



# 2013 Consent Calendar for the Reference Committee on Health of the Public and Science

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

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1 **The Reference Committee on Health of the Public and Science recommends the following**  
2 **consent calendar for adoption (page numbers indicate page in reference committee**  
3 **report):**

4  
5 **RECOMMENDATION: The Reference Committee on Health of the Public and Science**  
6 **recommends the following consent calendar for adoption:**

7  
8 **Item 1:** Adopt Substitute Resolution No. 3001 in lieu of Resolution No. 3001 “Updating AAFP  
9 Policy Recommendations Regarding Counseling Families on Firearm Safety” (p. 1).

10  
11 **Item 2:** Adopt Substitute Resolution No. 3002 in lieu of Resolution No. 3002 “The Oprah Effect:  
12 Addressing Health Information in Popular Media (pp. 1-2).

13  
14 **Item 3:** Adopt Resolution No. 3003 “Increasing Minority Representation in Family Medicine” (pp.  
15 2-3).

16  
17 **Item 4:** Adopt Substitute Resolution No. 3004 in lieu of Resolution No. 3004 “Universal  
18 Implementation of Spanish Patient Educational Materials” (p. 3).

19  
20 **Item 5:** Adopt Resolution No. 3005 “Adding Gender Identity and Gender Expression to the Anti-  
21 bullying Policy” (p. 3).

22  
23 **Item 6:** Adopt Resolution No. 3006 “HOPE: Human Immunodeficiency Virus (HIV) Organ Policy  
24 Equity (p. 4).

25  
26 **Item 7:** Adopt Substitute Resolution No. 3007 in lieu of Resolution No. 3007 “Update on HIV  
27 Screening” (p. 4).

28  
29 **Item 8:** Adopt Substitute Resolution No. 3008 in lieu of Resolution No. 3008 “Universal  
30 Screening for Intimate Partner Violence” (pp.4-5).

31  
32 **Item 9:** Adopt Resolution No. 3009 “Principles for Improving Cultural Proficiency and Care to  
33 Minority and Medically-Underserved Communities Policy” (p. 5).

34  
35 **Item 10:** Adopt Substitute Resolution No. 3010 in lieu of Resolution No. 3010 “Routine Site-  
36 Specific Gonorrhea/Chlamydia Testing in Men Who Have Sex With Men” (p. 5).

37  
38 **Item 11:** Adopt Resolution No. 3011 “Responsible Registration of Immunizations” (p. 6).

39  
40 **Reaffirmation Calendar:** Reaffirmation of Item A under the Reaffirmation Calendar (pp. 6-7).



# 2013 Report of the Reference Committee on Health of the Public and Science

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

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 3001: UPDATING AAFP POLICY RECOMMENDATIONS**  
7 **REGARDING COUNSELING FAMILIES ON FIREARM SAFETY**  
8

9       RESOLVED, That the American Academy of Family Physicians (AAFP) revise its current  
10 policy to recommend that all family medicine providers first and foremost counsel  
11 families that own guns to store them outside the home, and secondarily counsel families  
12 regarding trigger locks and storing ammunition separately.  
13

14 The reference committee heard both supportive and opposing testimony. The evidence cited in  
15 the resolution is not necessarily referring to storing guns outside of the home but refers to not  
16 having guns in the home. Gun safety is paramount. The AAFP is currently reviewing the policies  
17 entitled “Firearms, Handguns and Assault Weapons Laws” and “Firearm Safety.”  
18

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
20 **3001 be adopted in lieu of Resolution No. 3001, which read as follows:**  
21

22       **RESOLVED, That the American Academy of Family Physicians (AAFP) revise its**  
23 **current policy to recommend that all family medicine providers counsel their**  
24 **patients that homes without guns are the safest with fewer suicides and**  
25 **accidental death, but if people choose to keep guns, physicians should then**  
26 **counsel families regarding trigger locks and storing ammunition separately.**  
27

28 **ITEM NO. 2: RESOLUTION NO. 3002: THE OPRAH EFFECT: ADDRESSING HEALTH**  
29 **INFORMATION IN POPULAR MEDIA**  
30

31       RESOLVED, That the American Academy of Family Physicians (AAFP) caution the  
32 public against use of popular media as a primary source of medical information and  
33 encourage patients to consult with their family physicians for their healthcare decisions,  
34 and be it further  
35

36       RESOLVED, That the American Academy of Family Physicians (AAFP) and its  
37 consumer alliances promote and expand trusted sources of patient information such as  
38 [www.familydoctor.org](http://www.familydoctor.org), and be it further  
39

1 RESOLVED, That the American Academy of Family Physicians (AAFP) publically  
2 respond to health misinformation disseminated through popular media sources, and be it  
3 further  
4

