



2018 Report of the Reference Committee on Health of the Public & Science

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

1 The Reference Committee on Health of the Public & Science has considered each of the
2 items referred to it and submits the following report. The committee's recommendations on
3 each item will be submitted as a consent calendar and voted on in one vote. Any item or
4 items may be extracted for debate.

5
6 **ITEM NO. 1: RESOLUTION NO. 3001: IMPLICIT BIAS**

7
8 RESOLVED, That the American Academy of Family Physicians creates a policy statement
9 defining implicit bias and recognizing its impact on disparities of care, and be it further

10
11 RESOLVED, That the American Academy of Family Physicians encourage the Review
12 Committee of Family Medicine (RC-FM) of the Accreditation Council for Graduate Medical
13 Education to include implicit bias trainings within residency education core curriculum, and
14 be it further

15
16 RESOLVED, That the American Academy of Family Physicians creates continuing medical
17 education opportunities around implicit bias, and be it further

18
19 RESOLVED, That the American Academy of Family Physicians encourages research on
20 the effects of implicit bias on patient outcomes and how education around this topic can
21 have measurable and positive effects on population health and individual practice.

22
23 The reference committee heard mixed testimony. Those against the resolution stated that they did
24 not think there was sufficient evidence to support the effect of brief educational interventions on
25 implicit bias and associated behaviors and thought that some institutions may use short
26 educational programs to avoid more systemic interventions. However, most that provided
27 testimony were in support, and said that education could promote evolution, leading to more robust
28 systemic change. More eloquently, one person said that “conversations can change culture.” Other
29 supporters said that their residents appreciate the opportunity to address their implicit biases. The
30 reference committee agreed with the supporters and noted that implicit bias training is in-line with
31 current work from the AAFP’s The EveryONE Project. The reference committee did acknowledge
32 the concerns of short term training and recommended that substitute resolved language be
33 adopted to include “longitudinal training” in the second resolved clause.

34
35 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
36 **3001, which reads as follows, be adopted in lieu of Resolution No. 3001:**
37

1 **RESOLVED, That the American Academy of Family Physicians create a policy**
2 **statement defining implicit bias and recognizing its impact on disparities of care, and**
3 **be it further**
4

5 **RESOLVED, That the American Academy of Family Physicians encourage the Review**
6 **Committee for Family Medicine (RC-FM) of the Accreditation Council for Graduate**
7 **Medical Education to include longitudinal implicit bias training within residency**
8 **education core curriculum, and be it further**
9

10 **RESOLVED, That the American Academy of Family Physicians create continuing**
11 **medical education opportunities around implicit bias, and be it further**
12

13 **RESOLVED, That the American Academy of Family Physicians encourage research**
14 **on the effects of implicit bias on patient outcomes and how education around this**
15 **topic can have measurable and positive effects on population health and individual**
16 **practice.**
17

18
19 **ITEM NO. 2: RESOLUTION NO. 3002: COMPREHENSIVE SEX EDUCATION IN SCHOOLS**
20

21 RESOLVED, That the American Academy of Family Physicians acts to promote health
22 education programs within public elementary, middle, and high schools that are age-
23 appropriate, culturally relevant, and include evidence-based medical information regarding
24 contraception, sexually transmitted infection (STI) prevention, consent, and **sexual and**
25 **gender minority issues.** ~~lesbian, gay, bisexual, transgendered, questioning, intersexual, and~~
26 ~~asexual/ally (LGBTQIA) issues.~~
27

28 **RESOLVED, That the AAFP define comprehensive sex education in current policy.**
29

30 **ADOPTED AS AMENDED**
31

32 The reference committee heard testimony in support of this resolution. The current AAFP policy,
33 “Adolescent Health Care, Sexuality and Contraception” does not define what constitutes
34 comprehensive sex education in schools. There was also support for more inclusive language,
35 striking out the terms lesbian, gay, bisexual, transgender, questioning, intersex, and asexual/ally
36 (LBGTQIA) and replacing it with the phrase intersex, transgender, and sexual minority persons.
37 The reference committee agreed with the supporters because the AAFP can be an important
38 advocate for evidence-based sex education in schools and with the suggested language changes.
39 The authors requested revision to the resolved clause to use language that is more inclusive and
40 future proof.
41

