



AAFP 2019 Report of the Reference Committee on Health of the Public and Science

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

1 **The Reference Committee on Health of the Public and 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: PERSON-FIRST LANGUAGE IN AAFP MATERIALS**

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8 RESOLVED, That the American Academy of Family Physicians update its policy titled,
9 "Obesity and Overweight," to incorporate person-first language: stating "adults with obesity"
10 rather than "obese adults" and recognizing obesity as a complex, chronic disease that
11 requires medical attention, and be it further

12
13 RESOLVED, That the American Academy of Family Physicians revise content on
14 familydoctor.org to ensure person-first language in all of its educational materials, and
15 remove any current language that uses a disease state as a descriptor for a specific
16 individual, for example, using "a person who has obesity," instead of "a patient who is
17 obese", and be it further

18
19 RESOLVED, That National Conference of Constituency Leaders bring a resolution forward
20 to the American Academy of Family Physicians Congress of Delegates asking that the
21 American Academy of Family Physicians adopt a policy of consistent use of person-first
22 language for all disease states, recognizing that patients should not be defined by their
23 disease state.

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27 The reference committee heard testimony in support of the resolution. Those testifying stated that
28 compassionate language toward patients is important. This means speaking to and communicating
29 with patients as a person, not as their disease. The testimony indicated the lack of person-first
30 language has impact on all stigmatized communities such as those within the LGBT community.
31 Those testifying in support noted that AAFP has made improvements in person-first language, and
32 that most of FamilyDoctor.org used person-first language, except for resources focused on obesity.
33 It was also mentioned that some communities prefer identity-first language; including the deaf and
34 autistic communities. The reference committee members discussed issues associated with
35 communities who traditionally prefer to use identity-first language and challenges that may pose to
36 the AAFP to incorporate person-first language ubiquitously throughout the content. The reference
37 committee determined the appropriate action was to adopt a substitute resolution. The resolution

1 keeps the first resolved clause as is and eliminates the second and third resolved clauses to limit
2 restrictions on how patients and communities may prefer to be identified based on disease-state.
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5 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
6 **3001 be adopted in lieu of Resolution No. 3001 as printed below:**
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8 **RESOLVED, That the American Academy of Family Physicians update its policy**
9 **titled, "Obesity and Overweight," to incorporate person-first language: stating**
10 **"adults with obesity" rather than "obese adults" and recognizing obesity as a**
11 **complex, chronic disease that requires medical attention.**
12

13 RESOLVED, That the AAFP revise content on familydoctor.org to ensure person-first
14 language in all of its educational materials about obesity, for example, using "a person who
15 has obesity." Instead of "a patient who is obese."
16

17 **ADOPTED AS AMENDED**
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19 **ITEM NO. 2: RESOLUTION NO. 3002: IMPROVING ACCESS TO CARE FOR HOMEBOUND**
20 **PATIENTS**
21

22 RESOLVED, That the American Academy of Family Physicians recognize the lack of
23 access to care for homebound patients and the role of the family medicine physician in
24 providing these services, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians research and support
27 training family medicine physicians in team-based delivery of care in the home setting, and
28 be it further
29

30 RESOLVED, That the American Academy of Family Physicians support current
31 opportunities for family medicine physicians providing these services, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians advocate for legislation and
34 parity in compensation for physician delivery of primary care in the home setting.
35

36 The reference committee heard testimony in support of the resolution. Those testifying stated that
37 there is an increased number of homebound patients who are not receiving adequate care, which
38 results in poor health outcomes. The members expressed the need for education strategies on
39 how to deliver care across the lifespan, specifically for those who are disabled or homebound. The
40 Women and Minority constituency groups both shared testimony in support of the resolution
41 expressing that family physicians sometimes must limit the scope of their practice due to the lack of
42 continued training for caring for homebound patients. The reference committee discussed that the
43 American Academy of Family Physicians (AAFP) "Home Health Care" policy currently addresses
44 some of the issues addressed in this resolution. The reference committee noted the "Home Health
45 Care" policy could be expanded to include information about care for homebound patients and
46 equitable compensation for providers offering this service.
47

