



2017 Agenda for the Reference Committee on Health of the Public & Science

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 3001	Decriminalization of Possession and Personal Use of Marijuana by Minors
2. Resolution No. 3002	Creation of Sexual and Gender Health Toolkit
3. Resolution No. 3003	Solitary Confinement in Youth
4. Resolution No. 3004	Lactation Support for Physician Moms
5. Resolution No. 3005	Call for a Physical Activity Vital Sign in Clinical Practice
6. Resolution No. 3006	Support for Clean Air and Clean Water Protections
7. Resolution No. 3007	A Social Justice Framework for Health Policy
8. Resolution No. 3008	Body Size Recognition by the AAFP as a Social Determinant of Health
9. Resolution No. 3009	Enhancing Nutrition Education for Family Medicine Physicians
10. Resolution No. 3010	AAFP's Center for Diversity and Health Equity Report to Support the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)
11. Resolution No. 3011	Supporting Immigrant Physicians and Medical Students
12. Resolution No. 3012	“Health in All Policies” to Achieve Health Equity
13. Resolution No. 3013	Recommend HIV Antiretroviral Therapy for Incarcerated Patients
14. Resolution No. 3014	Supporting Family Physicians in Social Determinants of Health Screening, Data Collection and Payment



Resolution No. 3001

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Decriminalization of Possession and Personal Use of Marijuana by Minors

2
3 Submitted by: Brea Bondi-Boyd, MD, IMG
4 Jennifer Hernandez, MD, IMG
5 Grace Chiu, MD, IMG
6 Dan Gold, MD, IMG
7

8 WHEREAS, The American Academy of Family Physicians current policy opposes the recreational
9 use of marijuana, supporting decriminalization of the possession and personal use of marijuana,
10 and
11

12 WHEREAS, over 9,000 minors have avoided initial contact with criminal justice system since the
13 passage of SB 1449 in California, which reduced the punishment for simple marijuana possession
14 from a misdemeanor criminal offense to a civil infraction punishable by a fine of no more than
15 \$100, and
16

17 WHEREAS, juveniles who have been incarcerated face a greater risk of committing future offenses
18 than those who have never been in custody and often commit a more serious offense after their
19 release, and
20

21 WHEREAS, decriminalization reduces the probability of unnecessary and harmful initial contact
22 with the criminal justice system, reducing risk of slipping into cycle of criminality and incarceration,
23 and
24

25 WHEREAS, the American Academy of Pediatrics strongly supports the decriminalization of
26 marijuana use for both minors and young adults and encourages pediatricians to advocate for laws
27 that prevent harsh criminal penalties for possession or use of marijuana, and
28

29 WHEREAS, a focus on treatment for adolescents with marijuana use problems should be
30 encouraged, and adolescents with marijuana use problems should be referred to treatment, and
31

32 WHEREAS, the toxic stress that occurs with incarceration has been shown by the Adverse
33 Childhood Experiences Study to have a major impact on multiple aspects on health outcomes, and
34

35 WHEREAS, decriminalization of marijuana would reduce racial disparities and discrimination, as
36 reported by the American Civil Liberties Union, despite equal use by whites and minorities, and a
37 disproportionate number of arrests of minorities for marijuana possession, now, therefore, be it
38

39 RESOLVED, That the American Academy of Family Physicians update its current position on
40 decriminalization of possession and personal use of marijuana to include minors and young adults,
41 and be it further
42

43 RESOLVED, That the American Academy of Family Physicians update its current policy to include
44 intervention and treatment of use in lieu of incarceration of minors and young adults.



Resolution No. 3002

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Creation of Sexual and Gender Health Toolkit

2

3 Submitted by: Santina Wheat, MD, LGBT
4 Shannon Connolly, MD, Women
5 Juan Carlos Venis, MD, LGBT
6 Carmen Echols, MD, General Registrant
7 Megan Vigil, MD, LGBT
8 Kristi VanDerKolk, MD, LGBT
9 Anna McMahan, MD, LGBT

10

11

12 WHEREAS, The current American Academy of Family Physicians (AAFP) policy titled “Social
13 Determinants of Health Policy” states “The AAFP supports the assertion that physicians need to
14 know how to identify and address social determinants of health in order to be successful in
15 promoting good health outcomes for individuals and populations, and

