



2021 Agenda for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 3001	Improving Awareness of Sex and Gender Disparities in Primary Literature and Guideline-Based Medicine
2. Resolution No. 3002	Protecting and Encouraging Civic Health Discussions Initiated by Family Medicine Physician
3. Resolution No. 3003	Advocating for Informed Consent for Drug Screening in Pregnancy
4. Resolution No. 3004	Breastfeeding and Lactation Support in the Workplace
5. Resolution No. 3005	Improving Health Literacy to Meet Public Health Challenges in an Era of Misinformation
6. Resolution No. 3006	Optimizing the Online Supplemental Nutrition Assistance Program to Advance Health Equity
7. Resolution No. 3007	Sexually Transmitted Infection Screening for Gender Diverse Patients
8. Resolution No. 3008	AAFP to Support Gender Diverse Athletes' Participation in Team Sports
9. Resolution No. 3009	Recognition of Emerging Sexual Minorities
10. Resolution No. 3010	Incentivize IMGs to Work in Primary Care in Underserved Communities



Resolution No. 3001

2021 National Conference of Constituency Leaders

1 Improving Awareness of Sex and Gender Disparities in Primary Literature and Guideline-Based
2 Medicine

3
4 Submitted by: Angela Yerdon McLeod, DO, Women
5 Laura Murphy, DO, New Physician
6 Megan Mahowald, MD, General Registrant
7

8 WHEREAS, Genetic sex differences start at conception generating ubiquitous sex differences in
9 the make-up of all male and female cells that impact disease prevalence, manifestation, and
10 response to treatment later in life, and

11
12 WHEREAS, gender is a non-binary social construct and interacts with the biologic and physical
13 characteristics that define women, men, and those with intersex identities, and is an equally
14 important variable as biologic sex in human health, and

15
16 WHEREAS, in most diseases, efforts to separate the effects of sex and gender are incomplete, as
17 such this resolution defers to the terms "women" and "men" when referencing health outcomes,
18 and

19
20 WHEREAS, despite adoption of laws requiring equal representation within medical research, such
21 as the 1993 National Institute of Health's Women & Minority Inclusion Act, significant sex and
22 gender data gaps persist, and preclinical research and drug development studies continue to
23 predominantly use male animal models and cells, and

24
25 WHEREAS, when there are equal female and male research participants, many peer-reviewed
26 health journals do not disaggregate their data by gender or sex due to lack of standardized
27 reporting policies thereby contributing to the lack of knowledge regarding gender and sex
28 implications of medical research outcomes, and

29
30 WHEREAS, as a result of this sex and gender data gap in medical research, both women and men
31 experience delay in diagnosis and suboptimal treatment for certain diseases including but not
32 limited to stroke, type II diabetes, chronic liver disease, and chronic kidney disease, and thereby
33 experience poorer health outcomes, and

34
35 WHEREAS, the teaching of sex and gender-based medicine differences in US medical school
36 curricula remains scarce with notable gaps in areas such as the approach to treatment of disease
37 and pharmacotherapy, and

38
39 WHEREAS, the American Academy of Family Physicians supports equal access to care and
40 delivery of quality medical care for all patients per the "Quality Healthcare in Family Medicine"
41 policy, and supports "Collecting Racial, Ethnic, Sexual Orientation, and Gender Identity Data in
42 Surveys", now, therefore be it

43

44 RESOLVED, That the American Academy of Family Physicians raise awareness about the sex and
45 gender data gap and provide educational tools for medical schools and residencies to integrate
46 sex- and gender-based medicine topics in the curriculum, and be it further
47

48 RESOLVED, That the American Academy of Family Physicians send letters to major biomedical
49 journal editors strongly recommending the use of the Sex and Gender Equity in Research
50 (SAGER) guidelines to encourage a more systematic approach to the reporting of the sex and
51 gender results in research across disciplines, and be it further
52

