



# Student 1 Agenda and Resolutions

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National Conference of Family Medicine Residents and Medical Students  
July 28 - 30, 2016 – Kansas City, MO

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1. Resolution No. S1-101      Eliminating the Gender Salary Wage Gap
2. Resolution No. S1-102      Increasing AAFP promotion of Osteopathic Student Membership and Involvement
3. Resolution No. S1-103      Support of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws (LGBTQ)
4. Resolution No. S1-104      Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documents
5. Resolution No. S1-105      The Urgency of Minority Medical Student Support
6. Resolution No. S1-106      Reduce Food Waste at the American Academy of Family Physician Conference Events
7. Resolution No. S1-107      Discontinuation of Discriminating Native American Imagery
8. Resolution No. S1-108      Improving Patient Education of Limited English Proficiency Patients
9. Resolution No. S1-109      Involving the Center for Global Health Initiatives in the Coordination and Planning of the National Conference
10. Resolution No. S1-110      Increasing the Visibility of Global Health on the American Academy of Family Physicians Website
11. Resolution No. S1-111      Feasibility of Virtual Resolution Meetings
12. Resolution No. S1-112      Support for Sexual Orientation and Gender Expression Nondiscrimination
13. Resolution No. S1-113      Establishing a Relationship between the American Academy of Family Physicians and the American Psychiatric Association
14. Resolution No. S1-114      Advocacy for a Federal Ban on Reparative Therapy
15. Resolution No. S1-115      Repurposing Food Waste
16. Resolution No. S1-116      Public Facility Use and Transphobia
17. Resolution No. S1-117      Asking Gender Identity and the Clinic Experience of Transgender Patients

1 **RESOLUTION NO. S1-101**

2 **Eliminating the Gender Salary Wage Gap**

3 Introduced by: Jessica Tucker, Athens, OH  
4 Scott Morris, Columbus, OH

5  
6 WHEREAS, The percentage of women in medicine has been on the rise since the 70's and,

7  
8 WHEREAS, women currently compose half of all U.S. medical school graduates, and

9  
10 WHEREAS, the salary discrepancy between genders in 2016 of newly trained physicians in  
11 New York State has increased from \$3,600 in 1999 to \$16,819 in 2008, and

12  
13 WHEREAS, a recently published study in *JAMA* evaluating over 24 U.S. public medical schools  
14 found that female physicians made markedly less than male physicians despite multivariable  
15 adjustments including age, experience, specialty, faculty rank, and measures of research  
16 productivity and clinical revenue with an absolute difference of \$19,878, and

17  
18 WHEREAS, the gap that exists between male and female earnings cannot be explained by  
19 productivity or any other professional factors, and

20  
21 WHEREAS, the American Academy of Family Physicians (AAFP) has existing policy supporting  
22 the principle that hiring, credentialing, and privileging decisions for physicians should be based  
23 solely on verifiable professional criteria, and

24  
25 WHEREAS, the AAFP has existing policy endorsing the goal of equitable representation of  
26 women as medical students, staff and leadership positions in academic medicine, and

27  
28 WHEREAS, the AAFP has already published a strategic objective to improve payment equity for  
29 family physicians by reducing the income gap between family physicians and subspecialties  
30 now, therefore, be it

31  
32 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a strategic  
33 objective to the AAFP strategic plan to improve payment equity for female family physicians by  
34 advocating for the elimination of the income gap between male and female family physicians,  
35 and be it further

36  
37 RESOLVED, That the American Academy of Family Physicians advocate to eliminate payment  
38 inequity between male and female family physicians, and be it further

39  
40 RESOLVED, That the American Academy of Family Physicians discuss and promote existing  
41 and potential programs to eliminate payment inequity between male and female family  
42 physicians.

1 **RESOLUTION NO. S1-102**

2 **Increasing AAFP promotion of Osteopathic Student Membership and Involvement**

3 Introduced by: Angie Maharaj, Bures Creek, NC  
4 Jeffrey Pennings, Bures Creek, NC

5  
6 WHEREAS, The primary foundation of osteopathic medicine is to create primary care  
7 physicians, and

8  
9 WHEREAS, greater than 10% of the Accreditation Council for Graduate Medical Education  
10 positions in family medicine were filled by osteopathic students in 2016, and

11  
12 WHEREAS, only 16.2% of osteopathic students are members of the American Academy of  
13 Family Physicians, now, therefore, be it

14  
15 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage chapters to  
16 recruit osteopathic medical students to become members of the AAFP.

