



2013 Agenda for the Reference Committee on Health of the Public and Science

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

<u>Item No.</u>	<u>Resolution Title</u>
1. <u>Resolution No. 3001</u>	Updating AAFP Policy Recommendations Regarding Counseling Families on Firearm Safety
2. <u>Resolution No. 3002</u>	The Oprah Effect: Addressing Health Information in Popular Media
3. <u>Resolution No. 3003</u>	Increasing Minority Representation in Family Medicine
4. <u>Resolution No. 3004</u>	Universal Implementation of Spanish Patient Educational Materials
5. <u>Resolution No. 3005</u>	Adding Gender Identity and Gender Expression to the Anti-bullying Policy
6. <u>Resolution No. 3006</u>	HOPE: Human Immunodeficiency Virus (HIV) Organ Policy Equity
7. <u>Resolution No. 3007</u>	Update on HIV screening
8. <u>Resolution No. 3008</u>	Universal Screening for Intimate Partner Violence
9. <u>Resolution No. 3009</u>	Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities policy
10. <u>Resolution No. 3010</u>	Routine Site-Specific Gonorrhea/Chlamydia Testing in Men Who Have Sex with Men
11. <u>Resolution No. 3011</u>	Responsible Registration of Immunizations
12. <u>Resolution No. 3012</u>	Encouraging Awareness of Strengthening Exercises in Adults Older Than 65 Years



Resolution No. 3001

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Updating AAFP Policy Recommendations Regarding Counseling Families on Firearm Safety

2
3 Submitted by: Joanna Bisgrove, MD, FAAFP, Women
4 Rachel Franklin, MD, Women
5 Amy Jepersen, MD, FAAFP, Women
6 Flora Sadri-Azarbayejani, DO, Women
7 Kathleen London, MD, Women
8 Benjamin Simmons III, MD, FAAFP, GLBT
9 Brea Bond, MD, GLBT

10
11 WHEREAS, The current American Academy of Family Physicians (AAFP) Firearm Safety policy
12 states that the AAFP “urges support of legislation that requires utilization of operative trigger
13 locks and that requires storing firearms locked away and unloaded,” and

14
15 WHEREAS, the American Academy of Pediatrics policy statement on firearm safety states, in its
16 opening paragraph, “The absence of guns from children’s homes and communities is the most
17 reliable and effective measure to prevent firearm-related injuries in children and adolescents,”
18 and

19
20 WHEREAS, research has shown that adolescents who live in homes without firearms are far
21 less likely to commit suicide than adolescents that live in homes with guns,ⁱ and

22
23 WHEREAS, unintentional firearm injury is the seventh leading cause of death among children,ⁱⁱ
24 now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians (AAFP) revise its current policy
27 to recommend that all family medicine providers first and foremost counsel families that own
28 guns to store them outside the home, and secondarily counsel families regarding trigger locks
29 and storing ammunition separately.
30

ⁱ Safe Kids USA: “Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety.” [http://www.safekids.org/assets/docs/ourwork/research/research-report-safe-kids-week-2008.pdf# utma=1.2099434882.1366915513.1366915513.1366915513.1& utmb=1.1.10.1366915513& utmc=1& utmx=-& utmz=1.1366915513.1.1.utmcsr=\(direct\)|utmccn=\(direct\)|utmcmd=\(none\)& utmv=-& utmk=42870309](http://www.safekids.org/assets/docs/ourwork/research/research-report-safe-kids-week-2008.pdf# utma=1.2099434882.1366915513.1366915513.1366915513.1& utmb=1.1.10.1366915513& utmc=1& utmx=-& utmz=1.1366915513.1.1.utmcsr=(direct)|utmccn=(direct)|utmcmd=(none)& utmv=-& utmk=42870309) October 2008.