42 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
43 **3002, which reads as follows, be adopted in lieu of Resolution No. 3002:**
44

45 **RESOLVED, That the American Academy of Family Physicians revise the adolescent**
46 **healthcare, sexuality, contraception policy to replace the current phrase, lesbian, gay,**
47 **bisexual, transgendered, questioning, intersexual, and asexual/ally (LGBTQIA), with**
48 **the following: intersex, transgender, and sexual minority persons, and to define**
49 **comprehensive sex education.**
50
51

1 **ITEM NO. 3: RESOLUTION NO. 3003: REVISION OF REPRODUCTIVE HEALTH POLICIES**
2 **WORDING**

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) modifies its
5 Reproductive Health Policy to specify that the AAFP support a person’s access to
6 comprehensive reproductive health services, including prenatal care, full spectrum family
7 planning, and assisted reproductive technology and opposes nonevidence-based
8 restrictions on medical care and the provision of such services, and be it further
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) modifies its policy
11 on Coverage for Reproductive Decisions to specify that the AAFP endorse the principle that
12 persons receiving health care paid for through health plans funded by state or federal
13 governments who have coverage for continuing a pregnancy also should have coverage for
14 ending a pregnancy in addition to coverage for assisted reproductive technology.
15

16 The reference committee heard testimony in support of the resolution which asked for AAFP
17 policies on reproductive health services and coverage to be more inclusive of patients regardless
18 of gender, sexual identity, and marital status. The reference committee reviewed current AAFP
19 policies and determined that the language requested in the resolution is already included in the
20 policies, "Coverage for Reproductive Decisions" and "Coverage Equity for Drugs, Testing,
21 Procedure, Preventive Services, and Reproductive Technologies". However, the committee agreed
22 that the policy, "Reproductive Health Services" should be revised as it currently only advocates for
23 women to have access to these services.
24

25 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
26 **3003, which reads as follows, be adopted in lieu of Resolution No. 3003:**
27

28 **RESOLVED, That the American Academy of Family Physicians modify its policy,**
29 **"Reproductive Health Services" to include key aspects regarding support for access**
30 **for all patients to reproductive health services and oppose nonevidence-based**
31 **restrictions on medical care and the provision of such services.**
32
33

34 **ITEM NO. 4: RESOLUTION NO. 3004: UPDATE TO "PREVENTION AND CONTROL OF**
35 **SEXUALLY TRANSMITTED AND BLOODBORNE INFECTIONS" POLICY STATEMENT**
36

37 RESOLVED, That the American Academy of Family Physicians Commission on Science
38 and Health of the Public updates the language of the Prevention and Control of Sexually
39 Transmitted and Bloodborne Infections policy statement to reflect current evidence-based
40 guidelines and best clinical practice. **RETURNED TO ORIGINAL – ADOPTED**
41

42 The reference committee heard testimony in support of the resolution advocating for updating the
43 policy to be more inclusive and reflect current evidence and best practices. The reference
44 committee agreed with the spirit of the resolution, but had concerns with the lack of specific
45 strategies in the resolved clause. Therefore, the reference committee recommended adopting a
46 substitute resolved clause highlighting specific evidence-based strategies that were mentioned in
47 the resolution.
48

49 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
50 **3004, which reads as follows, be adopted in lieu of Resolution No. 3004.**
51
52

1 **RESOLVED, That the American Academy of Family Physicians update the language**
2 **of the policy, “Prevention and Control of Sexually Transmitted and Bloodborne**
3 **Infections” to include additional evidence-based strategies for safer sex that are not**
4 **limited to abstinence, monogamous relationships, or use of barriers, encouraging**
5 **patients to talk with partners about their status and history, individualized screening**
6 **recommendations based on risk criteria, safe use of toys and prosthetics, and**
7 **pharmaceutical prophylaxis.**
8
9