1 **RESOLUTION NO. S1-103**

2 **Support of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws**  
3 **(LGBTQ)**

4 Introduced by: Jessica Tucker, Athens, OH

5  
6 WHEREAS, Title VII of the Civil Rights Act of 1964 prohibits discrimination in the workplace  
7 based on sex and guarantees equal employment opportunities, and

8  
9 WHEREAS, despite this overarching protection of all American people, some Lesbian, Gay,  
10 Bisexual, Transgender, Queer/Questioning (LGBTQ) rights are not protected at the state level,  
11 and

12  
13 WHEREAS, for example, housing insecure individuals are more likely to report delayed doctors'  
14 visits, poor or fair health outcome, and two or more weeks of poor health or mental health  
15 limiting daily activity in the past month, and

16  
17 WHEREAS, some states have passed laws that prohibit discrimination under state employment  
18 in cases of sexual orientation, but not gender orientation, and

19  
20 WHEREAS, oftentimes, only one parent in a same sex couple is able to claim parental rights  
21 and power of attorney, thus the other lacks the ability to have the same hospital rights over their  
22 own child, and

23  
24 WHEREAS, some states protect same sex couples from being discriminated against adopting a  
25 child, however this does not protect these couples from unequal hospital rights, and

26  
27 WHEREAS, more than 115 anti-LGBTQ bills were introduced in 2015, and 27 states have  
28 pending anti-LGBTQ legislation in 2016, and

29  
30 WHEREAS, due to the aforementioned housing, employment, and hospital rights issues,  
31 LGBTQ patients and their families are at a predisposition for adverse health care outcomes, and

32  
33 WHEREAS, these laws will authorize businesses, individuals, and taxpayer-funded entities to  
34 cite religion as a reason to refuse goods or services to the LGBTQ population as well as  
35 allowing adoption and foster care agencies to discriminate against same-sex couples, and

36  
37 WHEREAS, some states have existing pro-equality laws and pending initiatives to combat this  
38 anti-LGBTQ legislation, and

39  
40 WHEREAS, a similar resolution was passed in the American Osteopathic Association in July of  
41 2016, and

42  
43 WHEREAS, the American Academy of Family Physicians (AAFP) opposes all discrimination in  
44 any form, including but not limited to, that on the basis of actual or perceived race, color,  
45 religion, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus  
46 or national origin but has not specifically addressed supporting and promoting current and  
47 potential relevant laws, now, therefore be it

48

49 RESOLVED, That the American Academy of Family Physicians support and promote current  
50 and potential laws that defend equal housing, employment, and hospital rights to all patients.

1 **RESOLUTION NO. S1-104**

2 **Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documents**

3 Introduced by: Allen Rodriguez, Los Angeles, CA  
4 Caroline Yang, Worcester, MA  
5 Ben Meyerink, Sioux Falls, SD  
6

7 WHEREAS, Biological sex, gender identity, and sexual orientation are separate facets of a  
8 patient's identity, and  
9

10 WHEREAS, there are an estimated 700,000 transgender individuals in America, not accounting  
11 for individuals who may identify with a non-conforming gender identity, who face unique  
12 obstacles to receiving health care, and  
13

14 WHEREAS, health-care environments are often distressing for non-conforming individuals due  
15 to a lack of health-care worker awareness and sensitivity regarding different sexual  
16 orientation/gender identity (SO/GI) and/or patient intake forms that fail to accurately record a  
17 patient's preferred name, appropriate pronoun, sex, and gender identity, all of which can cause  
18 individuals to delay or not seek out care at all, and  
19

20 WHEREAS, creating a more accepting atmosphere will aid in establishing rapport between  
21 patient and physician thereby increasing the quality of patient care, and  
22

23 WHEREAS, the recognition of multiple SO/GI with open-ended questions on patient forms  
24 validates patients' identities, allows for a more inclusive medical environment, encourages  
25 patient disclosure leading to more complete and accurate patient health information, and  
26