53 RESOLVED, That the American Academy of Family Physicians send letters to other major medical
54 societies encouraging them to annotate “possible sex and gender data disparities may exist” in
55 guidelines where sex and gender data was not assessed, and consider providing
56 recommendations for how to apply this to clinical practice, and be it further
57

58 RESOLVED, That by 2023, the American Academy of Family Physicians require peer-reviewed
59 articles published in American Family Physician and FP Essentials to annotate “possible sex and
60 gender disparities may exist” on Strength of Recommendation Taxonomy (SORT) guidelines where
61 the supporting evidence/articles/ guidelines do not use Sex and Gender Equity in Research
62 (SAGER) guidelines for reporting sex and gender information.



Resolution No. 3002

2021 National Conference of Constituency Leaders

1 Protecting and Encouraging Civic Health Discussions Initiated by Family Medicine Physician

2
3 Submitted by: Kelly Thibert, DO, MPH, New Physician
4 Brent Sugimoto, MD, MS, MPH, FAAFP, LGBT
5 Ying Zhang, MD, LGBT
6 Sara Baird, MD, Women
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports the attainment of the
9 highest level of health for all people, and
10

11 WHEREAS, the AAFP believes that health includes the capacity to heal and to function within the
12 context of the family, community, and environment, and
13

14 WHEREAS, policy decisions made at the federal, state, and local levels directly affect the health of
15 our communities by influencing the social and economic factors that drive the social determinants
16 of health, and
17

18 WHEREAS, social determinants of health have a substantial impact on the health of many and are
19 a key driver of health inequities, and
20

21 WHEREAS, improving civic health by increasing the number of engaged voters expands
22 representation in shaping the policies that affect our health, and
23

24 WHEREAS, non-partisan health system voter registration activities are not only legal, but are a
25 legal obligation for systems that accept Medicaid payment through Section 7 of the National Voter
26 Registration Act, and
27

28 WHEREAS, rules limiting what may or may not be discussed, or the information that may be
29 disclosed, during healthcare encounters undermine the patient-physician relationship and can
30 inappropriately affect patient health, and
31

32 WHEREAS, the patient and their physician are best positioned to determine what topics to discuss,
33 now, therefore be it
34

35 RESOLVED, That the American Academy of Family Physicians encourage family physicians to
36 have conversations about civic health with patients during healthcare encounters, and be it further
37

38 RESOLVED, That the American Academy of Family Physicians oppose any legislation or policies
39 that prohibit physicians from having conversations about civic health during healthcare encounters,
40 and be it further
41

42 RESOLVED, That the American Academy of Family Physicians make pre-existing toolkits from
43 outside organizations readily available on the AAFP website for members to utilize when
44 encouraging patient involvement in civic health through voting.



Resolution No. 3003

2021 National Conference of Constituency Leaders

1 Advocating for Informed Consent for Drug Screening in Pregnancy

2
3 Submitted by: Maya Bass, MD, MA, FAAFP, Women
4 Ying Zhang, MD, LGBT
5 Martha Simmons, MD, FAAFP, Women
6 Tabatha Wells, MD, FAAFP, Women
7 Elizabeth Wetterer, MD, Resident

8
9 WHEREAS, Undisclosed drug testing in pregnancy can serve as an entry point into the criminal
10 legal system for parents, into state custody for children, or contribute to criminalization for early
11 pregnancy loss or adverse fetal outcomes, and

12
13 WHEREAS, the practice of drug testing in pregnancy without explicit informed consent has been
14 shown to disproportionately target pregnant people who are Black, Indigenous, and poor, and

15
16 WHEREAS, routine or universal urine drug screening damages a doctor-patient relationship and
17 may deter individuals from seeking prenatal care, thus negatively influencing their pregnancy and
18 birth outcomes, and

19
20 WHEREAS, the American College of Obstetricians and Gynecologists recommends testing be
21 performed only with the patient's consent, and a positive test not be a deterrent to care, a
22 disqualifier for coverage under publicly funded programs, or the sole factor in determining family
23 separation, and