16

17 WHEREAS, current AAFP policy supports education on the care and support of transgender and
18 gender-nonconforming youth and adults, and

19

20 WHEREAS, access to primary healthcare and hormone therapy is an essential service for
21 transgender and gender-nonconforming patients, and

22

23 WHEREAS, the AAFP supports equipping members with the data, knowledge, competencies and
24 skills to provide high quality, evidence-based, safe care to their patients, and

25

26 WHEREAS, the April 2017 *Fresh Perspectives* article ‘Family Physicians can lead in treating
27 transgender patients with respect’ indicates our role in transgender care, and

28

29 WHEREAS, there are existing sources that could be utilized and/or modified for development of a
30 toolkit for use by family physicians to address gender health in the care of their patients, now,
31 therefore, be it

32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a free and easily
34 accessible gender and sexual health Tool Kit on the AAFP website, which includes education and
35 resources to assist with assessing and addressing the medical needs of our patients with diverse
36 gender identities and sexual expressions.

37



Resolution No. 3003

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Solitary Confinement in Youth

2

3 Submitted by: Shani Muhammad, MD, General Registrant

4 Marie Ramas, MD, Minority

5 Kevin Wang, MD, LGBT

6 Amardeep Angroola, MD, LGBT

7 Karla Booker, MD, Women

8

9

10 WHEREAS, Each year, thousands of children in juvenile and adult facilities are placed into solitary
11 confinement, and

12

13 WHEREAS, solitary confinement can cause psychological and emotional harm, trauma,
14 depression, anxiety, and increased risk of self-harm, and

15

16 WHEREAS, research shows that more than half of youth who commit suicide inside facilities do so
17 in solitary confinement, and

18

19 WHEREAS, the American Academy of Adolescent and Child Psychiatry, the American
20 Psychological Association, the National Partnership for Juvenile Services, the American Bar
21 Association, and the National Council of Juvenile and Family Court Judges support the end of
22 solitary confinement for youth, now, therefore, be it

23

24 RESOLVED, That the American Academy of Family Physicians write a policy in support of ending
25 solitary confinement for children in all juvenile and adult facilities.



Resolution No. 3004

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Lactation Support for Physician Moms

2

3 Submitted by: Carrie Pierce, MD, Women
4 Robin Sebastian, MD, Women
5 Tasha Starks, MD, Minority
6 Santina Wheat, MD, LGBT

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8 WHEREAS, The American Academy of Family Physicians (AAFP) supports that all babies, with
9 rare exceptions, should be breastfed and/or receive expressed human milk exclusively in the first
10 six months, which should continue with complementary foods as long as mutually desired, and

11

12 WHEREAS, the AAFP adopted a policy statement in 2013 that family medicine training programs
13 should promote and support institutional policies to provide appropriate accommodations to allow
14 trainees to securely breastfeed and/or express breast milk as needed during designated duty
15 hours, and

16

17 WHEREAS, other organizations, such as the Office of Women's Health of the US Department of
18 Health and Human Services, have an Employee Guide to Breastfeeding and Working, now,
19 therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians create and maintain a resource for
22 physicians and practice administrators to share best practices for workplace accommodations for
23 breastfeeding physicians, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians create a statement of support for
26 paid break times for physicians to breastfeed or express breast milk.

27



Resolution No. 3005

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1 Call for a Physical Activity Vital Sign in Clinical Practice

2
3 Submitted by: Alex Mroszczyk-McDonald, MD, New Physician
4 John Nguyen, MD, Minority

5
6 WHEREAS, Physical inactivity increases the relative risk of coronary artery disease, stroke,
7 hypertension, and osteoporosis by 45 percent, 60 percent, 30 percent and 59 percent,
8 respectively, and

9
10 WHEREAS, physical inactivity is associated with an increased risk of 25 chronic diseases, and

11
12 WHEREAS, United States Physical Activity Guidelines recommend at least 150 minutes per week
13 of moderate-intensity activity (e.g., brisk walking), and

14
15 WHEREAS, 90 percent of American adults do not meet current physical activity guidelines, and

16
17 WHEREAS, deaths attributable to physical inactivity may soon exceed those attributed to cigarette
18 smoking, and