5 RESOLVED, That the American Academy of Family Physicians (AAFP) promote and  
6 train family physicians to be the local and national popular media experts in disease  
7 prevention and treatment, and be it further  
8

9 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a  
10 strategic plan to proactively engage the popular media about health-related news.  
11

12 The reference committee heard both favorable and opposing testimony. Many patients search  
13 for Internet-based resources and listen to media personalities regarding health information. This  
14 may lead to patients receiving misinformation and may be based solely on entertainment value.  
15 The AAFP currently engages in media training activities.  
16

17 **RECOMMENDATION: The reference committee further recommends that Substitute**  
18 **Resolution No. 3002 in lieu of Resolution No. 3002, which reads as follows:**  
19

20 **RESOLVED, That the American Academy of Family Physicians (AAFP) caution the**  
21 **public against use of popular media as a primary source of medical information**  
22 **and encourage patients to consult with their family physicians for their healthcare**  
23 **decisions, and be it further**  
24

25 **RESOLVED, That the American Academy of Family Physicians (AAFP) and its**  
26 **consumer alliances promote and expand trusted sources of patient information**  
27 **such as [www.familydoctor.org](http://www.familydoctor.org), and be it further**  
28

29 **RESOLVED, That the American Academy of Family Physicians (AAFP) update its**  
30 **communication strategic plan to include means by which to combat health**  
31 **misinformation, to continue training family physicians to address media, and to**  
32 **interact with the ever-changing media environment.**  
33

34 **ITEM NO. 3: RESOLUTION NO. 3003: INCREASING MINORITY REPRESENTATION IN**  
35 **FAMILY MEDICINE**  
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) expand the  
38 “Doctors Back to School Program” and further explore other similar programs to increase  
39 minority recruitment into family medicine, and be it further  
40

41 RESOLVED, That the American Academy of Family Physicians (AAFP) identify the best  
42 practices regarding encouraging minority students in grade school through high school  
43 to consider careers in family medicine.  
44

45 The reference committee heard favorable testimony to increase the number of minority students  
46 who are interested in medicine as a career. The AAFP is currently piloting a new AAFP family  
47 medicine branded American Medical Association (AMA) Doctors Back to School (DBTS)  
48 program. Feedback and data will be collected to determine the effectiveness of the program.  
49 DBTS is geared toward middle and high school students. Once evaluations have been  
50 compiled, the program will be reviewed for any areas that need improvement. After review, the

1 program will be promoted to AAFP members. Increasing minority representation in family  
2 medicine expands the workforce.

3  
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be**  
5 **adopted.**

6  
7 **ITEM NO. 4: RESOLUTION NO. 3004: UNIVERSAL IMPLEMENTATION OF SPANISH**  
8 **PATIENT EDUCATIONAL MATERIALS**

9  
10 RESOLVED, That the American Academy of Family Physicians (AAFP) produce all  
11 patient educational materials and handouts in both English and Spanish and make them  
12 readily available to the member physicians for ordering or downloading.

13  
14 The reference committee heard favorable and opposing testimony. It was testified that patient  
15 education materials need to be developed in both English and Spanish. Many physicians have  
16 patient populations who speak Spanish only. It was mentioned that there are other patient  
17 populations who speak a language other than English or Spanish, and that not developing  
18 patient education materials for a particular language would exclude certain patient populations.  
19 However, it was noted that the Spanish population is the fastest growing minority population in  
20 the United States. Translating AAFP patient education materials into the Spanish language  
21 serves as a starting point and funding is necessary to facilitate this endeavor.

22  
23 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
24 **No. 3004 be adopted in lieu of Resolution No. 3004, which reads as follows:**

25  
26 **RESOLVED, That the American Academy of Family Physicians (AAFP) produce all**  
27 **educational materials and handouts in both English and Spanish, where fiscally**  
28 **feasible, and make them readily available to the member physicians for ordering**  
29 **or downloading.**

30  
31 **ITEM NO. 5: RESOLUTION NO. 3005: ADDING GENDER IDENTITY AND GENDER**  
32 **EXPRESSION TO THE ANTI-BULLYING POLICY**

33  
34 RESOLVED, That the American Academy of Family Physicians (AAFP) update its  
35 Violence, Harassment, and School Bullying Among Children and Adolescents policy to  
36 include the phrases “gender identity,” and, “gender expression,” as follows: “Violence,  
37 harassment, and bullying that takes place in any venue, including electronic media, for  
38 any reason including, but not limited to ethnicity, socioeconomic status, religion, sexual  
39 orientation, gender identity, gender expression, physical status, disability, or other  
40 personal characteristics, has significant and harmful physical and psychological efforts  
41 and should not be tolerated.”