24
25 WHEREAS, the American Society for Addiction Medicine opposes policies that define substance
26 use by pregnant people as "child abuse or maltreatment" and carry penalties, rather than providing
27 pregnant people with effective health care, and

28
29 WHEREAS, the American Academy of Pediatrics insists that "the public must be assured of
30 nonpunitive access to comprehensive care that meets the needs of the substance-abusing
31 pregnant woman and her infant", and

32
33 WHEREAS, existing American Academy of Family Physicians policy "opposes imprisonment or
34 other criminal sanctions of pregnant women solely for substance use during pregnancy...[and]
35 encourages facilitated access to an established drug and alcohol rehabilitation program[s]" but fails
36 to address testing policies, now, therefore be it

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) publicly oppose the routine
39 practice of drug testing in pregnant and postpartum people without explicit informed consent, using
40 avenues such as independent statements and advocacy to the American Medical Association via
41 the AAFP's delegation.



Resolution No. 3004

2021 National Conference of Constituency Leaders

1 Breastfeeding and Lactation Support in the Workplace

2
3 Submitted by: Ruth Solomon, MD, Women
4 Angela Lambert, MD, FAAFP, Women
5 Lynetta Stiltner, DO, Women
6 Anna Shannahan, MD, General Registrant
7

8 WHEREAS, Physicians who lactate need increased support in the workplace by providing better
9 defined schedule accommodations, non-clinical spaces for pumping and allowing for template
10 flexibility, and
11

12 WHEREAS, the benefits of breastfeeding for both baby and mother has been well established in
13 the literature, but despite past efforts many persons who lactate when returning to the workplace
14 are not given adequate support and end lactation early, and
15

16 WHEREAS, in 2017 the Centers for Disease Control breastfeeding report card found that the
17 national average for breastfeeding fell from about 84% to about 58% within the first six months,
18 and
19

20 WHEREAS, rates of exclusively breastfed children within the first six months was around 25%, and
21

22 WHEREAS, lactating physicians continue to face similar challenges, and
23

24 WHEREAS, rates of breastfeeding drop from 97% to 34% within the first 12 months, and
25

26 WHEREAS, in addition, only about one third of nursing physicians meet their lactation goal, and
27

28 WHEREAS, working outside the home has a negative impact on breastfeeding rates, workplace
29 accommodations can help facilitate continued breastfeeding and lactation support for nursing
30 physicians, and
31

32 WHEREAS, at present, federal laws are vague in their wording and each state has different
33 policies for employers, and
34

35 WHEREAS, as more physicians enter the workforce as employees, navigating administration and
36 human resources becomes a challenge, and
37

38 WHEREAS, many physicians cite inflexible schedules, inadequate or inappropriate space, and
39 poor breastfeeding cultures as the reasons why nursing is discontinued early, and
40

41 WHEREAS, policy and guidance exists for trainees within the American Academy of Family
42 Physicians yet there is not a policy statement for physicians in practice, and
43

44 WHEREAS, Under the current law Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C.
45 207) employers are only required to provide “adequate time” and “space that is not a bathroom” for
46 milk pumping, now, therefore be it
47

48 RESOLVED, That the American Academy of Family Physicians advocate for protected non-clinical
49 time throughout the workday to allow lactating physicians to pump in an area that meets the federal
50 guidelines of privacy, comfort, and sanitation and that area is not utilized for clinical or direct
51 patient care, and be it further
52

53 RESOLVED, That the American Academy of Family Physicians develop a policy recommending
54 adequate pumping time accommodations of 20 - 30 minutes breaks every two to three hours within
55 a working period accounting for pumping times, set up and cleaning after pumping and follows
56 physiologic nursing patterns, and be it further
57

58 RESOLVED, That the American Academy of Family Physicians lobby to change to the Fair Labor
59 Standards Act section 7 exemption to include nursing accommodations for all physicians.



