in medicine, and

23

24 WHEREAS, existing AAFP policy aims to build support for women in leadership positions, and

25

26 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) has a policy
27 stating that residency programs must have a process for managing sexual harassment claims, and

28

29 WHEREAS, the Liaison Committee on Medical Education and the Commission on Osteopathic
30 College Accreditation do not have explicit policies on sexual harassment in their Standards for
31 Accreditation, and

32

33 WHEREAS, 87-94% of employees experiencing harassment do not file a formal complaint, now,
34 therefore, be it

35

36 RESOLVED, That the American Academy of Family Physicians expand the existing policy
37 statement on violence, harassment, and bullying to include information about the negative impact
38 of sexual harassment on family physicians and medical trainees, and be it further

39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) provide online resources
41 on the AAFP website for physicians dealing with sexual harassment in the workplace perpetrated
42 by colleagues, superiors, or patients, and be it further

43

44 RESOLVED, That the American Academy of Family Physicians schedule sessions at Family
45 Medicine Experience and at the the National Conference for Family Medicine Residents and
46 Medical Students meeting about sexual harassment, and be it further,
47

48 RESOLVED, That the American Academy of Family Physicians issue a position statement that
49 encourages medical schools and residencies to have trusted, clearly defined, accessible complaint
50 procedures to address sexual harassment.



Resolution No. 3009

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Access to Evidence-Based HIV Prevention Strategies in State and Federal Correction Systems

2
3 Submitted by: Marty Player, MD, LGBT
4 Joanna Bisgrove, MD, LGBT
5 Scott Nass, MD MPA FAAFP, General Registrant
6

7 WHEREAS, HIV rates among incarcerated populations are estimated to be 1-2%, a prevalence
8 rate greater than three times that of the general population and accounting for greater than 20,000
9 known diagnoses within state and federal prisons in 2010, and

10
11 WHEREAS, only 19 states mandate HIV testing at entry into the prison system, and

12
13 WHEREAS, prevalence of all sexually transmitted infections (STIs) is increased among current and
14 former inmates relative to the general population, and

15
16 WHEREAS, abstinence-only policies by federal and all state prison systems contribute to
17 increased rates of sexual coercion and violence, and

18
19 WHEREAS, increased prevalence of HIV and STIs among incarcerated individuals leads to
20 increased rates within communities upon inmate release, and

21
22 WHEREAS, condoms are legally permitted in state prisons by only California, Mississippi (for
23 conjugal visits only), and Vermont, and are not allowed in federal prisons; and previous federal and
24 state legislative attempts to grant access have met with significant, and

25
26 WHEREAS, HIV Pre-Exposure Prophylaxis (PrEP) as a means of reducing transmission is not
27 available in any state prison system nor the federal prison system, and has not been studied in this
28 context, and

29
30 WHEREAS, PrEP has been proven effective in populations at high-risk for contracting HIV,
31 including individuals engaging in condomless sex with detectable HIV+ persons and those
32 engaging in condomless sex with multiple partners of unknown HIV status/control, now, therefore,
33 be it

34
35 RESOLVED, That the American Academy of Family Physicians send a letter to the Federal Bureau
36 of Prisons requesting integration of Pre-Exposure Prophylaxis (PrEP) – including medication,
37 condoms, education, and frequent HIV/sexually transmitted infection screening – into routine HIV
38 prevention strategies at the federal prison level, and be it further

39
40 RESOLVED, That the American Academy of Family Physicians update its “Incarceration and
41 Health: A Family Medicine Perspective” Position Paper to recommend integration of Pre-Exposure
42 Prophylaxis (PrEP) – including medication, condoms, education, and frequent HIV/sexually

43 transmitted infection screening – into routine HIV prevention strategies for incarcerated persons
44 at all levels of government, and be it further
45
46 RESOLVED, That the American Academy of Family Physicians create a State Legislative Issue
47 Backgrounder to recommend integration of Pre-Exposure Prophylaxis (PrEP) – including
48 medication, condoms, education, and frequent HIV/sexually transmitted infection screening.