27 WHEREAS, accurate SO/GI information will help physicians establish a more complete social  
28 history for all patients, screen for gender and lifestyle-specific disease, and identify what organs  
29 an individual may or may not have that may require preventative health screenings, e.g. a cervix  
30 in an individual who was born female and has medically and socially, but not surgically,  
31 transitioned to male and is documented to have a gender of male, and  
32

33 WHEREAS, U.S. Department Health and Human Services (HHS) has ruled that "providers  
34 participating in the Electronic Health Record (EHR) Incentive programs will need to have  
35 certified health information technology (IT) with the capability to capture SO/GI to meet the  
36 Certified Electronic Health Record Technology (CEHRT) definition in 2018 and subsequent  
37 years" and that "certification does not require that a provider collect this information, only that  
38 certified Health IT Modules enable a user to do so," and  
39

40 WHEREAS, a survey of diverse heterosexual and non-heterosexual patients selected from four  
41 health centers found that most patients understood the importance of collecting SO/GI  
42 information and were willing to answer these questions, and  
43

44 WHEREAS, pediatric patient intake forms often say "mother" and "father" and do not recognize  
45 that there an estimated 115,000 same-sex couples raising children and instead could more  
46 accurately use "Parent 1" and "Parent 2" as surrogate identifications, and  
47

48 WHEREAS, there is a lack of data collection regarding SO/GI in health care, limiting quality care  
49 research that can be performed on these criteria, now, therefore, be it

50 RESOLVED, That the American Academy of Family Physicians (AAFP) support the inclusion of  
51 a patient's biological sex, gender identity, sexual orientation, preferred gender pronoun(s), and  
52 (if applicable) surrogate identifications in medical documentation and related forms in a  
53 culturally sensitive manner, and be it further

54

55 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for collection  
56 of patient data that is inclusive of sexual orientation/gender identity for the purposes of research  
57 into patient health.

1 **Resolution NO. S1-105**

2 **The Urgency of Minority Medical Student Support**

3 Introduced by: Stephen Richmond, II, Los Angeles, CA  
4 Christen Johnson, Dayton, OH  
5 Erica Tukiainen, Los Angeles, CA  
6

7 WHEREAS, Medical school is an environment with exceedingly high academic, professional  
8 and personal expectations which can result in maladaptive coping strategies, depression,  
9 anxiety, and burnout, potentially leading to a decline in academic performance, substance  
10 abuse, and suicide, and  
11

12 WHEREAS, medical students of minority backgrounds are disproportionately affected by these  
13 issues, yet solutions have been largely unstudied, and  
14

15 WHEREAS, students of underrepresented minorities (URM) have been shown to experience a  
16 greater number of familial difficulties, a greater intensity of academic challenges, and are more  
17 likely to face additional stresses from racial discrimination whether direct or systematic, and  
18

19 WHEREAS, in a study conducted by Dyrbye and colleagues, surveys showed that URM  
20 students were more likely to rate themselves as having lower ‘sense of personal  
21 accomplishment,’ ‘mental quality of life,’ ‘overall quality of life,’ ‘mental well-being,’ ‘social  
22 activity,’ and ‘support from friends and family,’ and  
23

24 WHEREAS, Lesbian, Gay, Bisexual, Transgender (LGBT) student population has experienced  
25 similar challenges, and  
26

27 WHEREAS, a study by Risdon, et al, displayed students’ worries about discrimination from  
28 rejection from classmates and challenges in dealing with inappropriate jokes and statements on  
29 the wards and in the classroom, and  
30

31 WHEREAS, students in the LGBT population reported lower scores of support and spending  
32 greater energy in searching for safe spaces in their respective medical schools, and  
33

34 WHEREAS, female students have been shown to have “higher emotional exhaustion”  
35 throughout medical school and exhibit more depression if they had children while in medical  
36 school, contrary to male students that have children, now, therefore, be it  
37

38 RESOLVED, That the American Academy of Family Physicians investigate how more  
39 comprehensive support of minorities enrolled in medical education programs affects the  
40 educational outcomes of medical students, and be it further  
41

42 RESOLVED, That the American Academy of Family Physicians investigate how more  
43 comprehensive support of minorities enrolled in medical education programs affects the mental  
44 wellness and burnout of medical students.



