

Resident

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PURPOSE AND SCOPE OF WORK

The Commission on Health of the Public and Science (CHPS) is a lively commission with a broad scope of work. CHPS addresses AAFP resolutions, creates, reviews and modifies clinical practice guidelines, and develops position papers and policy statements regarding current events and public health needs. There are two subcommittees (Public Health Issues and Clinical Recommendations and Policies) where much of the work takes place. Notably, the Subcommittee on Health Equity was removed from CHPS and replaced with the New Commission on Diversity, Equity and Inclusiveness in Family Medicine. The commission meets twice a year at Winter and Summer Cluster meetings.

The scope of work for CHPS is as follows:

- 1) Develop, endorse, and disseminate evidence-based clinical guidelines and policies
- 2) Synthesize, evaluate, and disseminate clinical research and scientific discovery
- 3) Advocate for societal, regulatory, and environmental initiatives that improve health for all
- 4) Promote health equity and the elimination of disparities in care and health outcomes
- 5) Support the provision of culturally proficient, person-centered care

Additionally, the commission has oversight of the following Member Interest Groups: Adolescent Health, Breastfeeding Medicine, Climate Change and Environmental Health, Global Health, Lifestyle Medicine, Reproductive Health Care, Obstetrics, Intimate Partner Violence, Integrative Medicine, and Medical Aid in Dying.

ACTIVITIES AND ACHIEVEMENTS**Subcommittee on Public Health Issues:**

The Subcommittee on Public Health Issues (SPHI) focuses on evaluating and recommending policies affecting broad population health issues. This year, the commission revised the following policies: “Mercury in Food as a Human Health Hazard”, “Violence, Harassment, and School Bullying Among Children and Adolescents”, “Disaster Planning”, “Graduated Driver’s License”, “Healthy Nutrition in Health Care Facilities and Other Workplaces”, and “Oral Health Education and Advocacy”. The commission reaffirmed the following policies: “Patient Education”, “Discriminatory Policing” and “Organ Donation: Addressing the Shortage of

Registered Organ Donors”. Moreover, resolutions are being addressed by writing policies and position papers on a wide variety of topics including supporting transgender child and adolescent athletes, protecting patient information relating to adverse childhood experiences, eliminating daylight savings, addressing climate change, supporting unpaid family caregivers, and optimizing the online Supplemental Nutrition Assistance Program.

Subcommittee on Clinical Recommendations and Policies:

The Subcommittee on Clinical Recommendations and Policies (SCRCP) focuses on first-line review of supporting evidence for clinical practice guidelines and clinical recommendations for the AAFP, including preventive services recommendations and immunizations. The SCRCP is tasked with developing, updating, and evaluating clinical guidance to ensure relevance and values to members and patients. Projects this year included approving the following: an update to the “Preconception Care” position paper, the new AAFP guideline, “Blood Pressure Targets in Adults with Hypertension,” and the revised policy statement, “Hospital Use of Infant Formula in Breastfeeding Infants.” Additionally, the commission reaffirmed the “Expedited Partner Therapy” policy, the ACP-AAFP “Treatment of Hypertension in Adults Over Age 60 to Higher vs. Lower Targets,” the endorsement of the “Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus” ACP guideline, and the “Screening and Management of High Blood Pressure in Children and Adolescents.” SCRCP members also voted to update the AAFP guideline, “Pharmacologic Management of Newly-Detected Atrial Fibrillation.” Furthermore, the subcommittee members have been revising, reviewing, and drafting policies addressing hospital use of formula in breastfeeding infants, FDA approval of patient self-collection for HPV testing, the impact of social media on adolescent patients, advocating for informed consent for drug screening in pregnancy, and sexually transmitted infection screening in gender-diverse patients.

LESSONS LEARNED AND THE VALUE OF SERVING ON CHPS

Resident Reflection:

I am honored to have had the opportunity to serve as the Resident Representative on the Commission on Health of the Public and Science and on the Subcommittee on Public Health Issues. This is my second year on the commission, which has allowed me to dive deeper into the work, such as writing a position paper on climate change. One of my favorite parts of serving on CHPS is being part of conversations that are critical to family physicians and our patients, such as reproductive health. Moreover, I love connecting with and being inspired by the other members of the commission. Every commission member is doing amazing, inspiring work in their own clinics, communities and states, which allows for dynamic, powerful, action-oriented discussions at every meeting. These conversations keep my passions alive and help guide my career at this pivotal time in my training. Being part of CHPS has provided me with key skills, knowledge, and connections to continually pursue my mission of creating systemic changes to improve health at the community, state and federal level throughout my career.

Student Reflection:

As this is my first leadership position with the AAFP, I was beyond thankful to have been offered the student position on the Commission on Health of the Public and Science. I spent time with both the Subcommittee on Public Health Issues and the Subcommittee on Clinical

Recommendations and Policies. As I finished up my fourth year of medical school, I am so grateful for what I have learned in my position, especially as I am about to start my first year of residency. I gained a better understanding of the process of developing and updating AAFP policies by being given the opportunity to analyze, discuss, and vote on recommendations. Additionally, I learned so much from my fellow commission members by hearing about their experiences of how these policies apply to their patients, as well as hearing more about the ways they are advocating for healthcare access in their communities. My resident and physician mentors on the commission have been incredibly helpful and encouraging during my time in this position as well, and were more than willing to answer my questions. During my time on the commission, I have truly admired each member on my team and their passion for advocacy. As I transition into residency, I hope I can continue to address making healthcare more accessible and equitable for our patients, and that I am able to serve in a leadership position in the future.