42  
43 The reference committee heard favorable testimony. Schools do address the bullying topic but  
44 may not include policy statements that address bullying of students for gender identity and  
45 gender expression. Since there are students who are harassed due to gender identity and  
46 gender expression, AAFP policy should identify bullying due to gender identity and gender  
47 expression, as this population is especially vulnerable. Acknowledging additional personal  
48 characteristics strengthens AAFP policy on bullying.

49  
50 **RECOMMENDATION: The reference committee recommends Resolution No. 3005 be**  
51 **adopted.**

1 **ITEM NO. 6: RESOLUTION NO. 3006: HOPE: HUMAN IMMUNODEFICIENCY VIRUS (HIV)**  
2 **ORGAN POLICY EQUITY**

3  
4 RESOLVED, That the American Academy of Family Physicians (AAFP) support  
5 amending federal law to allow for the donation of human immunodeficiency virus (HIV)  
6 infected organs when medically appropriate to human immunodeficiency virus (HIV)  
7 positive patients who knowingly accept the organs, and be it further  
8

9 RESOLVED, That the American Academy of Family Physicians (AAFP) support the  
10 HOPE (HIV Organ Policy Equity) Act.  
11

12 The reference committee heard testimony in favor of the resolution to support organ donation  
13 from human immunodeficiency virus (HIV) positive patients to HIV positive patients. The  
14 American Medical Association (AMA) passed a resolution supporting more research on  
15 transplanting donated organs from HIV positive patients into other HIV positive patients who  
16 need a transplant. Since there is a shortage of organs this practice serves as another source of  
17 organs for HIV positive people. This already occurs in the European Union.  
18

19 **RECOMMENDATION: The reference committee recommends that Resoluton No. 3006 be**  
20 **adopted.**  
21

22 **ITEM NO. 7: RESOLUTION NO. 3007: UPDATE ON HIV SCREENING**

23  
24 RESOLVED, That the American Academy of Family Physicians (AAFP) amend its  
25 guidelines to reflect those of the Centers for Disease Control and Prevention (CDC) in  
26 recommending that routine voluntary HIV screening be offered to all persons age 13 to  
27 64 not based on risk.  
28

29 The reference committee heard testimony in favor of voluntary screening for human  
30 immunodeficiency virus (HIV) in persons age 13 to 64. Reducing the spread of HIV infection is a  
31 recognized public health goal and earlier detection of those who are HIV infected can lead to  
32 earlier treatment of HIV, which is more effective.  
33

34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
35 **No. 3007 be adopted in lieu of Resolution No. 3007, which reads as follows:**  
36

37 **RESOLVED, That the American Academy of Family Physicians (AAFP)**  
38 **recommend routine voluntary HIV screening to be offered to all persons age 13 to**  
39 **64.**  
40

41 **ITEM NO. 8: RESOLUTION NO. 3008: UNIVERSAL SCREENING FOR INTIMATE PARTNER**  
42 **VIOLENCE**

43  
44 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend  
45 universal screening for intimate partner violence among all adults as part of the annual  
46 wellness exam.  
47

48 The reference committee heard favorable testimony regarding screening for intimate partner  
49 violence (IPV). Family physicians should screen all patients for IPV to help identify if violence is  
50 occurring between partners. There are other groups at risk for partner violence other than

1 women of reproductive age. Screening all patients allows family physicians the opportunity to  
2 offer guidance, if IPV is identified.

3  
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
5 **No. 3008 be adopted in lieu of Resolution No. 3008, which reads as follows:**

6  
7 **RESOLVED, That the American Academy of Family Physicians (AAFP)**  
8 **recommend universal screening for intimate partner violence among all**  
9 **adolescents and adults.**

10  
11 **ITEM NO. 9: RESOLUTION NO. 3009: PRINCIPLES FOR IMPROVING CULTURAL**  
12 **PROFICIENCY AND CARE TO MINORITY AND MEDICALLY-UNDERSERVED COMMUNITIES**  
13 **POLICY**

14  
15 RESOLVED, That the American Academy of Family Physicians (AAFP) update its 2008  
16 Principles for Improving Cultural Proficiency and Care to Minority and Medically-  
17 Underserved Communities policy to include the enhanced cultural categories identified by  
18 Health and Human Services in the 2013 National Standards for Culturally and Linguistically  
19 Appropriate Services in Health Care.

20  
21 The reference committee heard testimony in favor of adding the Health and Human Services  
22 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health  
23 and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. The  
24 Commission on Health of the Public and Science's Subcommittee on Health Equity is updating  
25 the AAFP's current position paper and will incorporate the enhanced Health and Human  
26 Services 2013 National Standards.