Resolution No. 3010

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1 The Fourth Trimester

2

3 Submitted by: Marie-Elizabeth Ramas, MD, FAAFP, Minority

4 Mercedes Giles, MD, General Registrant

5 Moazzum Bajwa, MD, IMG

6 Lisa Lavadie-Gomez, MD, Minority

7 Sheleatha Taylor-Bristow, MD, New Physician

8 Victoria Udezi, MD, General Registrant

9

10 WHEREAS, The postpartum period encompasses many levels of maternal and neonatal
11 transitions, and

12

13 WHEREAS, we recognize that maternal morbidity and mortality is not limited to prenatal and
14 perinatal care, and

15

16 WHEREAS, up to 40% of women who give birth do not attend a postpartum visit, and increasing
17 attendance at postpartum visits is a developmental goal for Healthy People 2020, and

18

19 WHEREAS, indigent and underrepresented populations have limited access to comprehensive
20 maternity care, and

21

22 WHEREAS, the burden of chronic medical disease and postpartum complications are higher
23 among indigent patients and underrepresented minority communities, and

24

25 WHEREAS, under utilization of postpartum care has negative implications for ongoing maternal
26 morbidity, and

27

28 WHEREAS, the average woman goes back to work within 30 days and postpartum visits are
29 usually six weeks after delivery, and

30

31 WHEREAS, the reimbursement for routine maternity care is often limited to one postpartum visit at
32 six weeks, and

33

34 WHEREAS, the estimated annual cost of maternal morbidity and mortality approaches billions of
35 dollars, and

36

37 WHEREAS, The American Congress of Obstetricians and Gynecologists endorses the optimization
38 of postpartum care to include individualized and comprehensive maternal-centered care, now,
39 therefore, be it

40

41 RESOLVED, That the American Academy of Family Physicians support the optimization of the
42 postpartum period to include comprehensive maternal-centric partnership during the entirety of the
43 postpartum period, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians support American Congress of
46 Obstetricians and Gynecologists' committee opinion on the personalization of postpartum care, and
47 be it further
48
49 RESOLVED, That the American Academy of Family Physicians study the fiscal impact of more
50 comprehensive and personalized postpartum care, including, but not limited to, the potential saving
51 of economic burden via reduction of disparities.



Resolution No. 3011

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1 Shackles on Women During Active Labor and Immediate Postpartum

2
3 Submitted by: Jewell Carr, MD, New Physician
4 Talia Aron, MD, Women
5 Sandra Hughes, MD, Women
6 Nichole Johnson, MD, LGBT
7

8 WHEREAS, Incarcerated individuals who are pregnant are frequently shackled throughout their
9 pregnancy, including during labor, delivery, and the immediate postpartum period, and
10

11 WHEREAS, the use of shackles during labor and immediate postpartum care interferes with the
12 ability of health care providers to safely care for the patient and fetus, which can lead to delays in
13 appropriate evaluation and subsequent administration of potentially life saving measures and
14

15 WHEREAS, in the United States approximately 64% of women in prison have been convicted of
16 non-violent crime, and
17

18 WHEREAS, no escape attempts have been reported among pregnant incarcerated women who
19 were not shackled, and
20

21 WHEREAS, ambulation during active labor and delivery improves pain management in labor and
22 increases the likelihood of having a vaginal delivery, and
23

24 WHEREAS, the ability for people to move or be moved during active labor and delivery is essential
25 to the proper management of many obstetrical emergencies as outlined in the American Academy
26 of Family Physicians, Advanced Life Support in Obstetrics curriculum, and
27

28 WHEREAS, skin-to-skin contact is the standard of care for healthy newborns in the newborn period
29 to optimize the infant's health during the neonatal transition, facilitate bonding, and decrease pain
30 during neonatal procedures, and
31

32 WHEREAS, pregnant and postpartum individuals are at increased risk of venous
33 thromboembolism, a major cause of maternal mortality in the United States, and
34

35 WHEREAS, limited mobility further increases risk of venous thromboembolism, and
36

37 WHEREAS, both the American Medical Association and American College of Obstetricians and
38 Gynecologists have policies opposing the shackling of immediate postpartum patients and
39 individuals in active labor, and
40

41 WHEREAS, the safety of medical staff is of utmost importance and must be ensured with adequate
42 correctional staff and use of restraints only in situations when there is risk of imminent harm, and
43

44 WHEREAS, federal courts have ruled that shackling during active labor violates the 8th
45 Amendment to the United States Constitution, now, therefore, be it
46
47 RESOLVED, That the American Academy of Family Physicians oppose the shackling of
48 incarcerated people who are in active labor and during the postpartum period, considered to be six
49 to eight weeks after delivery, with proper safety protections for the healthcare team.



