<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1-401</td>
<td>Supporting the Reduction of Adverse Childhood Experiences</td>
</tr>
<tr>
<td>R1-402</td>
<td>Advocacy Against All-Terrain Vehicle Use in Children Under 16</td>
</tr>
<tr>
<td>R1-403</td>
<td>Establishing a Nationwide Fast Food Chain Tax to Combat Obesity and Comorbidities</td>
</tr>
<tr>
<td>R1-404</td>
<td>Screening, Intervening, and Advocating to Address Food Insecurity</td>
</tr>
<tr>
<td>R1-405</td>
<td>Family Physicians as Public Health Advocates and Collaborators</td>
</tr>
<tr>
<td>R1-406</td>
<td>AAFP Stance on Health Care as a Human Right</td>
</tr>
<tr>
<td>R1-407</td>
<td>Addressing Loopholes in Background Checks Prior to Gun Sales</td>
</tr>
<tr>
<td>R1-408</td>
<td>Supporting the Safety of Personal Care Products</td>
</tr>
<tr>
<td>R1-409</td>
<td>Establishing a Nationwide Sugar-Sweetened Beverage Tax to Combat Obesity and Comorbidities</td>
</tr>
</tbody>
</table>
Resolution NO. R1-401

Supporting the Reduction of Adverse Childhood Experiences

Introduced by:   Taneev Escamilla, Seattle, Washington
                 Lauren Williams, Minneapolis, Minnesota

WHEREAS, The American Academy of Family Physicians (AAFP) position paper on violence states that “The Adverse Childhood Experiences (ACE) study has been instrumental in establishing the relationship between childhood exposures to violence and abuse and risk for poor health-related outcomes in adulthood,” and

WHEREAS, the AAFP position paper on violence states that “The ACE study provides a conceptual framework describing how childhood adversity results in social, emotional, and cognitive impairment that predisposes the exposed to developing health risk behaviors associated with disease, disability, and social problems that ultimately result in early death,” and

WHEREAS, the AAFP position paper on violence states that “Family physicians should watch for new research and future developments in violence prevention; in particular, they should look for findings that can be implemented in the primary care setting,” and

WHEREAS, the AAFP position paper of violence states that “Since violence and traumatic stress affect our patients and present to us as family physicians in many different ways, it is vital that we understand them in the context of our patients’ lives,” and

WHEREAS, the Centers for Disease Control and Prevention-Kaiser Permanente ACE study continues to conduct one of the largest investigations of childhood abuse and neglect and later-life health and well-being, and

WHEREAS, many states, including the state of Washington, passed legislation that supports the creation of community and private efforts in reducing ACEs (H.R. 1965), and

WHEREAS, Washington state’s bill (H.R. 1965) led to the formation of public agencies, private foundations, and community organizations and the formation of ACEs Public-Private Initiative (APPI) to reduce ACEs statewide, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support legislation that will fund community efforts and interventions aimed at preventing and reducing Adverse Childhood Experiences.
WHEREAS, The American Academy of Pediatrics has recommended that children under the age of 16 are not developmentally capable of safely operating all-terrain vehicles, and
WHEREAS, the American Academy of Pediatrics has recommended that no child under the age of 16 should drive or ride an all-terrain vehicle, and
WHEREAS, the consumer product safety commission reports that from 1982 through 2015, children under the age of 16 represent 22% (3,163 out of 14,129 fatalities) of All-terrain vehicle related fatalities, and
WHEREAS, of the all-terrain vehicle fatalities in children under 16 reported by the Consumer Products Safety commission 44% were younger than the age of 12, and
WHEREAS, in the most recent data that is considered complete (2012), children under the age of 16 represent 12% (68 of 573 fatalities) of all-terrain vehicle related fatalities, and
WHEREAS, in 2013 children under the age of 16 represent an estimated 25% of all serious injuries related to all-terrain vehicle use, and
WHEREAS, educational outreach to communities regarding all-terrain vehicles has been shown to be more effective than legislative policy regarding helmet safety alone, now, therefore be it
RESOLVED, That the American Academy of Family Physicians recommend against the use of all-terrain vehicles by children under the age of 16, and be it further
RESOLVED, That the American Academy of Family Physicians advocate for legislative and regulatory action against operation of all-terrain vehicles by children under the age of 16, and be it further
RESOLVED, That the American Academy of Family Physicians promote community and public health education and awareness regarding dangers of all-terrain vehicle use in children under the age of 16, and be it further
RESOLVED, That the American Academy of Family Physicians develop guidelines regarding counseling pediatric patients and their families on all-terrain vehicle safety.
Resolution NO. R1-403

Establishing a Nationwide Fast Food Chain Tax to Combat Obesity and Comorbidities

Introduced by: Nelly Song, MD, San Jose, California

WHEREAS, Fast foods contribute to obesity and multiple comorbidities including hypertension, high cholesterol, and diabetes, and

WHEREAS, most of the time fast food is unhealthy, and

WHEREAS, 25% of Americans consume fast food everyday, and

WHEREAS, obesity leads to lost productivity and an overburdened health care system, and

