



# 2021 Agenda for the Reference Committee on Organization and Finance

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## National Conference of Constituency Leaders

<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
1. Resolution No. 4001	Allocate Funding to Allow All National Conference of Constituency Leaders Co-Conveners to Attend the AAFP Congress of Delegates
2. Resolution No. 4002	Increasing Diversity on the AAFP Board of Directors through the National Conference of Constituency Leaders
3. Resolution No. 4003	Cultivating a Diverse and LGBTQ-Inclusive Family Medicine Workforce
4. Resolution No. 4004	Renaming the LGBT Physicians Constituency
5. Resolution No. 4005	Helping



# Resolution No. 4001

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## 2021 National Conference of Constituency Leaders

1 Allocate Funding to Allow All National Conference of Constituency Leaders Co-Conveners to  
2 Attend the AAFP Congress of Delegates

3  
4 Submitted by: Cadey Harrel, MD, Women  
5 Alan-Michael Vargas, MD, FAAFP, IMG  
6 Megan Mahowald, MD, General Registrant  
7 Roma Amin, MD, General Registrant  
8 Kevin Bernstein, MD, MS, FAAFP General Registrant  
9

10 WHEREAS, The National Conference of Constituency Leaders (NCCL) is a leadership  
11 development event that seeks to empower change makers to contribute to positive change in  
12 family medicine, and

13  
14 WHEREAS, NCCL co-conveners work as a group, with the AAFP staff and NCCL convener, to  
15 plan and execute the following year's NCCL, and

16  
17 WHEREAS, the current AAFP bylaws allow for both new physician co-conveners to represent new  
18 physicians as alternate delegates at Congress of Delegates, and

19  
20 WHEREAS, the current AAFP bylaws only allow for six of the eight member constituency co-  
21 conveners, who represent women, minority, lesbian/gay/bisexual/transgender (LGBT), and  
22 international medical graduates (IMG) physicians, to represent member constituencies as alternate  
23 delegates at Congress of Delegates, and

24  
25 WHEREAS, Congress of Delegates is a critical opportunity for leadership development and policy  
26 making, which significantly influences the following year's NCCL meeting, and

27  
28 WHEREAS, allowing all the NCCL co-conveners to attend Congress of Delegates would maintain  
29 equity among the 5 constituency groups regarding leadership training and collaboration in planning  
30 NCCL, and

31  
32 WHEREAS, the two NCCL co-conveners who are not elected to alternate delegate positions can  
33 be provided funding to attend Congress of Delegates without amending the AAFP bylaws, now,  
34 therefore be it

35  
36 RESOLVED, That the American Academy of Family Physicians allocate funding (approximate cost:  
37 \$2,100 per alternate delegate (total \$4,200 annually) for all eight member constituency co-  
38 conveners to attend the annual Congress of Delegates as alternate delegates.



# Resolution No. 4002

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## 2021 National Conference of Constituency Leaders

1 Increasing Diversity on the AAFP Board of Directors through the National Conference of  
2 Constituency Leaders

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4 Submitted by: Kisha Davis, MD, MPH, FAAFP, General Registrant  
5 Roma Amin, MD, General Registrant  
6 Christina Kelly, MD, FAAFP, General Registrant  
7 Ariana Martin, DO, Minority  
8 Samuel Mathis, MD, FAAFP, New Physician  
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10 WHEREAS, the American Academy of Family Physicians (AAFP) is dedicated to developing a  
11 family medicine workforce as diverse as the United States population, and

12  
13 WHEREAS, the AAFP has made a commitment to diversity, equity, and inclusion in its  
14 membership and leadership, and

15  
16 WHEREAS, the primary way to be nominated and run as a candidate for a position on the AAFP  
17 Board of Directors is through constituent chapter support and endorsement, and

18  
19 WHEREAS, endorsement from a constituent chapter most often requires decades of service  
20 within a single constituent chapter and support of the existing leadership of that constituent  
21 chapter, and

22  
23 WHEREAS, endorsement from a constituent chapter disadvantages family physicians who move  
24 across state lines, and

25  
26 WHEREAS, endorsement from a constituent chapter disadvantages early career, female, LGBTQ,  
27 IMG, and minority members who are less likely to be promoted within the leadership of  
28 constituent chapters, and

29  
30 WHEREAS, the AAFP bylaws state that persons can run independently for a position on the AAFP  
31 Board of Directors, however, individuals who run independently face administrative and  
32 endorsement disadvantages compared to individuals who are nominated and endorsed by a  
33 constituent chapter, and

34  
35 WHEREAS, the National Conference of Constituency Leaders was created over 30 years ago to  
36 increase diversity in AAFP leadership and is the AAFP's leadership development event that  
37 empowers change makers to catalyze positive change in family medicine, now, therefore be it

38  
39 RESOLVED, That the American Academy of Family Physicians allow eligible active IMG, LGBTQ,  
40 minority, and/or women members in good standing to seek nomination as a candidate for the  
41 AAFP Board of Directors through the National Conference of Constituency Leaders (NCCL)  
42 through a process to be developed by the Commission on Members and Membership Services in  
43 conjunction with a group of NCCL past and current leaders.