10 **ITEM NO. 5: RESOLUTION NO. 3005: INCLUDING MEDICAL RESOURCES AND REFERRAL**
11 **INFORMATION ON ANTI-BULLYING WEBSITES**
12

13 RESOLVED, That the American Academy of Family Physicians advocates for the inclusion
14 of medical resources and referral information on major non-profit anti-bullying websites, and
15 be it further
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) sends a letter
18 recommending the incorporation of links to physician professional organizations including
19 AAFP and American Academy of Pediatrics to websites such as StopBullying.gov,
20 StompOutBullying.org and other appropriate organizations, and be it further
21

22 RESOLVED, That the above referenced letter includes a statement recommending the
23 individual who is seeking resources consult their primary care physician.
24

25 The reference committee heard testimony in support of the resolution. The reference committee
26 discussed the lack of medical resources on anti-bullying websites. There was discussion about the
27 family physicians’ unique role in supporting people that have been bullied. The reference
28 committee also discussed that it would not be appropriate for the AAFP to ask anti-bullying
29 websites to include materials from the American Academy of Pediatrics (AAP) and agreed to revise
30 the resolved clause to remove the reference to AAP. Additionally, the reference committee
31 recommended striking the first resolved clause and keeping the second, as they were duplicative.
32 The reference committee also recommended including a statement recognizing family physicians’
33 expertise for advocating for their patients, families, and communities, regarding healthcare issues
34 resulting from bullying. Therefore, the reference committee recommended adoption of a substitute
35 resolution with the above changes.
36

37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
38 **3005, which reads as follows, be adopted in lieu of Resolution No. 3005.**
39

40 **RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter**
41 **to stopbullying.gov requesting that they incorporate a link to the content on bullying**
42 **on familydoctor.org and be it further**
43

44 **RESOLVED, That a letter be sent to StopBullying.gov and other appropriate**
45 **organizations that highlights the expertise family physicians have in addressing**
46 **healthcare issues resulting from bullying that affects their patients, families, and**
47 **communities.**
48

49
50 **ITEM NO. 6: RESOLUTION NO. 3006: MENSTRUAL EQUITY**
51

1 RESOLVED, That the American Academy of Family Physicians issues a policy statement
2 declaring access to menstrual hygiene a public-health, gender-equality, and human rights
3 issue, and represents a social determinant of health, and be it further
4

5 RESOLVED, That the American Academy of Family Physicians (AAFP) provides access to
6 menstrual hygiene products in restrooms at AAFP offices and all conference venues,
7 whether at AAFP cost or by contract with venues.
8

9 The reference committee heard testimony in support of the resolution which included statements
10 supporting menstrual equity as a matter of dignity and income equality, and one that is supported
11 by the United Nations and the World Health Organization. The reference committee discussed the
12 resolution and agreed with its intent.
13

14 **RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be**
15 **adopted.**
16

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18 **ITEM NO. 7: RESOLUTION NO. 3007: NON-DISCRIMINATION AGAINST PREP USERS**
19

20 RESOLVED, That language opposing discrimination in the purchase of life or health
21 insurance by people taking pre-exposure prophylaxis (PrEP) for HIV is included in the
22 American Academy of Family Physician’s statement entitled “Prevention and Control of
23 Sexually Transmitted and Bloodborne Infections.”
24

25 The reference committee heard testimony in favor of the resolution, specifically noting that some
26 patients are being denied coverage for PrEP and advocating to decreasing barriers to its access is
27 an important issue. The reference committee discussed the resolution and determined that the
28 resolved clause should be revised for clarity. Therefore, a substitute resolution is recommended.
29