WHEREAS, medical costs related to obesity in the U.S. alone were estimated to be $147 billion a year in 2009, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians release a statement endorsing a nationwide fast food chain tax as a measure that would improve the health of all Americans.
Resolution NO. R1-404

Screening, Intervening, and Advocating to Address Food Insecurity

Introduced by: Jonathan Jimenez, MD, Durham, North Carolina
Alexa Mieses, MD, MPH, Durham, North Carolina
Jessica Lapinski, MD, Durham, NC
Mansi Shah, MD, Durham, NC

WHEREAS, Food insecurity is a social determinant of health, and

WHEREAS, food insecurity in adulthood is associated with diabetes, heart disease, hypertension, pregnancy complications, poor overall health status, poor sleep outcomes, functional limitations, depression and mental health problems, and obesity (primarily in women), and

WHEREAS, food insecurity in childhood is associated with poor overall health status, low birth weight, some birth defects, iron deficiency anemia, asthma, poor oral health, developmental risk, mental health and behavioral problems, and poor educational outcomes, and

WHEREAS, patients experiencing food insecurity, even at low levels, may engage in health-compromising coping strategies to stretch limited budgets, such as cost-related medication non-adherence, postponing preventive or needed medical care, forgoing the foods, and

WHEREAS, health-compromising coping strategies used by patients struggling with food insecurity as well as food insecurity itself can exacerbate disease, compromise health, increase physician encounters, increase emergency department visits, and increase hospitalizations, and

WHEREAS, food insecurity is associated with some of the most costly and serious health problems in the United States (U.S.) the direct and indirect health-related costs of hunger and food insecurity in the U.S. are estimated to be $160 billion annually, and

WHEREAS, patients experiencing food insecurity may be difficult to identify, and

WHEREAS, the federal nutrition programs, including the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); school breakfast and lunch programs; summer and afterschool meals, are key health interventions and support those experiencing food insecurity or at-risk for food insecurity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support efforts to universally screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and connect patients to federal nutrition programs and resources, and be it further

RESOLVED, That the American Academy of Family Physicians create a policy to support a strong and effective national nutrition safety net for vulnerable, low-income individuals by protecting and defending the federal nutrition programs from block grants, structural changes, and budget cuts, and by ensuring all people in the United States have access to the nutrition they need to live healthy and productive lives, and be it further
RESOLVED, That the American Academy of Family Physicians educate its members on the health implications of food insecurity, health benefits of the federal nutrition programs, promising interventions to address food insecurity in health care settings, and advocacy opportunities to address food insecurity at the local, state, and national level.
Resolution NO. R1-405

Family Physicians as Public Health Advocates and Collaborators

Introduced by: Raman Nohria, MD, Lawrence, Massachusetts
               Courtney Pilkerton, MD, Morgantown, West Virginia

WHEREAS, Only 10% of patient care is contributed by the health care sector while close to
60% of a person’s health can be attributed to individual decision and social determinants of
health, and

WHEREAS, the American Academy of Family Physicians (AAFP) currently has a position paper
advocating for integration of public health and family medicine, but lacks specific guidance on
how to approach this integration, and

WHEREAS, the AAFP has previously collaborated with other organizations to create an
advocacy playbook, but not necessarily devised a specific training program, and

WHEREAS, the advocacy playbook has been difficult to use, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore and collaborate with
appropriate entities to help family physicians function as community advocates for public health
or public health officer, and be it further

RESOLVED, That the American Academy of Family Physicians explore the development of an
educational toolkit and curriculum to provide family medicine physicians with the necessary
evidenced-based knowledge and tools to function as community advocates for public health or
public health offices.
Resolution NO. R1-406

AAFP Stance on Health Care as a Human Right

Introduced by: Cleveland Piggott, MD, Aurora, Colorado
Kyle Leggott, MD, Aurora, Colorado

WHEREAS, The American Academy of Family Physicians (AAFP) strategic objectives include the advancement of health care for all and the American Academy of Family Physicians strategic objectives include the advancement of health care for all, and

WHEREAS, the current health care financing system has inherent barriers that can make patient care unaffordable, inequitable, and fragmented, and

WHEREAS, the United States of America ranked last among 11 industrialized countries in cost-related access to care and health equity in a 2013 Commonwealth Fund report, and

WHEREAS, nearly 30 million Americans are still uninsured after full implementation of the Affordable Care Act (ACA), and

WHEREAS, many Americans die each year due to lack of health insurance, as the uninsured have an increased risk of death compared to the insured, and

WHEREAS, currently proposed legislation and repeal efforts in Washington D.C. will likely lead to an additional 22-32 million Americans without health insurance based on the, non-partisan, Congressional Budget Office, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians recognizes that health care, in the United States of America, is a basic human right for every person and not a privilege.
Resolution NO. R1-407

Addressing Loopholes in Background Checks Prior to Gun Sales

Introduced by: Valerie Good, MD, Columbus, Ohio

WHEREAS, The American Academy of Family Physicians has a position statement on the Prevention of Gun Violence that supports expanded background check requirements prior to the sale of guns in the United States,