1 **RESOLUTION NO. S1-106**

2 **Reduce Food Waste at the American Academy of Family Physician Conference Events**

3 Introduced by: Chetan Patel, MD, Columbus, GA  
4 Kyle Gleaves, Scranton, PA  
5 Kathleen O'Leary  
6

7 WHEREAS, Americans discard the equivalent of \$165 billion of food each year, and  
8

9 WHEREAS, in 2014, 48.1 million Americans lived in food insecure households, which represent  
10 14 percent of American households, and  
11

12 WHEREAS, 14 states exhibited statistically significantly higher household food insecurity rates  
13 than the U.S. national average of 14.3 percent between 20012-2014, including Missouri where  
14 the National Conference is held, now, therefore, be it  
15

16 RESOLVED, That the American Academy of Family Physician (AAFP) will investigate how  
17 much food is discarded at AAFP conferences, and be it further  
18

19 RESOLVED, That the American Academy of Family Physician collaborate with and encourage  
20 vendors and caterers to adopt less wasteful practices, and be it further  
21

22 RESOLVED, That the American Academy of Family Physician encourage vendors to donate all  
23 donatable food products that would otherwise be discarded in accordance with local regulations

1 **Resolution NO. S1-107**

2 **Discontinuation of Discriminating Native American Imagery**

3 Introduced by: Emilia Vesper, Minneapolis, MN  
4 Lauren Williams, MD, Minneapolis, MN

5  
6 WHEREAS, The American Academy of Family Physicians values healthy families and  
7 communities, and

8  
9 WHEREAS, the suicide rate amongst Native American youth is rising with a current rate of 18%  
10 of suicide deaths this year, and

11  
12 WHEREAS, Native American men are five times as likely to commit suicide, and

13  
14 WHEREAS, imagery in the form of “native” names, mascots, negative imagery in sports teams  
15 perpetuates negative racial stereotypes, and

16  
17 WHEREAS, the American Psychological Association recognized that racism and racial  
18 discrimination are attitudes and behaviors that are earned and threaten human development,  
19 and

20  
21 WHEREAS, perpetuation of negative imagery and lack of positive imagery leads to low self-  
22 esteem of native youth, contributing to suicide, as well as predisposes native youth to physical  
23 violence and bullying from others, now, therefore, be it

24  
25 RESOLVED, That the American Academy of Family Physicians support discontinuation of  
26 disparaging Native American imagery in the form of “native” names and mascots of sport teams,  
27 schools, and athletic programs.

1 **RESOLUTION NO. S1-108**

2 **Improving Patient Education of Limited English Proficiency Patients**

3 Introduced by: Sway Wu, Detroit, MI  
4 Katie Zurek, MD, Traverse City, MI  
5 Mike Collins, MD, Flint, MI  
6 Max Weston, MD, Seattle, WA  
7

8 WHEREAS, Fifty-seven million (20%) of the United States population speak a language other  
9 than English at home, and

10  
11 WHEREAS, 25 million (8.6%) of the United States population are defined as limited English  
12 proficiency, and

13  
14 WHEREAS, when professional interpreters are not used at admission or discharge, the length  
15 of hospital stay for patients with limited English proficiency is increased, and

16  
17 WHEREAS, patients limited English proficiency face barriers to medical information  
18 comprehension, now, therefore, be it

19  
20 RESOLVED, That the American Academy of Family Physicians add links such as [ethnomed.org](http://ethnomed.org)  
21 to its official website, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians provide continuing medical  
24 education at such events as the Family Medicine Experience and National Conference of Family  
25 Residents and Medical Students to educate physicians on providing culturally competent care,  
26 and be it further

27  
28 RESOLVED, That the American Academy of Family Physicians [familydoctor.org](http://familydoctor.org) website  
29 provide more patient information in more languages for physician and patient use.