30 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
31 **3007, which reads as follows, be adopted in lieu of Resolution No. 3007:**
32

33 **RESOLVED, That the American Academy of Family Physician’s policy statement**
34 **entitled “Prevention and Control of Sexually Transmitted and Bloodborne Infections”**
35 **include language opposing discrimination in the purchase of life or health insurance**
36 **by people taking pre-exposure prophylaxis for HIV.**
37

38
39 **ITEM NO. 8: RESOLUTION NO. 3008: REDUCE SEXUAL HARASSMENT OF FEMALE**
40 **PHYSICIANS AND TRAINEES**
41

42 RESOLVED, That the American Academy of Family Physicians expands the existing policy
43 statement on violence, harassment, and bullying to include information about the negative
44 impact of sexual harassment on family physicians and medical trainees, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians (AAFP) provides online
47 resources on the AAFP website for physicians dealing with sexual harassment in the
48 workplace perpetrated by colleagues, superiors, or patients, and be it further
49

50 RESOLVED, That the American Academy of Family Physicians schedules sessions at
51 Family Medicine Experience and at the the National Conference for Family Medicine
52 Residents and Medical Students meeting about sexual harassment, and be it further,

1
2 RESOLVED, That the American Academy of Family Physicians issues a position statement
3 that encourages medical schools and residencies to have trusted, clearly defined,
4 accessible complaint procedures to address sexual harassment.
5

6 The reference committee heard testimony in favor of the resolution which included that the AAFP
7 should be bold and disruptive on this issue. It was noted that the American Medical Association is
8 also addressing this issue. The reference committee discussed the resolution and recommended a
9 substitute resolution with editorial changes in the third resolved clause and deletion of the fourth
10 resolved clause since it is required by labor laws and out of the purview of the AAFP.
11

12 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
13 **3008, which reads as follows, be adopted in lieu of Resolution No. 3008:**
14

15 **RESOLVED, That the American Academy of Family Physicians expand the existing**
16 **policy statement on “Violence, Harassment, and School Bullying” to include**
17 **information about the negative impact of sexual harassment on family physicians**
18 **and medical trainees, and be it further**
19

20 **RESOLVED, That the American Academy of Family Physicians (AAFP) provide online**
21 **resources on the AAFP website for physicians dealing with sexual harassment in the**
22 **workplace perpetrated by colleagues, superiors, or patients, and be it further**
23

24 **RESOLVED, That the American Academy of Family Physicians include sessions at**
25 **Family Medicine Experience and at the the National Conference for Family Medicine**
26 **Residents and Medical Students about sexual harassment.**
27

28
29 **ITEM NO. 9: RESOLUTION NO. 3009: ACCESS TO EVIDENCE-BASED HIV PREVENTION**
30 **STRATEGIES IN STATE AND FEDERAL CORRECTION SYSTEMS**
31

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

38 RESOLVED, That the American Academy of Family Physicians updates its “Incarceration
39 and Health: A Family Medicine Perspective” Position Paper to recommend integration of
40 Pre-Exposure Prophylaxis (PrEP) – including medication, condoms, education, and
41 frequent HIV/sexually transmitted infection screening – into routine HIV prevention
42 strategies for incarcerated personas at all levels of government, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians creates a State Legislative
45 Issue Backgrounder to recommend integration of Pre-Exposure Prophylaxis (PrEP) –
46 including medication, condoms, education, and frequent HIV/sexually transmitted infection
47 screening.
48

49 The reference committee heard testimony in favor of the resolution including that PrEP is a
50 fundamental right and important for incarcerated populations. The reference committee
51 recommended the adoption of the resolution as written.
52

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be**
2 **adopted.**
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9 **ITEM NO. 10: RESOLUTION NO. 3010: THE FOURTH TRIMESTER**

10
11 RESOLVED, That the American Academy of Family Physicians supports the optimization of
12 the postpartum period to include comprehensive maternal-centric partnership during the
13 entirety of the postpartum period, and be it further