WHEREAS, gaps exist in state and federal law that allow convicted domestic violence offenders to purchase guns legally in United States from private sellers without background checks, and

WHEREAS, more than half of women murdered in the United States are killed by intimate partners or family members, and

WHEREAS, a woman who is a victim of domestic violence is five times more likely to be murdered if the abuser has access to a gun, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians release a statement to address loopholes that allow convicted domestic violence offenders to purchase guns in the United States from private sellers without a background check.
Resolution NO. R1-408

Supporting the Safety of Personal Care Products

Introduced by: Anna Balabanova, MD, Evanston, Illinois
Kristina Dakis, MD, Chicago, Illinois

WHEREAS, Recent research published June 26, 2017 in the Journal of the American Medical Association (JAMA) reports consumer complaints more than doubled for cosmetic products from 2015 to 2016, and

WHEREAS, the number of overall adverse events increased from 706 in 2015 to 1,591 in 2016, with hair care products seeing the largest increase, and

WHEREAS, baby products, personal cleanliness products, hair care products and hair coloring products had the highest proportion of self-reports of a serious adverse health outcomes, such as serious injury, death, disability, and

WHEREAS, the Federal Food, Drug, and Cosmetic Act does not require cosmetic products and ingredients to require the Food and Drug Administration (FDA) approval with the exception of color additives other than those in hair dyes, and

WHEREAS, drugs and medical devices undergo extensive clinical trials, surveillance and recall protocols, and

WHEREAS, market research shows the United States beauty industry achieved $17 billion in sales in 2016 and has gained $1 billion for three consecutive years, thus holding the potential to dramatically influence public health and contribute to increasing healthcare costs, and

WHEREAS, the Personal Care Products Safety Act (S. 1014) amends the Federal Food, Drug, and Cosmetic Act to require cosmetics companies to submit to the FDA cosmetic ingredient statements that include the amounts of a cosmetic's ingredients, and

WHEREAS, S. 1014 requires said companies to pay a fee based on their annual gross sales of cosmetics which can only be used for cosmetic safety activities, and

WHEREAS, S. 1014 also states if the FDA determines that a cosmetic has a reasonable probability of causing serious adverse health consequences, it may prohibit the cosmetic's distribution, and

WHEREAS, S. 1014 requires the FDA to review the safety of at least five cosmetic ingredients each year, and it may establish conditions for safe use of an ingredient, and

WHEREAS, S. 1014 requires cosmetics companies to report to the FDA any serious adverse health event associated with their cosmetics or ingredients contained therein, and

WHEREAS, the aforementioned JAMA study urges a need for “better cosmetic surveillance” and support for the Personal Care Products Safety Act (PCPSA) as well as investment in the National Toxicology Program for more rigorous scientific testing, and
WHEREAS S. 1014 does not provide more investment in the National Toxicology Program for more rigorous scientific testing, and

WHEREAS, due to its aforementioned goals S. 1014 would therefore fall under the American Academy of Family Physicians (AAFP) Strategic Objective of Clinical Expertise by aiming to “accelerate the generation and implementation of new knowledge and research to improve population and community health,” and

WHEREAS, the AAFP policy states, “The Academy supports legislation to protect the public from dangerous products” and includes “proper testing of new drugs and biological agents for safety and benefit as measured by health outcomes of value to patients,” but does not specify personal care and/or beauty products, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create policy in support of proper testing of personal care and beauty products for safety and benefit as measured by health outcomes of value to patients, and be it further

RESOLVED, That the American Academy of Family Physicians support legislation to protect the public from dangerous personal care and beauty products including making previously approved agents available for research, and be it further

RESOLVED, That the American Academy of Family Physicians demonstrate this support by writing a letter to the appropriate senators, congresspeople, committees, and bodies, particularly the Senate Committee on Health, Education, Labor, and Pension, encouraging them to support legislation giving the Food and Drug Administration (FDA) more oversight over beauty-product safety, including the Personal Care Products Safety Act and urging more investment to the National Toxicology Program for more rigorous scientific testing.
Resolution NO. R1-409

Establishing a Nationwide Sugar-Sweetened Beverage Tax to Combat Obesity and Comorbidities

Introduced by: Nelly Song, MD, Palo Alto, California

WHEREAS, Sugar-sweetened beverages (SSB) contribute to obesity and multiple comorbidities including Diabetes, and

WHEREAS, soft drinks and sugar-sweetened beverages are the largest contributors of added sugars in Americans' diets, and

WHEREAS, medical costs related to obesity in the U.S. alone were estimated to be $147 billion a year in 2009, and

WHEREAS, first tax on sugar-sweetened beverages in Berkeley, California has shown soft drink sales fall by almost 10% and an increase water consumption, and

WHEREAS, the American Academy of Family Physicians (AAFP), in the interest of public health, ended its advertising partnership with Coca Cola in 2015, and

WHEREAS, existing AAFP policy endorses SSB taxes but does not specifically call for a national tax on sugar taxes, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians release a statement endorsing a nationwide sugar-sweetened beverage tax as a measure that would improve the health of all Americans.