19
20 WHEREAS, physical activity is reflected in improved cardiorespiratory fitness, expressed as
21 metabolic equivalents, which in turn correlates with a reduced risk of cardiovascular disease, and

22
23 WHEREAS, in persons with and without heart disease, each single metabolic equivalent increase
24 in cardiorespiratory fitness is associated with an approximately 15 percent reduction in mortality,
25 and

26
27 WHEREAS, individuals with low cardiorespiratory fitness have higher annual healthcare costs, and

28
29 WHEREAS, the American Heart Association recently emphasized that physical inactivity
30 represents a leading cause of death worldwide, and

31
32 WHEREAS, the beneficial effects of regular exercise are often underestimated by many clinicians
33 who then miss opportunities to endorse proven behavioral interventions, and

34
35 WHEREAS, the 19th Surgeon General of the United States, Vivek Murthy, MD, has endorsed
36 physical activity as a priority in clinical settings, and

37
38 WHEREAS, vital signs inform clinicians about the likelihood of future disease and the presence
39 and severity of acute and chronic illness, and

40
41 WHEREAS, asking a patient about exercise habits may have greater impact than asking questions
42 about smoking or diet, which are routinely asked, and has significant implications regarding
43 preventative care, and

44
45 WHEREAS, current AAFP policy endorses promotion of fitness as an integral component of
46 preventive care, risk reduction and disease management and family physicians are uniquely
47 positioned to promote fitness among their patients and encouraged to open a dialogue with their
48 patients about fitness during patient visits, and
49

50 WHEREAS, a physical activity vital sign is successfully being used in several large healthcare
51 systems, including Kaiser Permanente, Intermountain Healthcare (Utah), and the Greenville Health
52 System (South Carolina), now, therefore, be it
53

54 RESOLVED, That the American Academy of Family Physicians encourage family physicians to
55 recommend that adults aged 18–64 do at least 150 minutes of moderate-intensity aerobic physical
56 activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity
57 throughout the week or an equivalent combination of moderate- and vigorous-intensity activity, and
58 be it further
59

60 RESOLVED, That the American Academy of Family Physicians develop policy to encourage family
61 physicians to make a routine, standardized and widespread practice of measuring patients'
62 habitual physical activity, and consider physical activity a "vital sign," to be assessed at clinical
63 visits as appropriate and to engage patients in conversation and preventative counseling to ensure
64 they are aware of and understand the proven connection between regular physical activity and
65 optimal health.



Resolution No. 3006

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support for Clean Air and Clean Water Protections

2

3 Submitted by: Mollie Cecil, MD, New Physicians

4

Megan Guffey, MD, IMG

5

Kimberly Becher, MD, General Registrant

6

Syed Naseeruddin, MD, FAAFP, LGBT

7

Kimberly Eubanks, MD, FAAFP, LGBT

8

Susan Osborne, DO, LGBT

9

David Hoelting, MD, LGBT

10

11 WHEREAS, Air and water pollution is a significant public health threat affecting many communities
12 in the United States, and

13

14 WHEREAS, the Clean Air Act and Clean Water Act were created to prevent and correct air and
15 stream pollution, and

16

17 WHEREAS, multiple governments at local, state, and national levels have recently taken actions to
18 weaken stream and air protections, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians condemn any actions taken by
21 local, state, or national governments that weaken existing stream and air protections, and be it
22 further

23

24 RESOLVED, That the American Academy of Family Physicians Congress of Delegates strengthen
25 and expand existing policy statements to more strongly support clean air and clean water
26 protections, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians oppose any actions to reduce
29 access to environmental health research data.

30

31



Resolution No. 3007

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 A Social Justice Framework for Health Policy

2
3 Submitted by: Shannon Connolly, MD, FAAFP, Women
4 Santina Wheat, MD, LGBT
5 Arthur Ohannesian, MD, New Physician
6

7 WHEREAS, America is undergoing a changing political environment in which it is important to
8 protect the rights of certain vulnerable groups, and
9

10 WHEREAS, the American Academy of Family Physicians (AAFP) will be asked to consider new
11 ideas about health policy and social justice in the forthcoming years, and
12

13 WHEREAS, all people should have access to essential, effective health care including primary and
14 preventive care, and
15

16 WHEREAS, we reaffirm our commitment to the principles of science, understanding that medical
17 research must be non-partisan, unbiased, and based on the scientific method, and public health
18 policy must be evidence-based and free from political motivation, and
19