1 **RESOLUTION NO. S1-109**

2 **Involving the Center for Global Health Initiatives in the Coordination and Planning of the**  
3 **National Conference**

4 Introduced by: Samuel Donovan, Rochester, NY  
5 Ben Pederson, MD, Portland, OR  
6

7 WHEREAS, Global health is one of the fastest growing areas of interest among medical  
8 students and serves as a powerful recruiting tool for students to choose family medicine, and  
9

10 WHEREAS, 30 percent of medical students participate in global health activities, and  
11

12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health  
13 training programs among all medical specialties, and  
14

15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)  
16 members are facing global health challenges within their practice within the U.S. (i.e. refugee  
17 and immigrant health, emerging infectious disease such as Zika, travel medicine etc.), and  
18

19 WHEREAS, participation in global health related sessions at the National Conference of Family  
20 Medicine Residents and Medical Students as well as attendance at the Global Health Workshop  
21 has increased each year, and  
22

23 WHEREAS, the Center for Global Health Initiatives is the primary global health organization  
24 within the AAFP, now, therefore be it  
25

26 RESOLVED, That the American Academy of Family Physicians Center for Global Health  
27 Initiatives be involved in the planning and coordination of all global health related programming  
28 at the National Conference of Family Residents and Medical Students, and be it further  
29

30 RESOLVED, That the National Conference of Family Medicine Residents and Medical Students  
31 increase the number of global health related speakers and skills based workshops.  
32

1 **RESOLUTION NO. S1-110**

2 **Increasing the Visibility of Global Health on the American Academy of Family Physicians**  
3 **Website**

4 Introduced by: Ben Pederson, M.D., Portland, OR  
5 Samuel Donovan, Rochester, NY  
6

7 WHEREAS, Global health is one of the fastest growing areas of interest among medical  
8 students and serves as a powerful recruiting tool for students to choose family medicine, and  
9

10 WHEREAS, thirty percent of medical students participate in global health activities, and  
11

12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health  
13 training programs among all medical specialties, and  
14

15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)  
16 members are facing global health challenges within their practice within the US (i.e. refugee and  
17 immigrant health, emerging infectious disease such as Zika, travel medicine, etc.), and  
18

19 WHEREAS, there are more than 10 pages within the AAFP website containing information for  
20 students and physicians interested in global health, but that information is currently distributed  
21 across several different subsections of the website (i.e. Patient Care, Med Schools and  
22 Residencies, and Events), and  
23

24 WHEREAS, the Center for Global Health Initiatives is the primary global health organization  
25 within the AAFP, and can serve as the primary resource coordinating organization for all global  
26 health-related materials on the AAFP website, now, therefore, be it  
27

28 RESOLVED, That the American Academy of Family Physicians streamline its website to  
29 highlight and improve access to existing global health resources, and be it further  
30

31 RESOLVED, That the American Academy of Family Physicians coordinate website changes  
32 involving global health-related materials with the Center for Global Health Initiatives.

1 **Resolution NO. S1-111**

2 **Feasibility of Virtual Resolution Meetings**

3 Introduced by: Chetan Patel, MD, Columbus, OH  
4 Kyle Gleaves, Scranton, PA

5  
6 WHEREAS, Resolution writing is critical to engaging student and residents, and

7  
8 WHEREAS, staff and leadership input is essential to effective resolution writing, and

9  
10 WHEREAS, most resolutions are written and submitted only during four hour block once a year,  
11 and

12  
13 WHEREAS, technological advancements in video conferencing, social media, and discussion  
14 forums can be leveraged to improve the resolution writing process, and

15  
16 WHEREAS, the American Medical Association (AMA) has created an online forum for resolution  
17 writing that allows members to create resolutions and ask for assistance and feedback  
18 throughout the year, now, therefore, be it

19  
20 RESOLVED, The American Academy of Family Physicians investigate the use of virtual  
21 meetings (via video chat, social media, discussion forums, etc.) to provide a means for dialogue  
22 with residents and students in order to result in improved resolution development prior to the  
23 National Conference of Family Medicine Residents and Medical Students.

1 **RESOLUTION NO. S1-112**

2 **Support for Sexual Orientation and Gender Expression Nondiscrimination**

3 Introduced by: Vivian Jiang, M.D., Rochester, NY  
4 Juan Carlos Venis, M.D., M.P.H., Muncie, IN  
5 Anna Pfahl, M.D., Rochester, NY  
6 Aisha Harris, Washington, D.C.  
7

8 WHEREAS, The Equality Act (S.1858, H.R.3185) has currently been proposed to the United  
9 States Congress and establishes explicit, permanent protections against discrimination based  
10 on an individual's sexual orientation or gender identity in matters of employment, housing,  
11 access to public places, federal funding, credit, education, and jury service, and  
12