Resolution No. 3005

2021 National Conference of Constituency Leaders

1 Improving Health Literacy to Meet Public Health Challenges in an Era of Misinformation

2
3 Submitted by: Laura Murphy, DO, New Physician
4 Moazzum Bajwa MD, MPH, IMG
5 Po-Yin Huang, MD, Minority
6 Brent Sugimoto, MD, MS, MPH, FAAFP, LGBT
7 Maya Bass, MD, MA, FAAFP, Women
8

9 WHEREAS, Over the last few decades there has been a growing distrust in the scientific
10 community, most historically exemplified in issues related to climate change and gun safety,
11 which has given rise to dismissals of scientific data in place of false or misleading information
12 referred to in this resolution as “misinformation”, and
13

14 WHEREAS, misinformation played, and continues to play, a pivotal role in the devastating
15 consequences to public health during the COVID-19 pandemic in large part from poor health
16 literacy practiced by individuals and systems, and
17

18 WHEREAS, health literacy encompasses an individual’s ability to find, understand, analyze,
19 communicate and use accurate health information and services to make well-informed decisions
20 about their health as recognized by the AAFP “Health Literacy” policy, and
21

22 WHEREAS, the concept of health literacy has been traditionally promoted and targeted at the
23 individual and interpersonal level, and
24

25 WHEREAS, the COVID-19 pandemic has highlighted the need for elevating health literacy at all
26 levels of influence as outlined by the socioecological model (SEM) -- individual, interpersonal,
27 organizational, larger community, and public policy -- to ensure best practice public health
28 guidelines, health equity, and minimizing the influence of misinformation, and
29

30 WHEREAS, public health challenges have traditionally focused on chronic disease, but emerging
31 infectious disease threats such as SARS, Ebola, and now COVID-19 highlight the importance of a
32 fluid public health model to meet the needs of our modern times, now, therefore be it
33

34 RESOLVED, That the American Academy of Family Physicians expand its current Health Literacy
35 policy to emphasize the vital role of health literacy in addressing public health challenges and
36 combating misinformation, as well as recognize that the concept of health literacy is adaptable to
37 address modern public health challenges, and be it further
38

39 RESOLVED, That the American Academy of Family Physicians work towards advancing medical
40 training education of health literacy as it relates to medical misinformation by encouraging its
41 integration into medical school and family medicine residency curriculum, as well as provide
42 advocacy tools to medical students interested in family medicine, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians determine the strategies and
45 resources that best support family physicians in combating misinformation which may include, but
46 is not limited to, communication strategies at all levels of influence and recommend trusted medical
47 resources across different platforms that provide easy-to-understand health information.



Resolution No. 3006

2021 National Conference of Constituency Leaders

1 Optimizing the Online Supplemental Nutrition Assistance Program to Advance Health Equity

2
3 Submitted by: Anita Ravi MD, MPH, FAAFP, General Registrant
4 Rupal Bhingradia, MD, FAAFP, IMG
5 Ivonne McLean, MD, LGBT
6 Keasha Guerrier, MD, New Physician
7 Gail Guerrero-Tucker, MD, MPH, FAAFP, Minority

8
9 WHEREAS, The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition
10 assistance program, and

11
12 WHEREAS, during the COVID-19 pandemic, the US Department of Agriculture (USDA) made
13 online groceries available for SNAP recipients in 48 states, and

14
15 WHEREAS, online SNAP purchasing is currently limited to a very small number of approved
16 retailers due to technological and financial barriers, with the majority of states having only Amazon
17 and Walmart as online SNAP vendors, and

18
19 WHEREAS, the Center for Digital Democracy investigation found that the USDA's privacy
20 protection requirements for participating online SNAP retailers were "weak and ineffective," leaving
21 SNAP recipients susceptible to "an often manipulative and nontransparent online grocery
22 marketplace" from retailers including both Amazon and Walmart, and