20 WHEREAS, the AAFP supports parity for mental health care and treatment for substance use
21 disorders and recognizes that efforts should be made to reduce stigma and remove barriers to
22 mental health services, and
23

24 WHEREAS, the AAFP supports women's access to safe and effective family planning and
25 reproductive health services, and
26

27 WHEREAS, the AAFP opposes policies designed to restrict access to comprehensive reproductive
28 health care by placing medically unnecessary regulatory burdens on physicians, and
29

30 WHEREAS, family physicians treat immigrants and refugees every day, believe communities are
31 safer and healthier when all individuals have access to health care and reject policy that requires
32 physicians to report undocumented individuals as in consistent with our mission as health care
33 providers, and
34

35 WHEREAS, the AAFP recognizes that Lesbian, Gay, Bisexual, Transgender, Queer, Intersex,
36 Asexual patients face challenges in accessing culturally competent, safe, and comprehensive
37 health care, and
38

39 WHEREAS, recognizing the importance of responding to the needs of the most vulnerable
40 members of our communities, the California Academy of Family Physicians has already approved
41 the below statement, now, therefore, be it
42

43 RESOLVED, That the American Academy of Family Physicians adopt the following General
44 Statement on Health Policy which highlights seven core social justice values that represent our
45 profession:

- 46 1) Health care is a human right.
- 47 2) We believe in evidence-based medicine and public health policy.
- 48 3) Mental health services are a fundamental part of health care.
- 49 4) Women's health must be protected.
- 50 5) People deserve health care regardless of immigration status.
- 51 6) The neglect and mistreatment of marginalized communities affects health and must be
52 opposed.
- 53 7) All people, regardless of their gender identity or sexual orientation, must be treated with
54 dignity and respect, and be it further
55

56 RESOLVED, That the American Academy of Family Physicians publish the General Statement on
57 Health Policy statement on its website, make it available to media outlets, and promote it in their
58 print publications, and be it further
59

60 RESOLVED, That the American Academy of Family Physicians (AAFP) use the General Statement
61 on Health Policy statement as a guide when deciding whether and which health policies are
62 consistent with the mission of the AAFP.



Resolution No. 3008

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Body Size Recognition by the AAFP as a Social Determinant of Health

2

3 Submitted by: Andrew Goodman, MD, LGBT

4 Sarah Marks, MD, FAAFP, LGBT

5 Sara Thorp, DO, New Physicians

6

7

8 WHEREAS, The American Academy of Family Physicians recently announced the creation of the
9 Center for Diversity and Health Equity in order to address social determinants of health, and

10

11 WHEREAS, Body Mass Index, while frequently measured in health care as a screening tool for
12 cardiometabolic risk, is a poor predictor of individual cardiometabolic health, and

13

14 WHEREAS, size discrimination and stigma in health care occur toward people of all body sizes, but
15 especially toward people of large body size, and

16

17 WHEREAS, research shows size discrimination and stigma in health care affects health outcomes,
18 now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
21 Equity include body size and sizeism as social determinants of health.



Resolution No. 3009

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Enhancing Nutrition Education for Family Medicine Physicians

2
3 Submitted by: Vivienne Rose, MD, Minority
4 Kevin Bernstein, MD, New Physicians
5 Christine Wells, MD, Minority
6 Haroon Samar, MD, Minority
7 Crystal Nwagwu, MD, Resident
8 Giselle Blair, MD, FAAFP, General Registrant
9 Tasha Starks, MD, Minority

10
11 WHEREAS, Obesity affects 78.6 million Americans, and

12
13 WHEREAS, the obesity epidemic cost \$147 billion dollars in 2008, and

14
15 WHEREAS, medical cost for the obese were \$1429 more than normal weight people, and

16
17 WHEREAS, 50% of medical costs are utilized on obese patients with hypertension, diabetes, and
18 heart disease, and

19
20 WHEREAS, the United States Preventive Task Force has recommended routine screening for
21 obesity, now, therefore, be it

22
23 RESOLVED, That the American Academy of Family Physicians expand its toolkit on Nutrition to
24 include current evidence-based strategies to train family medicine physicians to provide
25 standardized multidisciplinary patient centered nutrition education, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians review and revise its toolkit on
28 nutrition every three years.