48 **RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be**
49 **adopted.**
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1 **ITEM NO. 3: RESOLUTION NO. 3003: FRONT OF LABEL PACKAGING TO IMPROVE DIET**
2 **CHOICES AMONG THOSE WITH LOW HEALTH LITERACY**
3

4 RESOLVED, That the American Academy of Family Physicians offer updated conclusions
5 based on current research on diet and nutrition as it relates to obesity and cardiovascular
6 disease (leading cause of death among adults in the United States), and be it further
7

8 RESOLVED, That the American Academy of Family Physicians support single,
9 standardized front-of-package labeling, regulated by the Food and Drug Administration,
10 specifically geared toward obesity, cerebrovascular accident, and diabetes in a simple,
11 health literate manner.
12

13 The reference committee heard testimony in support of the resolution. Those testifying stated that
14 patients who are disproportionately affected by obesity or other lifestyle related diseases often lack
15 the education to understand the nutrition labeling on packages. There are also different levels of
16 both health literacy and reading literacy among patients. Testimony also highlighted the lack of a
17 clear system in place to help patients identify which foods are nutritionally healthy and those that
18 are not. Weight Watchers was referenced as an example of a system that uses points to guide
19 consumers to choose foods that are healthier over other foods and may be a clearer way to
20 communicate nutritional status. The reference committee discussed that this resolution aligns with
21 current work by the AAFP and the Commission on the Health of the Public and Science, including
22 conducting a gap analysis regarding obesity, nutrition and physical activity. The reference
23 committee also believed the resolution should be inclusive of any disease or disease state affected
24 by nutrition.
25

26 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**
27 **adopted.**
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30 **ITEM NO. 4: RESOLUTION NO. 3004: ABOLISH CORPORAL PUNISHMENT IN SCHOOLS**
31

32 RESOLVED, That the American Academy of Family Physicians strengthen its statement on
33 Corporal Punishment in Schools to recommend the abolishment of corporal punishment in
34 schools, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians develop free creative
37 resources and supportive tools for chapters to advocative locally against corporal
38 punishment in schools, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians collaborate with the
41 American Academy of Pediatrics for the abolishment of corporal punishment in schools in
42 the 19 states where corporal punishment is legal.
43

44 The reference committee heard testimony in support of the resolution. The committee heard
45 passionate testimony from a member who cited evidence that corporal punishment does not help
46 improve behavior, rather in most instances it worsens behavior. It was mentioned that corporal
47 punishment is still allowed in public schools in 19 states and in private schools in 48 states. Those
48 testifying in support suggested that physicians should discourage the use of corporal punishment
49 and continue to talk to patients and families about alternate discipline strategies. The reference
50 committee discussed that the current AAFP policy, "Corporal Punishment in Schools," does not
51 specifically oppose corporal punishment in schools, or call for the abolishment of corporal
52 punishment in schools. The reference committee emphasized the importance of including

1 information about inequitable enforcement of corporal punishment in schools, which
2 disproportionately affects minority students.

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4 **RECOMMENDATION: The reference committee recommends that Resolution No. 3004 be**
5 **adopted.**

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8 **ITEM NO. 5: RESOLUTION NO. 3005: FAMILY MEDICINE'S ROLE IN ADDRESSING AND**
9 **PREVENTING SEXUAL HARASSMENT**

10
11 RESOLVED, That the American Academy of Family Physicians develop a comprehensive
12 initiative to raise awareness of family medicine's role in addressing and preventing sexual
13 harassment, both member-facing and public-facing.

14
15 The reference committee heard testimony in favor of the resolution. Those testifying stated that the
16 AAFP Board of Directors adopted an anti-harassment policy in January 2019 and has also
17 conducted awareness campaigns on different topics including depression, mental health, and
18 tobacco. Those testifying pointed out that AAFP should extend the same type of awareness
19 campaign to address sexual harassment and mentioned that the resolution was asking for more
20 than a reaffirmation of the policy. The reference committee discussed current work by AAFP and
21 the Commission on the Health of the Public and Science within policy development surrounding
22 sexual assault. The reference committee agreed with the spirit of the resolution for the AAFP to
23 elevate the importance of the role family physicians can serve to address sexual assault with a
24 campaign. The reference committee agreed that this is an important issue that family physicians
25 are exceptionally well equipped to address.