Resolution No. 3012

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 “It’s On Us” to Stop Sexual Assault

2
3 Submitted by: Kevin Bernstein, MD, MS, USN, FAAFP, New Physician
4 Cathleen London, MD, Women
5 Yadira Acevedo, MD, New Physician
6 Monjur Alam, MD, New Physician
7 Meshia Waleh, MD, New Physician
8 Audrey Falconi, DO, Women
9 Patrick Simpson, MD, LGBT
10 Sarah Marks, MD, FAAFP, LGBT
11 Margaret Smith, MD, MPH, MHSA, Minority
12 Jessica Richmond, MD, FAAFP, New Physician
13 Anita Ravi, MD, MPH, MSHP, FAAFP, New Physicians
14 Joanna Bisgrove, MD, FAAFP, LGBT
15

16 WHEREAS, Sexual violence is a serious public health problem that affects millions of women and
17 men, and

18
19 WHEREAS, in the United States, one in three women and one in six men have experienced sexual
20 violence involving physical contact at some point in their lives, and

21
22 WHEREAS, statistics underestimate the problem because many victims do not tell the police,
23 family, or friends about the violence, and

24
25 WHEREAS, one in five women and one in 16 men have experienced sexual assault in college, and

26
27 WHEREAS, “It’s On Us” is a campaign launched following recommendations from the White House
28 Task Force to Prevent Sexual Assault that noted the importance of engaging everyone in the
29 conversation to end sexual violence, and

30
31 WHEREAS, “It’s On Us” asks everyone – students, community leaders, parents, organizations, and
32 companies – to step up and realize that the conversation changes with us, and

33
34 WHEREAS, “It’s On Us” combines innovative, creative content and grassroots organizing
35 techniques to spark conversation on a national and local level - over the past two years, almost
36 300,000 people have taken a stand against sexual violence by taking the “It’s On Us” pledge, and

37
38 WHEREAS, “It’s On Us” works with 95 partners and students on over 500 college campuses and
39 tasks all people to take up the responsibility for preventing sexual assault, and

40
41 WHEREAS, family physicians are uniquely positioned in caring for college-age students as most
42 require a physician’s visit and immunization prior to starting college, and

44 WHEREAS, the American Academy of Family Physicians (AAFP) position paper on “Violence” and
45 “Intimate Partner Violence” supports efforts of the “It’s On Us” and “MeToo” campaigns, now,
46 therefore, be it
47

48 RESOLVED, That the American Academy of Family Physicians take action to support current
49 policy by becoming a medical organization partner of the White House Task Force to Prevent
50 Sexual Assault “It’s On Us” campaign for college campus sexual assault prevention.



Resolution No. 3013

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Promoting Safe Schools

2

3 Submitted by: Kristin Mack, DO, General Registrant

4 Nykki Boersma, MD, Women

5 Bridget Lynch, MD, Women

6

7 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes violence as a public
8 health concern, and

9

10 WHEREAS, school violence has had an escalating impact with 141 individuals killed in a mass
11 murder or attempted mass murder at a school since 1999, and

12

13 WHEREAS, family physicians are in contact with at-risk adolescents not identified within the legal
14 system since 73% of school shooters have no prior criminal record, not even arrests, and

15

16 WHEREAS, a significant number of adolescents aged 15 or younger have committed or attempted
17 a mass school shooting since 1999, and

18

19 WHEREAS, the AAFP recognizes that “violence disproportionately affects vulnerable populations
20 such as women, children, lesbian, gay, bisexual, transgender, questioning, and intersex
21 individuals, and those living in poverty, among others,” and

22

23 WHEREAS, a meta-analysis of the limited research suggests that the programs aimed at school
24 violence prevention are more successful with implementation of cognitive-behavioral strategies,
25 multi-setting atmosphere, and early prevention, and

26

27 WHEREAS, some family physicians act as medical directors of school systems or are community
28 health representatives on school health councils, now, therefore, be it

29

30 RESOLVED, That the American Academy of Family Physicians develop or collect and disseminate
31 education on successful community-based approaches to school violence prevention.