14
15 RESOLVED, That the American Academy of Family Physicians supports American
16 Congress of Obstetricians and Gynecologists' committee opinion on the personalization of
17 postpartum care, and be it further

18
19 RESOLVED, That the American Academy of Family Physicians studies the fiscal impact of
20 more comprehensive and personalized postpartum care, including, but not limited to, the
21 potential saving of economic burden via reduction of disparities.
22

23 The reference committee heard testimony in favor of the resolution whose intent is to increase
24 postpartum visits and provide a continuum of care for women and infants and allows for advocacy
25 to support the coverage for postpartum visits. It was important that the AAFP have a position on
26 the impact of perinatal complications, especially for women of color.
27

28 The reference committee was in favor of the spirit of the resolution. However, it believed the
29 resolution was not clear as written and recommended substitute language. It was noted that the
30 Commission on Health of the Public and Science recommended and the Board approved that
31 AAFP not support the American College of Obstetricians and Gynecologists' Committee Opinion on
32 Optimizing Postpartum Care since it did not follow a transparent evidence-based methodology and
33 was not focused on the family-centric, mother/infant dyad.
34

35 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
36 **3010, which reads as follows, be adopted in lieu of Resolution No. 3010:**
37

38 **RESOLVED, That the American Academy of Family Physicians develop an evidence-**
39 **based clinical practice guideline that provides recommendations for optimizing the**
40 **postpartum period which includes a comprehensive family-centric partnership.**
41
42

43 **ITEM NO. 11: RESOLUTION NO. 3011: SHACKLES ON WOMEN DURING ACTIVE LABOR**
44 **AND IMMEDIATE POSTPARTUM**
45

46 RESOLVED, That the American Academy of Family Physicians opposes the shackling of
47 incarcerated people who are in active labor and during the postpartum period, considered
48 to be six to eight weeks after delivery, with proper safety protections for the healthcare
49 team.
50

1 The reference committee heard testimony in support of the resolution as shackling impedes the
2 procedures that can be performed and the level of care that can be provided. The reference
3 committee agreed with testimony and recommended the resolution be adopted.

4
5 **RECOMMENDATION: The reference committee recommends that Resolution No. 3011 be**
6 **adopted.**

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11 **ITEM NO. 12: RESOLUTION NO. 3012: “IT’S ON US” TO STOP SEXUAL ASSAULT**

12
13 RESOLVED, That the American Academy of Family Physicians takes action to support
14 current policy by becoming a medical organization partner of the White House Task Force
15 to Prevent Sexual Assault “It’s On Us” campaign for college campus sexual assault
16 prevention.

17
18 The reference committee heard testimony in support of the resolution. The testimony highlighted
19 that support of the campaign is consistent with AAFP policy regarding interpersonal violence.
20 Members of the reference committee agreed with the testimony and the importance of engaging
21 everyone in conversations on preventing sexual assault. The reference committee recommended
22 that the resolution be adopted.

23
24 **RECOMMENDATION: The reference committee recommends that Resolution No. 3012 be**
25 **adopted.**

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28 **ITEM NO. 13: RESOLUTION NO. 3013: PROMOTING SAFE SCHOOLS**

29
30 RESOLVED, That the American Academy of Family Physicians develops or collects and
31 disseminates education on successful community-based approaches to school violence
32 prevention.

33
34 The reference committee heard testimony in support of the resolution and identified this area as a
35 gap in policy. The reference committee agreed that educational resources for family physicians to
36 promote successful programs to address school violence are needed and further determined that
37 school violence is an issue that should be highlighted. The reference committee recommended a
38 substitute resolution be adopted to include a resolved clause asking the AAFP to recognize school
39 violence as a public health concern.