Resolution No. 3010

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 American Academy of Family Physician Center for Diversity and Health Equity Report to Support
2 the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)

3
4 Submitted by: Meshia Waleh, MD, New Physicians
5 Tisha Boston, MD, FAAFP, Minority
6 Marty Player, MD, LGBT
7 Andrea Jones, MD, Minority
8

9 WHEREAS, International Convention on the Elimination of All Forms of Racial Discrimination
10 (ICERD) has, "Resolved to adopt all necessary measures for speedily eliminating racial
11 discrimination in all its forms and manifestations, and to prevent and combat racist doctrines and
12 practices in order to promote understanding between races and to build an international community
13 free from all forms of racial segregation and racial discrimination," and
14

15 WHEREAS, the vision of the American Academy of Family Physicians (AAFP) is to transform
16 healthcare to achieve optimal health for everyone, and
17

18 WHEREAS, the AAFP believes policymaking should be population based and evidence based,
19 and should support current and future research on social determinants of health, and
20

21 WHEREAS, the United States has an obligation to uphold the International Convention on the
22 Elimination of All Forms of Racial Discrimination (ICERD) Treaty signed January 4, 1969, and
23 ratified October 21, 1994, and
24

25 WHEREAS, the ICERD Treaty states, "parties undertake to prohibit and to eliminate racial
26 discrimination in all its forms and to guarantee the right of everyone, without distinction as to race,
27 color, or national or ethnic origin, to equality before law" certain rights, now, therefore, be it
28

29 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
30 Equity commission a report, in partnership with The Robert Graham Center or similar entities to
31 determine the differential access to healthcare using the social determinants of health, and be it
32 further
33

34 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
35 Equity submit a parallel report to the US Report to the International Convention of the Elimination
36 of All Forms of Racial Discrimination (ICERD) to address concerns and recommendations set forth
37 by the 2014 ICERD report.



Resolution No. 3011

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Supporting Immigrant Physicians and Medical Students

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3 Submitted by: Po-Yin Samuel Huang, MD, Minority

4

John Nguyen, MD, Minority

5

Jennifer Hernandez, MD, IMG

6

Grace Chiu, MD, IMG

7

8 WHEREAS, There are 15,000 practicing physicians, 260 resident physicians, and numerous
9 foreign medical students who would be affected by the first travel ban proposed by President
10 Trump, and

11

12 WHEREAS, providing culturally congruent care is important and oftentimes life saving for many
13 patients, and

14

15 WHEREAS, the American Academy of Family Physicians has existing policy regarding diversity of
16 the workforce, and

17

18 WHEREAS, immigrant physicians often serve the underserved population or in underserved areas,
19 now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose deportation of
22 medical students, residents, fellows, and practicing physicians, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians work to protect the civil rights of
25 medical students, residents, fellows, practicing physicians whose immigration status might be
26 adversely affected by government action, so that they can continue to provide care in their
27 communities.

28



Resolution No. 3012

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 “Health in All Policies” to Achieve Health Equity

2

3 Submitted by: Tobie Smith, MD, FAAFP, Women

4 Theadora Sakata, MD, Women

5 Rashida Downing, MD, Women

6 Stuti Negpal, MD, Women

7 Amelia Frank, MD, Women

8 Tiffany Leonard, MD, Women

9

10 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that many non-
11 medical policies have impacts on health, and

12

13 WHEREAS, the AAFP has developed the Center for Diversity and Health Equity to take a
14 leadership role in addressing social determinants of health, nurturing diversity, and promoting
15 health equity through collaboration, policy development, advocacy, and education, and

16

17 WHEREAS, the Centers for Disease Control and Prevention (CDC) defines Health in All Policies
18 (HiAP) as a collaborative approach that integrates and articulates health considerations into policy
19 making across sectors to improve the health of all communities and people, and

20

21 WHEREAS, many government entities such as California and San Francisco have adopted formal
22 policies to implement an HiAP framework to evaluate health impacts of legislation across all
23 sectors, including transportation, education, environment, housing, etc., and

24

25 WHEREAS, the CDC also identifies that the HiAP approach may also be effective in identifying
26 gaps in evidence and achieving health equity, and