26
27 **RECOMMENDATION: The reference committee recommends that Resolution No. 3005 be**
28 **adopted.**

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31 **ITEM NO. 6: RESOLUTION NO. 3006: ELIMINATE RACE-BASED MEDICINE**

32
33 RESOLVED, That the American Academy of Family Physicians adopt a policy that speaks
34 against the use of race as a proxy for biology or genetics in management guidelines, and
35 that identifies race as a social construct, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians support members in
38 critically evaluating their use of race in research and clinical practice, including development
39 of materials to educate its members regarding how to interpret estimated glomerular
40 filtration rate within the context of the patient and without emphasis on the race coefficient,
41 and be it further

42
43 RESOLVED, That the American Academy of Family Physicians support research to
44 investigate indicators alternative to race to stratify medical risk factors for disease states,
45 including advocating for research into new estimated glomerular filtration rate equations
46 that don't use race as a proxy for muscle mass, and be it further

47
48 RESOLVED, That the American Academy of Family Physicians advocate for estimated
49 glomerular filtration rate to be reported without regard to race by liaising with other medical
50 associations (including the American Society of Nephrology).

1 Many people provided testimony, most in support. Those in support stated that race is a social
2 construct and there is no underlying genetic or biological factor that unites people within the same
3 racial category. They also stated that the AAFP should speak against race as a proxy for biology. It
4 was further mentioned that some people identify with multiples races which can make it harder to
5 perform tests and interpret their results (e.g., pulmonary function tests) that include race as a
6 factor. Those testifying in opposition stated that there are not existing AAFP policies that address
7 the chronic stress related to systematic racism. In addition, they stated that in some cases there
8 are not valid replacements to existing tests. Still further, they stated that race can impact, at least in
9 part, certain diseases. The reference committee agreed with the spirit of the resolution to
10 discontinue the use of race as a proxy for biology; however, raised concerns regarding removing
11 race as a metric without a substitute or corresponding indicator. The reference committee agreed
12 there are conditions in which race is an important indicator in medicine and eliminating this could
13 be detrimental to health outcomes. The reference committee recommends adopting a substitute
14 resolution which is inclusive of all diseases and disease states.

15
16 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
17 **3006 be adopted in lieu of Resolution No. 3006 as printed below:**

18
19 **RESOLVED, That the American Academy of Family Physicians adopt a policy that**
20 **speaks against the use of race as a proxy for biology or genetics in management**
21 **guidelines, and that identifies race as a social construct, and be it further**

22
23 **RESOLVED, That the American Academy of Family Physicians support members in**
24 **critically evaluating their use of race in research and clinical practice, and be it**
25 **further**

26
27 **RESOLVED, That the American Academy of Family Physicians support research to**
28 **investigate indicators alternative to race to stratify medical risk factors for disease**
29 **states, and be it further**

30
31 **RESOLVED, That the American Academy of Family Physicians advocate for**
32 **estimated glomerular filtration rate to be reported without regard to race by liaising**
33 **with other medical associations (including the American Society of Nephrology).**

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36 **ITEM NO. 7: RESOLUTION NO. 3007: PUBLIC POLICIES TO REDUCE SUGARY DRINK**
37 **CONSUMPTION IN CHILDREN AND ADOLESCENTS**

38
39 RESOLVED, That the American Academy of Family Physicians develop a policy statement
40 that mirrors the American Academy of Pediatrics 2019 Policy Statement: "Public Policies to
41 Reduce Sugary Drink Consumption in Children and Adolescents", and be it further

42
43 RESOLVED, That the American Academy of Family Physicians join the American Academy
44 of Pediatrics (AAP) and the American Heart Association in its support of the AAP 2019
45 Policy Statement: "Public Policies to Reduce Sugary Drink Consumption in Children and
46 Adolescents."