13 WHEREAS, surveys indicate that more than 40% of lesbian, gay, and bisexual people and  
14 almost 90% of transgender people have experienced employment discrimination, harassment or  
15 mistreatment, all of which have been shown in multiple studies to be associated with increased  
16 medical and psychological comorbidities, and  
17

18 WHEREAS, one in five transgender people in the U.S. has been discriminated against when  
19 seeking a home, and more than 1 in 10 has been evicted from their homes, because of their  
20 gender identity, and  
21

22 WHEREAS, evidence shows that same sex couples are discriminated against even in the initial  
23 stages of searching for a home, and  
24

25 WHEREAS, unemployment, homelessness, avoidance of public facilities such as public  
26 restrooms, lower educational attainment, and financial hardship all correlate with increased  
27 medical and psychological comorbidities, and  
28

29 WHEREAS, 32 states still lack clear, fully-inclusive non-discrimination protections for lesbian,  
30 gay, bisexual, transgender, queer/questioning people, and  
31

32 WHEREAS, Health People 2020 includes the goal to improve the health, safety, and well-being  
33 of lesbian, gay, bisexual, and transgender (LGBT) individuals, and such goals cannot be  
34 achieved without clear and equal protections under the law, now, therefore, be it  
35

36 RESOLVED, That the American Academy of Family Physicians develop a policy in support of  
37 sexual orientation and gender expression nondiscrimination specifically with regard to  
38 employment, housing, access to public places, education, and any other areas where lesbian,  
39 gay, bisexual, and transgender (LGBT) discrimination occurs, and be it further  
40

41 RESOLVED, That the American Academy of Family Physicians actively encourage the United  
42 States Congress to pass the current proposed Equality Act in both the Senate and House of  
43 Representatives.

1 **RESOLUTION NO. S1-113**

2 **Establishing a Relationship Between the American Academy of Family Physicians and**  
3 **the American Psychiatric Association**

4 Introduced by: Aisha Harris, Washington, DC  
5 Juan Carlos Venis, Muncie, IN  
6

7 WHEREAS, The American Psychiatric Association (APA) works to ensure humane care and  
8 effective treatment for all persons with mental illness, and  
9

10 WHEREAS, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is  
11 used by mental health professionals to classify mental disorders, and  
12

13 WHEREAS, family physicians address many mental health concerns in their patient population,  
14 now, therefore be it  
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate initiatives,  
17 discussions and projects by the American Psychiatric Association (APA) that can be referenced  
18 to establish a relationship with the APA to help support family physicians who work with patients  
19 with mental illness in their communities, strengthen the collaboration between health  
20 professionals in the medical home, and improve mental health care in the community.



1 **RESOLUTION NO. S1-114**

2 **Advocacy for a Federal Ban on Reparative Therapy**

3 Introduced by: Juan Carlos Venis, Muncie, IN  
4 Aisha Harris, Washington, D.C.  
5 Stewart Decker, MD, Klamath Falls, OR  
6 Vivian Jiang, MD, Rochester, NY  
7

8 WHEREAS, Multiple professional societies, including the American Academy of Family  
9 Physicians (AAFP), oppose “conversion therapies,” also known as “reparative” or “ex-gay  
10 therapies,” and their practice on minors in attempts to change their sexual orientation or gender  
11 identity, and  
12

13 WHEREAS, many expert organizations accept sexual orientation and gender identity as  
14 immutable characteristics of an individual, and  
15

16 WHEREAS, multiple studies have demonstrated the harm of such “conversion” practices and  
17 their association with increased risk of depression, substance abuse, high-risk behaviors, and  
18 suicidality, and  
19

20 WHEREAS, youth involuntarily subjected to such practices and poor acceptance from their  
21 families have higher rates of self-harm and suicide, and  
22

23 WHEREAS, the United Nations High Commissioner for Human Rights recommends that  
24 member states ban conversion therapy when forced, or otherwise involuntary, due to breach of  
25 the prohibition on torture and ill-treatment, and  
26

27 WHEREAS, more than 75% of known American lesbian-gay-bisexual-transgender (LGBT)  
28 population lives in states with no laws banning conversion therapy for minors, and  
29

30 WHEREAS, President Obama’s administration supports the banning of such therapies’ use on  
31 minors and there has been considerable public attention drawn to this and similar issues in  
32 recent years, and  
33