Resolution No. 3014

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Recipes For Life

2

3 Submitted by: Venis Wilder, MD, Minority
4 Marie Ramas, MD, FAAFP, Minority
5 Jennifer Brull, MD, FAAFP, Women
6 Kandie Tate, MD, FAAFP, Women

7

8 WHEREAS, There are health disparities in the United States that disproportionately affect the
9 health outcomes of African-Americans and Latinos in the United States, and

10

11 WHEREAS, underserved minorities who live in inner city areas often live in food deserts and food
12 mirages without access to a variety of fruits and vegetables, and

13

14 WHEREAS, gentrification in urban centers have attracted bigger chain grocery stores to these
15 traditionally underserved communities posing new opportunities for partnership, and

16

17 WHEREAS, chronic diseases adversely and disproportionately affect people of color and are
18 largely caused by food access and choices, and

19

20 WHEREAS, there is an existing program in Harlem (Recipes for Life with The City Doc and
21 HarlemDocs) that has successfully partnered with the local Whole Foods to provide monthly
22 workshops to community members, including topics on nutrition and chronic disease education,
23 and

24

25 WHEREAS, the existing program structure of Recipes for Life includes a family physician
26 champion, a possible specialist collaborating partner from the community, a caterer who also
27 provides nutrition education, and a disc jockey for entertainment, and

28

29 WHEREAS, other family physicians are interested in reproducing this model including a possible
30 expansion in Seattle, Washington in the near future, and

31

32 WHEREAS, an opportune time to impact patient's individual behavior about food selection is in the
33 actual place they are selecting food – the grocery store in the community, and

34

35 WHEREAS, the American Academy of Family Physicians has recently dedicated resources to the
36 new Center for Health Equity in order to address social determinants of health which food access
37 is one of these, now, therefore, be it

38

39 RESOLVED, That the American Academy of Family Physicians financially support a pilot program
40 to replicate the "Recipes for Life Program" to be implemented in multiple urban centers across the
41 United States, and be it further

42

43 RESOLVED, That the American Academy of Family Physicians collaborate with large-chain
44 grocery stores across the nation to develop creative ways to impact health outcomes in
45 communities of color.



Resolution No. 3015

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Sexual Consent

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3 Submitted by: Jessica Richmond, MD, FAAFP, New Physician
4 Meshia Waleh, MD, New Physician
5 Jenna Ridlen, DO, General Registrant
6 Cathleen London, MD, Women
7 Anita Ravi, MD, MPH, MSHP, FAAFP, General Registrant
8 Audrey Falconi, DO, Women
9 Monjur Alam, MD, New Physician
10 Yadira Acevedo, MD, New Physician
11 Kevin Bernstein, MD, MS, USN, FAAFP, New Physician

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13 WHEREAS, One in five women and one in 71 men will be raped at some point in their lives in the
14 United States (U.S.), and

15

16 WHEREAS, annually, rape costs the U.S. more than any other crime (\$127 billion), followed by
17 assault (\$93 billion), murder (\$71 billion), and drunk driving, including fatalities (\$61 billion), and

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19 WHEREAS, 20% - 25% of college women and 15% of college men are victims of forced sex during
20 their time in college, and

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22 WHEREAS, the American Academy of Family Physicians (AAFP) policy on Violence includes
23 within the physician's role, a response to include "Provide primary prevention through patient
24 education about healthy relationships," and

25

26 WHEREAS, the AAFP policy on "Adolescent Healthcare, Sexuality and Contraception" indicates
27 that the AAFP recommends that "Family physicians should discuss with and educate their
28 adolescent patients on the concept of consent to sexual activity and what to do if sexual contact
29 takes place against one's consent" but does not have a policy which expands this recommendation
30 to the population in general, now, therefore, be it

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32 RESOLVED, That the American Academy of Family Physicians (AAFP) create a policy on sexual
33 health to include a statement acknowledging that consent in sexual encounters is a public health
34 issue, and be it further

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36 RESOLVED, That the American Academy of Family Physicians include in a new policy on sexual
37 health, a recommendation that family physicians should discuss with and educate all patients on
38 the concept of consent to sexual activity and what to do if sexual contact takes place against one's
39 consent, and be it further

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41 RESOLVED, That the American Academy of Family Physicians create a Consent Toolkit to include
42 assistance in educating patients on sexual consent, bodily autonomy, and other age appropriate
43 resources.