47
48 The reference committee heard limited testimony in support of the resolution. Those testifying
49 stated that overweight children have a 70% chance of becoming overweight as an adult and an
50 overweight adult could pose a national security issue. It was cited that obesity is now the leading
51 reason why 71% of adults are not ready to serve our country. One member expressed his support
52 for this resolution by mentioning that physicians need to lead by example. He stated that he was

1 sugar addicted and lost over 80 pounds since eliminating sugar from his diet. It was also
2 suggested that family physicians educate families on the harmful effects of sugary drinks. The
3 reference committee discussed that the current AAFP policy “Sugar Sweetened Beverages” aligns
4 with the resolution, particularly around taxation. The reference committee agreed with the spirit of
5 the resolution and determined an expansion of the AAFP “Sugar Sweetened Beverages” policy
6 would be in alignment with this resolution.

7
8 **RECOMMENDATION: The reference committee recommends that Resolution No. 3007 be**
9 **adopted.**

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12 **ITEM NO. 8: RESOLUTION NO. 3008: GENDER AFFIRMING MEDICAL CARE FOR YOUTH IN**
13 **FAMILY MEDICINE**

14
15 RESOLVED, That the American Academy of Family Physicians support gender-affirming
16 medical care for children and adolescents including puberty suppression and hormonal
17 treatment as part of the scope of family medicine.

18
19 The reference committee heard limited testimony in support of the resolution. It was stated that
20 transgender people come from all communities, but that minority populations may suffer greater
21 issues accessing care and potentially greater stigma. It was also stated that there are structural
22 barriers to receiving care, especially insurance coverage. Finally, those providing testimony stated
23 that gender affirming medical care for youth was within family medicine’s scope. The reference
24 committee discussed that the current AAFP policy “Coverage Equity for Drugs, Testing, Procedure,
25 Preventive Services and Reproductive Technologies” supports gender-affirming medical care for
26 patients of all ages, including medically-appropriate, sex-specific care. The reference committee
27 recommends reaffirming this resolution as current policy aligns with the resolved clause.

28
29 **RECOMMENDATION: The reference committee recommends that Resolution No.3008 be**
30 **reaffirmed.**

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33 **ITEM NO. 9: RESOLUTION NO. 3009: IMPLICIT BIAS REVISION**

34
35 RESOLVED, That the American Academy of Family Physicians make available a toolkit to
36 allow for implicit bias education for all members of the healthcare delivery team, and be it
37 further

38
39 RESOLVED, That the American Academy of Family Physicians address implicit bias
40 training through various means such as continuing medical education, performance
41 improvement activity, problem-based learning sessions, and other activities, and be it
42 further

43
44 RESOLVED, That the American Academy of Family Physicians coordinate with the
45 Accreditation Council for Graduate Medical Education efforts to create a curriculum and
46 toolkit for implicit bias training, and report findings back to the 2020 National Conference of
47 Constituency Leaders.

48
49 The reference committee heard limited testimony in support of the resolution. It was stated that
50 everyone is impacted by implicit bias and that in some cases this is benign and in other cases it is
51 not. Testimony was also provided in support for earlier training in medical school covering this topic
52 more broadly. The reference committee discussed that the current work surrounding implicit bias

1 by the American Academy of Family Physicians, specifically The EveryONE Project toolkit, aligns
2 with the first and second resolved clauses. The reference committee discussed the need to include
3 the Liaison Committee on Medical Education (LCME) in the creation of curriculum addressing
4 implicit bias. The reference committee agreed AAFP is unable to mandate LCME and the
5 Accreditation Council for Graduate Medical Education co-develop curriculum but may request
6 collaboration for development. The reference committee recommends adopting a substitute
7 resolution.