34 WHEREAS, United States federal LGBT and child welfare protections as they currently stand  
35 continue to allow these harmful practices by licensed professional, even those state-funded, and  
36

37 WHEREAS, the American public continues to witness the senseless deaths of our queer youth  
38 as a result of these quack practices, and  
39

40 WHEREAS, the AAFP serves to advocate for the health of all children and all Americans  
41 regardless of gender identity or sexual orientation, now, therefore, be it  
42

43 RESOLVED, That the American Academy of Family Physicians actively encourage the United  
44 States Congress to place a federal ban on “reparative therapy” practiced by licensed  
45 professionals on minors and recognize this practice as harmful under federal law.  
46

1 **RESOLUTION NO. S1-115**

2 **Repurposing Food Waste**

3 Introduced by: Megan Chock, M.D., M.P.H., San Diego, CA  
4 Stewart Decker, M.D., Klamath Falls, OR  
5 Redmond Finney, Baltimore, MD  
6 Laura Doan, M.D., M.B.A., Los Angeles, CA  
7

8 WHEREAS, Organizations such as the American Academy of Family Physicians (AAFP) have  
9 expressed support for healthy communities, including the “Family Medicine for America’s  
10 Health” and its associated “Health is Primary” campaign, and  
11

12 WHEREAS, efforts to improve the health of communities, including those efforts by the AAFP,  
13 often focus on nutrition and healthy eating, and  
14

15 WHEREAS, in 2014, the United States Department of Agriculture found that 14.0% of  
16 households – 48.1 million Americans including 7.9 million children, were food insecure at some  
17 point in the last year, meaning that their access to adequate food is limited by a lack of money  
18 and other resources, and  
19

20 WHEREAS, approximately 31% of food produced for human consumption or 133 billion pounds  
21 went to food waste in 2010, accounting for 1,249 calories per American per day, and  
22

23 WHEREAS, the United States Environmental Protection Agency’s Food Recovery Hierarchy  
24 prioritizes ways to prevent and divert wasted food, including source reduction, feeding hungry  
25 people, feeding animals, and composting, and  
26

27 WHEREAS, the AAFP can model such food recovery efforts starting at its National Conference  
28 of Family Medicine Residents and Medical Students and making practice improvement toolkits  
29 available to AAFP members, and  
30

31 WHEREAS, smaller organizations like the University of Vermont have piloted exercises to  
32 advocate zero food waste at hosted meetings by donating edible food and composting inedible  
33 foods, and  
34

35 WHEREAS, organizations and companies exist near the AAFP National Conference site that  
36 are experts at providing food repurposing services, and  
37

38 WHEREAS, national programs such as the Environmental Protection Agency’s Food Recovery  
39 Challenge provide a framework including free workshops and an online database to support  
40 such efforts, and  
41

42 WHEREAS, partnering with local and national efforts at the national level can set the example  
43 for AAFP chapters, and  
44

45 WHEREAS, the AAFP ought to model desired behavior, especially in its official gatherings, now,  
46 therefore, be it  
47

48 RESOLVED, That the American Academy of Family Physicians work towards having a zero  
49 food waste initiative at its conferences by 2020 or sooner, and be it further

50

51 RESOLVED, That the American Academy of Family Physicians particularly focus this zero food  
52 waste initiative according to the Environmental Protection Agency's Food Recovery Hierarchy  
53 focusing first on source reduction, feeding hungry people and feeding animals, and be it further

54

55 RESOLVED, That the planning committee for the American Academy of Family Physicians  
56 National Conference of Family Medicine Residents and Medical Students include  
57 environmentally friendly efforts into its planning decisions, including repurposing food waste.