ⁱⁱ AAP Policy Statement “Firearms Related Injuries Affecting the Pediatric Population.” Council on Injury, Violence, and Poison Prevention.” <http://pediatrics.aappublications.org/content/130/5/e1416.full?sid=5a108fe7-2c82-4004-8076-eda632365258> October 18th, 2012



Resolution No. 3002

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 The Oprah Effect: Addressing Health Information in Popular Media

2
3 Submitted by: Diane Steere, MD, Women
4 Dana Nguyen, MD, FAAFP, Women
5 Tamieka M.L. Howell, MD, Minority
6 Ranit Mishori, MD, Women
7 Jessica Triche, MD, FAAFP, Women
8 Susan Fidler, MD, Women
9 Leanne Zakrzewski, MD, Women
10 Joanna Bisgrove, MD, FAAFP, Women

11
12 WHEREAS, Most patients get medical information from popular media sources, such as
13 daytime talk shows, magazines, and popular internet websites, and

14
15 WHEREAS, we recognize the immense influence that the media has on our patients, and

16
17 WHEREAS, the popular media often fails to cite reputable sources, discussion of risks and
18 harms, and cost when disseminating health information, and

19
20 WHEREAS, most nationally recognized physicians on popular media are subspecialists
21 providing primary care health information, and

22
23 WHEREAS, there has been a lack of effective response to the medical misinformation provided
24 in popular media, now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians (AAFP) caution the public
27 against use of popular media as a primary source of medical information and encourage
28 patients to consult with their family physicians for their healthcare decisions, and be it further

29
30 RESOLVED, That the American Academy of Family Physicians (AAFP) and its consumer
31 alliances promote and expand trusted sources of patient information such as
32 www.familydoctor.org, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians (AAFP) publically respond to
35 health misinformation disseminated through popular media sources, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) promote and train
38 family physicians to be the local and national popular media experts in disease prevention and
39 treatment, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a strategic plan
42 to proactively engage the popular media about health-related news.



Resolution No. 3003

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Increasing Minority Representation in Family Medicine

2

3 Submitted by: Derrick Anderson, MD, Minority

4 Joni Stuart, MD, Minority

5 Jose Tiburcio, MD, Minority

6 Ross Jones, MD, Minority

7 Teresa Lovins, MD, FAAFP, Women

8 Kisha Davis, MD, New Physicians

9

10 WHEREAS, The diversity of our family medicine workforce does not reflect the diversity of our
11 patient population, and

12

13 WHEREAS, the diversity of the United States (U.S.) population, according to the 2010 U.S.
14 census, included 12.6% African-Americans and 16.3% Hispanics, and

15

16 WHEREAS, the family medicine workforce in 2008 consisted of 3.5% African-American
17 physicians and 4.9% Hispanic physicians, and

18

19 WHEREAS, the estimated shortage of family medicine physicians may be 124,000 by 2025
20 according to the Association of American Medical Colleges (AAMC), now, therefore, be it

21

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

25

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



Resolution No. 3004

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Universal Implementation of Spanish Patient Educational Materials

2

3 Submitted by: Shani Muhammad, MD, Minority
4 Ricky Ochoa, MD, Minority

5

6 WHEREAS, The Hispanic population of the United States (U.S) was 50.5 million as of April
7 2010, and

8

9 WHEREAS, the projected Hispanic population of the U.S. by July 1, 2050, is expected to
10 exceed 132.8 million, and

11

12 WHEREAS, according to 2007 census data, there are 34.5 million people 5 years and older who
13 speak Spanish at home and over 10 million of them speak English not well or not at all, and

14

15 WHEREAS, there are currently ample patient educational materials and handouts available on
16 the American Academy of Family Physicians (AAFP) website, but only a portion of those are
17 offered in Spanish, now, therefore, be it

18

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



Resolution No. 3005

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Adding Gender Identity and Gender Expression to the Anti-Bullying Policy

2
3 Submitted by: Rebecca Beach, MD, FAAFP, GLBT
4 Folashade Omole, MD, FAAFP, GLBT
5 Benjamin Simmons III, MD, FAAFP, GLBT
6

7 WHEREAS, Bullying is a significant problem, estimated by the Centers for Disease Control and
8 Prevention (CDC) to be as high as 20% among United States (U.S.) high school students, and
9

10 WHEREAS, many schools show a willingness to address bullying in general, and

11
12 WHEREAS, effective efforts to address bullying must address the pervasive issue of anti-GLBT
13 (Gay, Lesbian, Bisexual, Transgender) bullying, and

14
15 WHEREAS, enumeration allows schools to address issues in policy and training, and

16
17 WHEREAS, current American Academy of Family Physicians (AAFP) policy does not address
18 gender identity or expression, now, therefore, be it

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) update its Violence,
21 Harassment, and School Bullying Among Children and Adolescents policy to include the
22 phrases “gender identity,” and, “gender expression,” as follows: “Violence, harassment, and
23 bullying that takes place in any venue, including electronic media, for any reason including, but
24 not limited to ethnicity, socioeconomic status, religion, sexual orientation, gender identity, gender
25 expression, physical status, disability, or other personal characteristics, has significant and
26 harmful physical and psychological efforts and should not be tolerated.”