8
9 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
10 **3009 be adopted in lieu of Resolution No. 3009 as printed below:**

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13 **RESOLVED, That the American Academy of Family Physicians make available a**
14 **toolkit to allow for implicit bias education for all members of the health care delivery**
15 **team, and be it further**

16
17 **RESOLVED, That the American Academy of Family Physicians address implicit bias**
18 **training through various means such as continuing medical education, performance**
19 **improvement activity, problem-based learning sessions, and other activities, and be**
20 **it further**

21
22 **RESOLVED, That the American Academy of Family Physicians request to collaborate**
23 **with the Liaison Committee on Medical Education and Accreditation Council for**
24 **Graduate Medical Education efforts to create a curriculum for implicit bias training,**
25 **and report findings back to the 2020 National Conference of Constituency Leaders.**
26

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28 **ITEM NO. 10: RESOLUTION NO. 3010: ADDRESSING "STEALTHING" AS A FORM OF**
29 **SEXUAL ASSAULT**

30
31 RESOLVED, That the American Academy of Family Physicians develop a policy defining
32 sexual assault, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians include non-consensual
35 condom removal (stealthing) as a form of sexual assault, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians provide patient education
38 on non-consensual condom removal as a form of sexual assault, including but not limited to
39 FamilyDoctor.org, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians support legislative efforts
42 that include non-consensual condom removal (stealthing) as a form of sexual assault, and
43 be it further

44
45 RESOLVED, That the NCCL Delegates present a resolution on non-consensual condom
46 removal at the 2019 AAFP Congress.

47
48 The reference committee heard testimony describing "stealthing" as the removal of a condom
49 during sex without the partner's knowledge or consent. Testimony was provided that this is not just
50 a women's issue and that this also occurs in the gay and bi-sexual communities. Testimony was
51 provided that other medical specialty societies have policy on this issue. The reference committee
52 agreed with the spirit of the resolution. The reference committee discussed the possibility of

1 combining the first and second resolved clauses, but determined the resolution was sufficient as
2 written.

3
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 3010 be**
5 **adopted.**

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8 **ITEM NO. 11: RESOLUTION NO. 3011: INCREASE FOOD EQUITY IN THE UNITED STATES**

9
10 RESOLVED, That the American Academy of Family Physicians create a toolkit to help
11 members advocate to address food deserts and food swamps in their community, and be it
12 further

13
14 RESOLVED, That the American Academy of Family Physicians lobby for restricting the use
15 of Supplemental Nutrition Assistance Program (SNAP) funds so that junk foods and high-
16 caloric foods cannot be purchased using these funds.

17
18 The reference committee heard mixed testimony on the resolution. Some members stated that the
19 Supplemental Nutrition Assistance Program (SNAP) benefits could be used to purchase unhealthy
20 foods and that this may impact disadvantaged communities. However, others stated that problems
21 would be created by limiting the types of foods people could purchase with SNAP benefits without
22 increasing access to healthy foods. There was also testimony provided stating that the second
23 resolved clause was too vague and that this would not promote patient autonomy. The reference
24 committee discussed using non-colloquial language (e.g. food insecurity) to encompass food
25 deserts and food swamps. The reference committee discussed issues associated with SNAP,
26 including stigma surrounding receiving SNAP, health equity issues by regulating the types of food
27 purchased with SNAP and the disproportionate removal of personal and patient autonomy in
28 vulnerable populations. The reference committee discussed that using terms like “junk foods” or
29 “high-caloric” does not provide clarity for adequate regulation and that there are other evidence-
30 based options to promote healthier choices like taxation, which do not interfere with patient
31 autonomy. The reference committee believed the second resolved clause did not address
32 underlying social determinants of health issues leading to food insecurity. The reference committee
33 also discussed prior work with this issue with the Commission of the Health of the Public and
34 Science, which ultimately determined regulating SNAP eligible foods is an infringement on patient
35 autonomy. The reference committee recommends adopting a substitute resolution, eliminating the
36 second resolved clause and removing colloquial language from the first resolved clause.