# Resolution No. 4003

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## 2021 National Conference of Constituency Leaders

1 Cultivating a Diverse and LGBTQ-Inclusive Family Medicine Workforce

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3 Submitted by: Brent Sugimoto, MD, MS, MPH, FAAFP, LGBT  
4 Kelly Thibert, DO, MPH, New Physician  
5 Julie Celebi, MD, General Registrant  
6 Jorge Galdamez, MD, MPH, General Registrant  
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8 WHEREAS, Underserved populations have less access to medical care, consume fewer health  
9 care resources, and often are less satisfied with the care they receive, and

10  
11 WHEREAS, transgender and gender non-conforming (TGNC) individuals generally  
12 report negative health care experiences and often avoid seeking health care due to fear of  
13 discrimination, and

14  
15 WHEREAS, patients who receive care from physicians of similar cultural background are more  
16 likely to report a better care experience as well as some indicators of better quality care, and

17  
18 WHEREAS, despite the importance of a diverse workforce, physician diversity lags the diversity of  
19 the general population, and

20  
21 WHEREAS, while 12.1 percent of the population is Black, Black Americans make up only 5.2  
22 percent of the physician workforce; 18.2 percent of the population is Latinx, yet Latinx comprise  
23 only 6.9 percent of the physician workforce; 0.9 percent of the population is Native American, yet  
24 only 0.1 percent are represented in the physician workforce; and while 12 percent of Millennials  
25 identify as transgender or gender nonconforming (TGNC), only 0.7% of matriculating medical  
26 students identified similarly, and

27  
28 WHEREAS, the diversity of recent physician graduates has improved, yet the diversity of the  
29 educational pipeline remains substantially below the diversity of the general population, and

30  
31 WHEREAS, the AAFP has committed to position itself in a leadership role in creating a medical  
32 workforce reflective of the patient populations family physicians serve, and

33  
34 WHEREAS, the AAFP supports the dismantling of discriminatory practices and policies in the  
35 health care system, where a diverse physician workforce is a key component to combating  
36 institutional forms of racism and discrimination, now, therefore be it

37  
38 RESOLVED, That the American Academy of Family Physicians expand upon the 25 x 2030  
39 Student Choice Collaborative by advocating for a special focus on minority groups including, but  
40 not limited to, the Black, Latinx, Native American and transgender/gender non-conforming  
41 communities, and be it further

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43 RESOLVED, That the American Academy of Family Physicians ensures representation of  
44 underrepresented in medicine physicians through mentorship, recruitment, and retention of the

45 Black, Latinx, Native American and transgender/gender expansive communities in positions of  
46 leadership in the Academy.



# Resolution No. 4004

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**2021 National Conference of Constituency Leaders**

1 Renaming the LGBT Physicians Constituency

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3 Submitted by: Landi Cranstoun, MD, LGBT

4 Julie Celebi, MD, General Registrant

5 Nykki Boersma MD, FAAFP, LGBT

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7 WHEREAS, In mainstream American culture Lesbian, Gay, Bisexual, Trans persons are now  
8 included under the broader Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) label, and

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10 WHEREAS, physicians identifying as Queer or with other sexual identities included under the “+”  
11 may feel excluded by the narrower LGBT name, now, therefore be it

12

13 RESOLVED, That the American Academy of Family Physicians rename the LGBT member  
14 constituency to the LGBTQ+ member constituency, and be it further

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16 RESOLVED, That the American Academy of Family Physicians define the membership of the  
17 constituency as “those who self-identify as LGBTQ+ or who are supportive of LGBTQ+ issues.”



# Resolution No. 4005

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## 2021 National Conference of Constituency Leaders

1 Helping

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3 Submitted by: Rachel Carter, MD, IMG

4 Fatin Sahhar, MD, FAAFP, IMG

5 Maria Papino, MD, FAAFP, IMG

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7 WHEREAS, Three million refugees have been admitted to the United States since 1975 who had  
8 no choice but to leave their countries due to war, persecution and natural disasters and often do  
9 not have any resources to support themselves, and

10

11 WHEREAS, an unknown number worked as physicians in their home country and 314,000  
12 refugees in the United States worked in some form of healthcare in 2018, and

13

14 WHEREAS, several countries including the United Kingdom, Turkey, and Sweden have created  
15 nationwide programs to assist refugees, and

16

17 WHEREAS, programs in the United States are left to the individual states or individual  
18 organizations like the Welcome Back Initiative (WBI), Upwardly Global, and the Women's Initiative  
19 for Self-Empowerment (WISE) Foreign Trained Professional Recertification Program, and

20

21 WHEREAS, there will be a shortage of 52,000 primary care physicians by 2025 particularly in rural  
22 and underserved areas, and

23

24 WHEREAS, refugee physicians are highly motivated to work in the United States and their talents  
25 often go to waste in low-level jobs, and

26

27 WHEREAS, if they could be helped back into medicine that would provide benefits to the United  
28 States and their refugee communities, and

29

30 WHEREAS, there is no data on how many refugees might be family physicians, now, therefore be  
31 it

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33 RESOLVED, That the American Academy of Family Physicians directly engage with AAFP  
34 members in the United States who were previously refugees and others who are interested to  
35 create a working group that collects data to establish how many refugees in the United States are  
36 family physicians, and be it further

37

38 RESOLVED, That the American Academy of Family Physicians charge this working group to  
39 create initiatives and evaluate opportunities to partner with states or organizations like the  
40 Welcome Back Initiative and Women's Initiative for Self-Empowerment to directly impact and  
41 benefit refugee physicians.