Resolution No. 3006

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 HOPE: Human Immunodeficiency Virus (HIV) Organ Policy Equity
2
3 Submitted by: Bruce Echols, MD, FAAFP, GLBT
4 Samuel Hanson Willis, MD, GLBT
5
6 WHEREAS, Human immunodeficiency virus (HIV) infected people are living longer lives, and
7
8 WHEREAS, HIV is now considered a chronic medical condition, and
9
10 WHEREAS, HIV positive people are increasingly receiving organ transplants, and
11
12 WHEREAS, organs for donation remain in short supply, now, therefore, be it
13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) support amending
15 federal law to allow for the donation of human immunodeficiency virus (HIV) infected organs
16 when medically appropriate to human immunodeficiency virus (HIV) positive patients who
17 knowingly accept the organs, and be it further
18
19 RESOLVED, That the American Academy of Family Physicians (AAFP) support the HOPE (HIV
20 Organ Policy Equity) Act.



Resolution No. 3007

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Update on HIV Screening

2

3 Submitted by: T. Ray Perrine, MD, FAAFP, GLBT

4 Werner K. Brammer, MD, FAAFP, GLBT

5

6 WHEREAS, The Centers for Disease Control and Prevention (CDC) estimates that one in five of
7 the 1.1 million Americans with HIV does not know they are infected, and

8

9 WHEREAS, the CDC further estimates that some 25% of HIV infected persons who are
10 unaware of their status account for upwards of 70% of new HIV transmissions, and

11

12 WHEREAS, the United States Preventive Services Task Force (USPSTF) recommendations for
13 screening of HIV which are currently endorsed by the American Academy of Family Physicians
14 (AAFP) only call for screening of high risk persons as defined by the USPSTF
15 recommendations, and

16

17 WHEREAS, the screening recommendation for the USPSTF rely on history obtained from the
18 patient by the clinician, and

19

20 WHEREAS, patients in said high risk groups are often not forthcoming in revealing their high
21 risk behaviors for various reasons now, therefore, be it

22

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



Resolution No. 3008

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Universal Screening for Intimate Partner Violence

2
3 Submitted by: Scott Nass, MD, MPH, GLBT
4 David Hoelting, MD, GLBT
5 Michael Workings, MD, FAAFP, GLBT
6 Andrew Goodman, MD, GLBT
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports awareness by all
9 family physicians of the prevalence of intimate partner violence (IPV), as well as practical
10 interventions and available local resources¹, and
11

12 WHEREAS, the 2013 National Intimate Partner and Sexual Violence Survey (NISVS) confirmed
13 that IPV within relationships involving men and women who identify as gay, lesbian, bisexual, or
14 transgender (GLBT) is at least as prevalent as within heterosexual relationships, and
15

16 WHEREAS, validated screening tools exist to screen GLBT patients for IPV that would generate
17 further data on IPV among this vulnerable population, and
18

19 WHEREAS, primary care physicians screened inadequately in the past when nonstandard
20 criteria and personal biases were used to identify “at-risk” populations, and
21

22 WHEREAS, screening for IPV in “asymptomatic” individuals (those not showing outward signs
23 of abuse) is a reimbursable procedure, now, therefore, be it
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend universal
26 screening for intimate partner violence among all adults as part of the annual wellness exam.
27

28 1 [http://www.aafp.org/online/en/home/policy/policies/f/familyandintimatepartner-
violenceandabuse.html](http://www.aafp.org/online/en/home/policy/policies/f/familyandintimatepartner-
29 violenceandabuse.html)



Resolution No. 3009

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved
2 Communities Policy

3

4 Submitted by: Jen Brull, MD, FAAFP, GLBT
5 James Ellzy, MD, FAAFP, GLBT
6 Bernard Richard, MD, GLBT

7

8 WHEREAS, In 2008 the American Academy of Family Physicians (AAFP) endorsed use of the
9 National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS),
10 and

11

12 WHEREAS, the 2000 National CLAS Standards were updated in 2013, and

13

14 WHEREAS, culture was previously defined only in terms of racial, ethnic, and linguistic groups; but
15 is now defined in terms of racial, ethnic, and linguistic groups, as well as geographical, religious
16 and spiritual, biological, and sociological characteristics, and

17

18 WHEREAS, the 2013 definition of culture has been expanded to specifically include gender
19 identity, sexual orientation, and family and household composition, among other groups, now,
20 therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) update its 2008 Principles
23 for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities
24 policy to include the enhanced cultural categories identified by Health and Human Services in the
25 2013 National Standards for Culturally and Linguistically Appropriate Services in Health Care.