37
38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
39 **3011 be adopted in lieu of Resolution No. 3011 as printed below:**

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41
42 **RESOLVED, That the American Academy of Family Physicians create a toolkit to help**
43 **members advocate to address geographical food insecurity.**

44
45
46 **ITEM NO. 12: RESOLUTION NO. 3012: GENDER-NEUTRAL LANGUAGE IN AAFP**
47 **PUBLICATIONS**

48
49 RESOLVED, That the American Academy of Family Physicians existing and future
50 publications (eg. online, print) be reviewed and updated to use gender-neutral language,
51 including those regarding sexual and reproductive health topics or other topics that have
52 traditionally been gendered, and be it further

1
2 RESOLVED, That all American Academy of Family Physicians (AAFP) produced and
3 AAFP-supported patient education materials use gender-neutral language, including those
4 regarding sexual and reproductive health or other topics that have traditionally been
5 gendered, and be it further
6

7 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for use of
8 gender-neutral language in patient-oriented materials to third-party purveyors of patient
9 education materials used by AAFP members in their practice.
10

11 The reference committee heard limited testimony in support of the resolution. It was stated that
12 gendered language is a continued issue and creates stigma for gender nonconforming individuals.
13 Testimony was provided stating it can be challenging to find patient oriented materials for family
14 physicians that provide care for gender nonconforming or transgender individuals. For example,
15 individuals with a uterus and cervix, that do not identify as female. The reference committee
16 reviewed the current American Academy of Family Physicians style guide and determined it did not
17 encompass comprehensive gender-neutral language. The reference committee agreed with the
18 spirit of the resolution and recommends adopting it.
19

20 **RECOMMENDATION: The reference committee recommends that Resolution No. 3012 be**
21 **adopted.**
22
23

24 **ITEM NO. 13: RESOLUTION NO. 3013: SEXUAL ORIENTATION AND GENDER IDENTITY**
25 **DATA COLLECTION IN ELECTRONIC HEALTH RECORDS**
26

27 RESOLVED, That the American Academy of Family Physicians advocate to commercial
28 electronic health record developers and vendors to include Sexual Orientation and Gender
29 Identity fields, name used, pronouns used, and anatomy inventories, as required features,
30 and be it further
31

32 RESOLVED, That the American Academy of Family Physicians advocate for hospital and
33 other health care entities to enable Sexual Orientation and Gender Identity fields, name
34 used, pronouns used, and anatomy inventories in their electronic health record, and provide
35 adequate training to their staff on best practices for this data collection.
36

37 The reference committee heard testimony in support of the resolution. It was stated that electronic
38 health records do not often include fields for sexual orientation and gender identity and that the
39 American Academy of Family Physicians should support this and include this information in their
40 informatics products. It was also discussed that some patients may not want this information
41 collected and recorded and that they would not have to report their sexual orientation and gender
42 identity. The reference committee had limited discussion on this resolution and agreed with it.
43

44 **RECOMMENDATION: The reference committee recommends that Resolution No. 3013 be**
45 **adopted.**
46
47

48 **ITEM NO. 14: RESOLUTION NO. 3014: AAFP TO OPPOSE LEGISLATION OF PHYSICIAN-**
49 **PATIENT DECISION MAKING IN CHILD AND ADOLESCENT GENDER-AFFIRMING CARE**
50

51 RESOLVED, That the American Academy of Family Physicians have a position statement
52 that supports gender-affirming care of children and adolescents, and be it further

1
2 RESOLVED, That the American American of Family Physicians affirms that gender-
3 affirming care should occur solely between the physician and patient and patient's
4 guardian, and be it further
5

6 RESOLVED, That the American Academy of Family Physicians oppose any legislation
7 regarding medical decision-making in gender-affirming care for children and adolescents.
8

9 The reference committee heard testimony in support of the resolution. It was stated that legislation
10 does not belong in the exam room and that gender-affirming care is beneficial to patients. Others
11 stated that the American Academy of Pediatrics already has policies in support of this. The
12 reference committee discussed that the current AAFP policy, "Coverage Equity for Drugs, Testing,
13 Procedure, Preventive Services and Reproductive Technologies" supports gender-affirming
14 medical care for patients of all ages. The reference committee discussed regulation requirements
15 regarding patients' guardians and medical decision-making vary by state. The reference committee
16 also discussed the need to clarify that the AAFP oppose legislation limiting medical decision-
17 making.
18