23
24 WHEREAS, a report led by the Center for Digital Democracy showed that online SNAP retailers
25 may be locking low-income consumers into online shopping patterns that favor highly processed
26 foods and those that are high in sugar, hydrogenated oils, and other synthetic ingredients, and

27
28 WHEREAS, predatory marketing practices have been linked to increased health disparities for
29 communities of color, and

30
31 WHEREAS, on July 16, 2020, a joint letter from Berkeley Media Studies Group, Center for Digital
32 Democracy, Color of Change, and UnidosUS was submitted to the USDA Secretary of Agriculture
33 urging the USDA to strengthen and expand safeguards in the SNAP Online Purchasing Pilot due to
34 concerns of exacerbating disparities in racial and health equity and advocating for oversight
35 hearings for the SNAP online purchasing program, and

36
37 WHEREAS, the American Academy of Family Physicians "Healthy Nutrition in Health Care
38 Facilities and Other Workplaces" policy statement states: Healthy options should be prominently
39 displayed, while fast food, high sugar beverages, and other unhealthy options should be limited,"
40 now, therefore be it

41
42 RESOLVED, That the American Academy of Family Physicians advocate for consumer protections
43 in the use of online Supplemental Nutrition Assistance Program (SNAP) policies, including support
44 for oversight hearings for the SNAP online purchasing program; and be it further

45 RESOLVED, That the American Academy of Family Physicians update their policy statements on
46 healthy nutrition to include best practices in digital advertising and marketing practices promoting
47 healthy options.



Resolution No. 3007

2021 National Conference of Constituency Leaders

1 Sexually Transmitted Infection Screening for Gender Diverse Patients

2
3 Submitted by: Nykki Boersma, MD, FAAFP, LGBT
4 Anuj Shah, MD, MPH, LGBT
5 Teresa Lovins, MD, FAAFP, Women
6

7 WHEREAS, physicians who care for sexual and gender-minority patients need evidence-based
8 and appropriate screening guidelines that are relevant to their patients' experiences and identities,
9 and

10
11 WHEREAS, in 2019 the National Conference of Constituency Leaders passed Resolution No.
12 3012, which directed the American Academy of Family Physicians (AAFP) to review and update its
13 own existing and future publications to use gender-neutral language, including those regarding
14 sexual and reproductive health, and

15
16 WHEREAS, Resolution No. 3012 further directed the AAFP to advocate for use of gender-neutral
17 language in patient-oriented materials to third-party purveyors of patient education materials
18 used by AAFP members in their practice, and

19
20 WHEREAS, the language and recommendations in current guidelines for screening for sexually
21 transmitted infections (STIs) use language rooted in a gender binary (i.e. "men who have sex with
22 men (MSM)", "women who engage in anal sex", and similar terms, and

23
24 WHEREAS, the gender-binary language in existing guidelines makes it more difficult for physicians
25 to provide patient-centered and trauma-informed care to their patients, now, therefore be it

26
27 RESOLVED, That the American Academy of Family Physicians advocate for the development of
28 guidelines for sexually transmitted infection screening that are gender-neutral and based on the
29 body parts involved without reference to the gender of the person possessing the body parts,
30 and be it further

31
32 RESOLVED, That the American Academy of Family Physicians work with the editors of *American*
33 *Family Physician* to produce an article specifically addressing sexually transmitted infection
34 screening in gender and sexual minorities, and be it further

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its commitment to
37 using gender-neutral language in all AAFP-supported or produced patient-oriented materials.