Resolution No. 3010

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Routine Site-Specific Gonorrhea/Chlamydia Testing in Men Who Have Sex with Men

2
3 Submitted by: Scott Nass, MD, GLBT
4 David J. Hoelting, MD, GLBT
5 Andrew Goodman, MD, GLBT
6 Michael Workings, MD, FAAFP, GLBT
7

8 WHEREAS, The Centers for Disease Control and Prevention (CDC) currently recommend
9 annual screening for gonorrhea, chlamydia, and syphilis among men who have sex with men
10 (MSM), and
11

12 WHEREAS, MSM disproportionately are co-infected with human immunodeficiency virus (HIV)
13 and other sexually transmitted infections including gonorrhea and chlamydia, and
14

15 WHEREAS, data from the San Francisco Department of Public Health demonstrate a high rate
16 of rectal and oropharyngeal gonorrhea and chlamydia infections in asymptomatic MSM, and
17

18 WHEREAS, screening for gonorrhea and chlamydia infections using urethral screening only is
19 insufficient for men who engage in receptive oral and anal sex with other men, and
20

21 WHEREAS, validated screening mechanisms exist for detection of non-genital gonorrhea and
22 chlamydia, now, therefore, be it
23

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



Resolution No. 3011

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Responsible Registration of Immunizations

2
3 Submitted by: Robert Sedlacek, MD, New Physicians
4 Kelly Gabler, MD, FAAFP, New Physicians

5
6 WHEREAS, Immunization against infectious diseases is often our most effective tool in
7 combating those diseases and limiting their consequences for our patients and communities,
8 and

9
10 WHEREAS, non-traditional sources for immunizations, such as retail pharmacies and workplace
11 programs are potentially effective allies in reaching as much of the population as possible with
12 appropriate vaccinations, and

13
14 WHEREAS, all 50 states, most United States (U.S.) territories, and some major metropolitan
15 areas have registries for immunizations, and

16
17 WHEREAS, participation in those state-wide registries for adult immunizations varies widely
18 across the country from a high of more than 95% (Wisconsin) to a low of 4% (Kentucky)¹, and

19
20 WHEREAS, registries can aid patients and providers of immunizations in record keeping and
21 appropriate decision making regarding administration of immunizations, and

22
23 WHEREAS, medical providers are increasingly called upon to promote the health of their patient
24 panels as a whole, and as such will be accountable for metrics such as immunization rates in
25 their population, and

26
27 WHEREAS, traditional providers and many non-traditional sources of immunizations have not
28 consistently registered the immunizations they provide, leading to confusion, duplicate or
29 missed immunizations, and excess work on the part of patients and providers, now, therefore,
30 be it

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage timely
33 registration of all immunizations in a state or local immunization registry by the entity providing
34 those immunizations services, and be it further

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage collaboration
37 of interested parties, including, but not limited to, providers of immunizations, public health
38 departments, and legislative bodies, to improve rates of registration of immunizations given to
39 any age group.

¹ <http://www.cdc.gov/vaccines/programs/iis/annual-report-IISAR/2011-data.html#adult>



Resolution No. 3012

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Encouraging Awareness of Strengthening Exercises in Adults Older Than 65 Years

2
3 Submitted by: Susan Thomas, MD, New Physicians
4 Matthew Horning, MD, New Physicians
5 Emily Briggs, MD, New Physicians
6

7 WHEREAS, Chronic illness can be prevented or improved through physical activity, and

8
9 WHEREAS, only 31% of individuals between 65-74 years participate in 20 minutes of moderate
10 activity three or more days per week (Agency for Healthcare Research and Quality Report,
11 2003), and
12

13 WHEREAS, strengthening exercises are often understated or overlooked in primary care, now,
14 therefore, be it
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) incorporate
17 strengthening exercise details into education materials (eg, AIM-HI literature), including a focus
18 on adults older than 65 years, and be it further
19

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