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
20 **3014 be adopted in lieu of Resolution No. 3014 as printed below:**
21

22
23 **RESOLVED, That the American Academy of Family Physicians affirm that gender-**
24 **affirming care should occur between the physician and patient, and be it further**
25

26 **RESOLVED, That the American Academy of Family Physicians oppose legislation**
27 **limiting medical decision-making in gender-affirming care for children and**
28 **adolescents.**
29

30
31 **ITEM NO. 15: RESOLUTION NO. 3015: OPPOSE RACISM**
32

33 RESOLVED, That the American Academy of Family Physicians adopt an anti-racism policy,
34 and be it further
35

36 RESOLVED, That the American Academy of Family Physicians ask that the Liaison
37 Committee on Medical Education add race to its existing "Cultural Competence and Health
38 Care Disparities" section 7.6 of their Functions and Structure of a Medical School
39 Standards for Accreditation of Medical Education Programs Leading to the MD Degree, and
40 be it further
41

42 RESOLVED, That the American Academy of Family Physicians take an active stance
43 against racism when racist events occur in the medical community, and be it further
44

45 RESOLVED, That the American Academy of Family Physicians encourage its members
46 and require its officeholders to participate in training in racism and implicit bias, and be it
47 further
48

49 RESOLVED, That the American Academy of Family Physicians encourage its members to
50 identify structural racism in their work setting.
51

1 The reference committee heard testimony in support of the resolution. It was stated that the AAFP
2 has done a lot of work on implicit bias, but that there are also explicit outward acts of racism. One
3 member stated that the AAFP should have a concise and clear message that the AAFP opposes
4 racism. The reference committee discussed that the AAFP policy, "Patient Discrimination," includes
5 AAFP opposition to discrimination based on race but does not explicitly oppose racism. The
6 reference committee determined the third, fourth and fifth resolved clauses were appropriate to
7 combine with the first resolved clause, calling for an explicit, comprehensive policy opposing
8 racism. The reference committee also discussed the need to include race as a component of the
9 corresponding Doctor of Osteopathy (DO) curriculum if not already included, or to develop the
10 corresponding curriculum and include race.

11
12 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
13 **3015 be adopted in lieu of Resolution No. 3015 as printed below:**

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16 **RESOLVED, That The American Academy of Family Physicians develop and adopt an**
17 **anti-racism policy which includes but is not limited to: encouraging its members and**
18 **requiring its officeholders to participate in training in racism and implicit bias and**
19 **further encourage its members to identify structural racism in their work setting,**
20 **while also including language regarding the American Academy of Family Physicians**
21 **taking an active stance against racism when racist events occur in the medical**
22 **community, and be it further**

23
24 **RESOLVED, That the American Academy of Family Physicians ask the Liaison**
25 **Committee on Medical Education to add race to its existing "Cultural Competence**
26 **and Health Care Disparities" section 7.6 of their Functions and Structure of a Medical**
27 **School Standards for Accreditation of Medical Education Programs Leading to the**
28 **MD Degree, and be it further**

29
30 **RESOLVED, That the American Academy of Family Physicians ask the**
31 **corresponding governing body for education programs leading to the DO degree to**
32 **also add race to existing curriculum regarding cultural competence and health care**
33 **disparities, or develop curriculum addressing cultural competence and health care**
34 **disparities including race.**

35
36
37 **I wish to thank those who appeared before the reference committee to give testimony and**
38 **the reference committee members for their invaluable assistance. I also wish to commend**
39 **the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,

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Scott Hartman, MD, FAAFP – CHAIR

7

8 Katie Patterson, MD, FAAFP – LGBT

9 Carrie Pierce, MD – Women

10 Rubayat Qadeer, MD – IMG

11 Ravishankar Rao, MD – Minority

12 Angeline Ti, MD, MPH – New Physicians

13 Lisa Nguyen, MD (Observer)