27  
28 **RECOMMENDATION: The reference committee recommends that Resolution No. 3009 be**  
29 **adopted.**

30  
31 **ITEM NO. 10: RESOLUTION NO. 3010: ROUTINE SITE-SPECIFIC**  
32 **GONORRHEA/CHLAMYDIA TESTING IN MEN WHO HAVE SEX WITH MEN**

33  
34 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend  
35 site-specific gonorrhea and chlamydia screening in asymptomatic men who have sex  
36 with men based on sexual behaviors.

37  
38 The reference committee heard favorable testimony regarding testing for gonorrhea, chlamydia,  
39 and syphilis in men who have sex with men (MSM). Family physicians may not know to screen  
40 and test where the infections are likely to occur. There is limited evidence indicating the entire  
41 population should be screened and tested. Most physicians are unaware to test at-risk mucosal  
42 surfaces.

43  
44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
45 **No. 3010 be adopted in lieu of Resolution No. 3010, which reads as follows:**

46  
47 **RESOLVED, That the American Academy of Family Physicians (AAFP)**  
48 **recommend behaviorally-targeted, site-specific (oral, rectal, and urethral)**  
49 **gonorrhea and chlamydia screening or testing when opting to provide such**  
50 **screening and testing.**

1 **ITEM NO. 11: RESOLUTION NO. 3011: RESPONSIBLE REGISTRATION OF**  
2 **IMMUNIZATIONS**

3  
4 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage  
5 timely registration of all immunizations in a state or local immunization registry by the  
6 entity providing those immunizations services, and be it further

7  
8 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage  
9 collaboration of interested parties, including, but not limited to, providers of  
10 immunizations, public health departments, and legislative bodies, to improve rates of  
11 registration of immunizations given to any age group.

12  
13 The reference committee heard testimony in favor of vaccine registries. All states have vaccine  
14 registries. Registration of vaccinations is a vital tool in improving quality of care and matrix  
15 evaluation. This tool allows family physicians to ascertain who has been vaccinated, and the  
16 registries can be used to track patients more effectively.

17  
18 **RECOMMENDATION: The reference committee recommends that Resolution No. 3011 be**  
19 **adopted.**

20  
21 **REAFFIRMATION CALENDAR**

22  
23 **The following item A, page 6, lines 31-42, is presented by the reference committee on the**  
24 **reaffirmation calendar. Testimony in the reference committee hearing and discussion by**  
25 **the reference committee in executive session concurred that the resolution presented in**  
26 **item A is current policy or are already addressed in current projects. At the request of the**  
27 **NCSC, any item may be taken off the reaffirmation calendar for an individual vote on that**  
28 **item. Otherwise, the committee will request approval of the reaffirmation calendar in a**  
29 **single vote.**

30  
31 (A) ITEM NO. 12: RESOLUTION NO. 3012: ENCOURAGING AWARENESS OF  
32 STRENGTHENING EXERCISES IN ADULTS OLDER THAN 65 YEARS

33  
34 RESOLVED, That the American Academy of Family Physicians (AAFP)  
35 incorporate strengthening exercise details into education materials (eg, AIM-HI  
36 literature), including a focus on adults older than 65 years, and be it further

37  
38 RESOLVED, That the American Academy of Family Physicians (AAFP) develop  
39 an online electronic tool with patient education on strengthening exercises in  
40 adults older than 65 years, including, but not limited to, providing information on  
41 familydoctor.org, highlighting the Centers for Disease Control and Prevention  
42 (CDC) information on strength training for older adults.

43  
44 The reference committee heard favorable testimony about providing tools to teach patients  
45 about strength training to maintain health. The elderly tend to engage in physical activity less  
46 than their younger counterparts. Americans In Motion—Healthy Interventions (AIM-HI)  
47 encourages all age groups to engage in physical activity and currently has handouts available

1 for patients. In addition, familydoctor.org contains patient information on physical activity for  
2 older adults.

3  
4 **RECOMMENDATION: The reference committee recommends that item A on the**  
5 **reaffirmation calendar be approved as current policy or as already being addressed in**  
6 **current projects.**

7  
8 **I wish to thank those who appeared before the reference committee to give testimony**  
9 **and the reference committee members for their invaluable assistance. I also wish to**  
10 **commend the AAFP staff for their help in the preparation of this report.**

11  
12  
13 Respectfully Submitted,

14  
15  
16 \_\_\_\_\_  
17 Grace Chiu, MD, Chair

- 18  
19 Ross Jones, MD  
20 Sarah Lamanuzzi, MD  
21 Luis Otero, MD, FAAFP  
22 Eltanya Patterson, MD  
23 Andy Shull, MD, FAAFP  
24 Fernando Bolanos, MD (Observer)