27

28 WHEREAS, the National Academy of Medicine (NAM) recommends implementing an HiAP
29 approach for more fully addressing the determinants of health, better coordinating efforts across
30 sectors and more effectively using public resources, and

31

32 WHEREAS, the National Association of County and City Health Officials has adopted a position
33 statement on HiAP and advocates for HiAP as a critical method to promote health, and

34

35 WHEREAS, the AAFP Center for Diversity and Health Equity has stated goals to advocate for
36 policies at the national, state, and local levels to address social determinants of health but has not
37 yet explicitly recognized the framework of HiAP, now, therefore, be it

38

39 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
40 Equity specifically utilize the terminology “Health in All Policies” in articulating their goals, and be it
41 further

42

43 RESOLVED, That the American Academy of Family Physicians advocate for legislation that
44 mandates a Health in All Policies Framework at federal, state, and local government levels, and be
45 it further
46
47 RESOLVED, That the American Academy of Family Physicians (AAFP) write a policy statement
48 articulating the AAFP's commitment to Health in All Policies.



Resolution No. 3013

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Recommend HIV Antiretroviral Therapy for Incarcerated Patients

2

3 Submitted by: Kathleen Meehan-de la cruz, MD, LGBT

4 Sara Thorp, DO, New Physicians

5 Brent Sugimoto, MD, LGBT

6 Scott Hartman, MD, FAAFP, LGBT

7 Jerry Abraham, MD, MPH, LGBT

8

9 WHEREAS, About 1.5% of all inmates and state and federal prisons have HIV or AIDS (21,987
10 persons), 4 times the prevalence rate of HIV in the general population, and

11

12 WHEREAS, studies have shown that treatment of HIV in prisons is feasible and effective but that
13 standardized care of patients with HIV is still not the norm, and

14

15 WHEREAS, the Department of Health and Human Services (HHS) guidelines on the use of HIV
16 medicines in adults and adolescents recommend that people with HIV start Antiretroviral Therapy
17 (ART) as soon as possible, now, therefore be it

18

19 RESOLVED, That the American Academy of Family Physicians recommends that all federal and
20 state correctional institutions follow Health & Human Services guidelines for the treatment of all
21 patients infected with Human Immunodeficiency Virus, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to state and
24 federal correctional regulatory bodies strongly urging that all correctional facilities follow Health &
25 Human Services guidelines for the treatment of all patients infected with Human Immunodeficiency
26 Virus.



Resolution No. 3014

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Supporting Family Physicians in Social Determinants of Health Screening, Data Collection and
2 Payment

3
4 Submitted by: Wayne Forde, MD, FAAFP, Minority
5 Kevin Wong, MD, FAAFP, Minority
6 Andrea Jones, MD, Minority
7 Megan Adamson, MD, New Physician
8 Chris Baumert, MD, New Physician
9

10 WHEREAS, Social determinants of health account for over 50 percent of health outcomes, and

11
12 WHEREAS, according to 2014 Census data, an estimated 14.8% of all US adults live in poverty,
13 and

14
15 WHEREAS, the American Academy of Family Physicians (AAFP) believes policymaking should be
16 population-based and evidence-based, and should support current and future research on social
17 determinants of health, and

18
19 WHEREAS, the AAFP has a newly instituted Center for Diversity and Health Equity, and

20
21 WHEREAS, the National Association of Community Health Centers (NACHC) is in the process of
22 developing and validating a clinic-based social determinants of health screening tool called
23 Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences in the hopes of
24 studying rates of social issues in primary care patient populations, addressing them more
25 effectively, and advocating for future payment for primary care clinic-based social service referrals,
26 and

27
28 WHEREAS, the AAFP is currently developing a toolkit to educate members on social determinants
29 of health, now, therefore, be it

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other
32 organizations in the development of a validated tool(s) for social determinants of health screening,
33 and be it further

34
35 RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health
36 Equity develop a criteria to evaluate measures of social determinants of health, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians advocate for the development of
39 curricular content for resident and student education on social determinants of health, and be it
40 further

41
42 RESOLVED, That the American Academy of Family Physicians promote to its members best
43 practices for coding related to social determinants of health, including for the purpose of collecting

44 population data, and be it further

45

46 RESOLVED, That the American Academy of Family Physicians advocate for payment for care
47 coordination and data collection related to social determinants of health.