40
41 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
42 **3013, which reads as follows, be adopted in lieu of Resolution No. 3013.**

43
44 **RESOLVED, That the American Academy of Family Physicians recognize school**
45 **violence as a public health concern, and be it further**

46
47 **RESOLVED, That the American Academy of Family Physicians develop or collect and**
48 **disseminate education on successful community-based approaches to school**
49 **violence prevention.**

1 **ITEM NO. 14: RESOLUTION NO. 3014: RECIPES FOR LIFE**

2
3 ~~RESOLVED, That the American Academy of Family Physicians financially supports a pilot~~
4 ~~program to replicate the “Recipes for Life Program” to be implemented in multiple urban~~
5 ~~centers across the United States, and be it further~~

6
7 ~~RESOLVED, That the American Academy of Family Physicians collaborates with large-~~
8 ~~chain grocery stores across the nation to develop creative ways to impact health outcomes~~
9 ~~in communities of color.~~

10
11 ~~RESOLVED, That the AAFP investigate and promote successful community-based~~
12 ~~programs that exist at the intersection of chronic disease mangement and prevention, food~~
13 ~~access and food selection, and be it further~~

14
15 ~~RESOLVED, That the AAFP investage colaborative oppourtunities with large food vendors~~
16 ~~that can specifically address food disparities in the country.~~

17 **ADOPTED AS AMENDED**

18
19 The reference committee heard testimony in support of the resolution with the authors citing
20 success with the program in their communities. The reference committee agreed with the spirit of
21 the resolution, however, they had concerns that the requirements of a fiscal note were not
22 addressed. Additionally, there were concerns with the AAFP promoting one specific program and
23 with the request for the AAFP to collaborate with large-chain grocery stores.

24
25 **RECOMMENDATION: The reference committee recommends that Resolution No. 3014 not**
26 **be adopted.**

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29 **ITEM NO. 15: RESOLUTION NO. 3015: SEXUAL CONSENT**

30
31 ~~RESOLVED, That the American Academy of Family Physicians (AAFP) creates a policy on~~
32 ~~sexual health to include a statement acknowledging that consent in sexual encounters is a~~
33 ~~public health issue, and be it further~~

34
35 ~~RESOLVED, That the American Academy of Family Physicians includes in a new policy on~~
36 ~~sexual health, a recommendation that family physicians should discuss with and educate all~~
37 ~~patients on the concept of consent to sexual activity and what to do if sexual contact takes~~
38 ~~place against one’s consent, and be it further~~

39
40 ~~RESOLVED, That the American Academy of Family Physicians creates a Consent Toolkit~~
41 ~~to include assistance in educating patients on sexual consent, bodily autonomy, and other~~
42 ~~age appropriate resources.~~

43
44 The reference committee heard testimony in support of the resolution, which focused on consent
45 being central to issues of sexual assault. The reference committee acknowledged that the AAFP
46 has current policy recommending that family physicians discuss the concept of consent with
47 adolescents, but would like to expand it to all patients. Members testified that as family physicians
48 care for patients across all spectrums of age, gender, and sexual orientation, it is important for
49 them to champion consent in sexual contact. A toolkit with resources on sexual consent would aid
50 in this endeavor and help to address patient questions and concerns. The reference committee
51 agreed with the testimony provided and that consent should be discussed with all patients,
52 therefore, they recommended the resolution be adopted.

1
2 **RECOMMENDATION: The reference committee recommends that Resolution No. 3015 be**
3 **adopted.**
4
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6

1 **I wish to thank those who appeared before the reference committee to give testimony and**
2 **the reference committee members for their invaluable assistance. I also wish to commend**
3 **the AAFP staff for their help in the preparation of this report.**
4

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6 Respectfully Submitted,
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11 _____
12 Tina Tanner, MD, FAAFP – Chair

13 Jaividhya Dasarathy, MD, FAAFP – Women
14 Diana Mercado-Marmarosh, MD – Minority
15 Shealeatha Taylor-Bristow, MD – New Physician
16 Brian McCollough, MD – IMG
17 Theresa Garcia, MD – LGBT
18 Bridget Lynch, MD (Observer)