1 **RESOLUTION NO. S1-116**

2 **Public Facility Use and Transphobia**

3 Introduced by: Juan Carlos Venis, MD, MPH, Muncie, IN  
4 Stewart Decker, MD, Klamath Falls, Oregon  
5 Vivian Jiang, MD, Rochester, NY  
6 Aisha Harris, Washington, DC  
7

8 WHEREAS, Transgender people experience worse health compared with cisgender people due  
9 to avoidance of care, stress from discrimination and alienation, and higher rate of sexual and  
10 physical violence, and

11  
12 WHEREAS, gender dysphoria intensifies over time and, when inadequately treated, can lead to  
13 clinically significant psychological distress, dysfunction, debilitating depression, self-surgery and  
14 suicidality, and

15  
16 WHEREAS, in order to adequately treat gender dysphoria, transgender women must live fully  
17 as females and transgender men must live fully as men in society, and

18  
19 WHEREAS, all people share the real human need for access to safe restroom facilities, and

20  
21 WHEREAS, being required to use a public facility that does not correspond with gender identity  
22 is a health issue that negatively affects transgender people by increasing their risk of  
23 experiencing sexual, verbal, and physical harassment and violence, and

24  
25 WHEREAS, inability to access restroom facilities and avoidance of restroom use is a health  
26 issue that has been shown to lead to health problems including dehydration, kidney infections  
27 and urinary tract infections, and

28  
29 WHEREAS, nine bills have been introduced in various states across the United States in  
30 January 2016 dictating the use of public facilities, such as restrooms and locker rooms, and

31  
32 WHEREAS, these bills require people to use public facilities that correspond with their biological  
33 sex identified at birth and/or chromosomes instead of their gender identity, and

34  
35 WHEREAS, proposed legislation effectively makes it illegal for transgender people to live as the  
36 gender which they identify, which, as described above, has significant health implications and  
37 furthermore sends the message to transgender people that they are unwanted, misunderstood,  
38 and unprotected, and

39  
40 WHEREAS, current federal nondiscrimination laws covering public facilities cover only race,  
41 color, religion, national origin and disability, and does not prohibit discrimination based on sex,  
42 gender identity or sexual orientation in public facilities, now, therefore, be it

43  
44 RESOLVED, That the American Academy of Family Physicians endorse existing state and  
45 federal laws that protect people from discrimination based on gender expression and identity,  
46 and oppose laws that compromise the safety and health of transgender people by failing to  
47 provide this protection, and be it further  
48

49 RESOLVED, That the American Academy of Family Physicians actively support the ability of  
50 transgender people to use the public facilities of the gender with which they identify and actively  
51 oppose any legislation which would infringe upon that ability.

1 **RESOLUTION NO. S1-117**

2 **Asking Gender Identity and the Clinic Experience of Transgender Patients**

3 Introduced by: Naomi Gorfinkle, Baltimore, MD  
4 Maya Siegel, Baltimore, MD  
5 Stewart Decker, MD, Klamath Falls, OR  
6

7 WHEREAS, The importance of transgender-inclusive health care is widely recognized, and  
8

9 WHEREAS, the American Academy of Family Physicians (AAFP) supports Lesbian-Gay-  
10 Bisexual-Transgender-Questioning inclusive health care, and  
11

12 WHEREAS, the Health Resources and Services Administration’s (HRSA) most recent Uniform  
13 Data System reporting change mandates that Federally Qualified Health Centers (FQHC)  
14 report all patients’ sex assigned at birth as distinct from their gender identify, and  
15

16 WHEREAS, the gender identity of transgender and gender non-binary patients continues to be  
17 in effectively ascertained in clinics and recorded in most electronic medical records, often being  
18 confused with sex, and  
19

20 WHEREAS, “misgendering” (the act of referring to someone by gender pronouns other than the  
21 ones they prefer) in healthcare settings continues to occur, and  
22

23 WHEREAS, “misgendering” in healthcare settings continues to alienate transgender and gender  
24 non-binary patients and hinder their ability to form trusting relationships with healthcare  
25 providers, and  
26

27 WHEREAS, transgender individuals feel that the majority of healthcare professionals are  
28 inadequately equipped to care for their specific health needs, now, therefore, be it  
29

30 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with partner  
31 organizations to develop best practices with regard to making clinics a safe place for  
32 transgender and gender non-binary patients and publish them on the AAFP’s website  
33 (aafp.org), and be it further  
34

35 RESOLVED, That these best practices include asking the gender identity of all patients as a  
36 distinct entity from their sex assigned at birth in accordance with the most recent Health  
37 Resources and Services Administration (HRSA) policy, and be it further  
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) approach electronic  
40 health record vendors about including a designated space in their demographic sections to  
41 specifically ask patients’ gender identity as distinct from their sex assigned at birth in the  
42 medical record.