Resolution No. 3008

2021 National Conference of Constituency Leaders

1 AAFP to Support Gender Diverse Athletes' Participation in Team Sports

2

3 Submitted by: Susan Osborne, DO, FAAFP, LGBT

4 Martha Simmons, MD, FAAFP, Women

5 Janelle Marra, DO, FAAFP, General Registrant

6 Melissa Hidde, MD, LGBT

7

8 WHEREAS, Select states, school districts, and sporting organizations are blocking athletic
9 participation due to an athlete being transgender, leaving gender diverse and transgender students
10 without a way to participate in athletic activities and sports in their affirmed gender, and

11

12 WHEREAS, the American Academy of Family Physicians, American Academy of Pediatrics, and
13 the American Medical Society for Sports Medicine state the importance of comprehensive care,
14 including preparticipation physical examinations for gender diverse and transgender patients, and

15

16 WHEREAS, acceptance in school and community settings improves the mental and physical
17 health of students, especially those who are gender diverse or transgender, and

18

19 WHEREAS, discriminatory laws that prohibit participation of transgender youth have shown to
20 decrease the participation in sports of transgender and gender diverse youth, as well as cisgender
21 youth, and

22

23 WHEREAS, the importance of sports participation on improvement of mental and physical health
24 throughout life has been documented in numerous studies, now, therefore be it

25

26 RESOLVED, That the American Academy of Family Physicians and its state chapters actively
27 oppose discriminatory laws that prohibit gender diverse and transgender people from participating
28 in their affirmed gender in sports and athletic competitions, and be it further

29

30 RESOLVED, That the American Academy of Family Physicians create a tool kit for programs which
31 would like assistance in adapting current team policies to new gender diverse and transgender
32 participants.



Resolution No. 3009

2021 National Conference of Constituency Leaders

1 Recognition of Emerging Sexual Minorities

2

3 Submitted by: Landi Cranstoun, MD, LGBT

4 Julie Celebi, MD, General Registrant

5 Nykki Boersma MD, FAAFP, LGBT

6

7 WHEREAS, Not all sexual minorities are included under the Lesbian, Gay, Bisexual, Transgender,
8 Queer + (LGBTQ+) umbrella, including identities such as kink, gender non-binary, and consensual
9 non-monogamy, and

10

11 WHEREAS, there is evidence for significant health disparities and stigma in medical settings
12 surrounding emerging sexual minorities, and

13

14 WHEREAS, development of evidence-based care recommendations for sexual minorities is limited
15 by lack of funding and marginalization of these persons and their identities, and

16

17 WHEREAS, the healthcare establishment has played a significant role in the pathologization of
18 sexual minorities, paralleling the history of healthcare for LGBTQ+ persons, now, therefore be it

19

20 RESOLVED, That the American Academy of Family Physicians advocate to eliminate
21 health disparities and discrimination in emerging sexual minorities, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians support the development and
24 dissemination of educational materials to train family physicians to provide evidence-based care
25 that affirms the sexual health needs of all patients, including emerging gender and sexual
26 minorities.



Resolution No. 3010

2021 National Conference of Constituency Leaders

1 Incentivize IMGs to Work in Primary Care in Underserved Communities

2

3 Submitted by: Adrian Mancheno Revelo, MD, IMG
4 Krishna Syamala, MD, MBBS, IMG
5 Rashmi Rode, MD, FAAFP, IMG

6

7 WHEREAS, Access to primary care can help reduce health outcome disparities that exist in the
8 United States, and

9

10 WHEREAS, international medical graduates (IMGs) represent about one quarter of family
11 physicians in the United States, and, therefore, play a major role in providing primary care, and

12

13 WHEREAS, health outcome disparities are more common in underserved communities, such as
14 minority communities, immigrant communities, and among those for whom English is a second
15 language, and

16

17 WHEREAS, IMGs often speak more than one language and are fluent in more than one culture,
18 they are uniquely positioned to help reduce health disparities by providing culturally competent
19 primary care in underserved communities, and

20

21 WHEREAS, practices that serve the underserved are less able to offer competitive salaries, and
22 most IMGs are not eligible for incentives offered by the Health Resources and Services
23 Administration and other entities, such as loan reimbursement, which incentivize working in
24 underserved communities, now, therefore be it

25

26 RESOLVED, That the American Academy of Family Physicians endeavor to create and support the
27 creation of grants to incentivize IMGs to work in primary care in underserved communities.