



Resident 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 27-29, 2017 - Kansas City, MO

1 **RECOMMENDATION: The Resident 1 Reference Committee recommends the**
2 **following consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. R1-401 “Supporting the Reduction of Adverse
5 Childhood Experiences” (p. 1)

6
7 **Item 2:** Adopt Resolution No. R1-402 “Advocacy Against All-Terrain Vehicle Use in
8 Children Under 16” (pp. 1-2)

9
10 **Item 3:** Not Adopt Resolution No. R1-403 “Establishing a Nationwide Fast Food Chain
11 Tax to Combat Obesity and Comorbidities”(p. 2)

12
13 **Item 4:** Adopt Substitute Resolution No. R1-404 “Screening, Intervening, and
14 Advocating to Address Food Insecurity” (pp.2-3)

15
16 **Item 5:** Adopt Resolution No. R1-405 “Family Physicians as Public Health Advocates
17 and Collaborators” (p. 4)

18
19 **Item 6:** Adopt Substitute Resolution No. R1-406 “AAFP Stance on Health Care as a
20 Human Right” (p. 4)

21
22 **Item 7:** Adopt Resolution No. R1-408 “Supporting the Safety of Personal Care
23 Products” (p. 5)

24
25 **REAFFIRMATION CALENDAR:**

26 (A) Resolution No. R1-407 “Addressing Loopholes in Background Checks Prior to
27 Gun Sales” (pp. 5-6)

28 (B) Resolution No. R1-409 “Establishing a Nationwide Sugar-Sweetened Beverage
29 Tax to Combat Obesity and Comorbidities” (pp. 5-6)



Resident 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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1 **The Resident 1 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5
6 **ITEM NO. 1: RESOLUTION R1-401: SUPPORTING THE REDUCTION OF ADVERSE**
7 **CHILDHOOD EXPERIENCES**

8
9 RESOLVED, That the American Academy of Family Physicians support legislation that
10 will fund community efforts and interventions aimed at preventing and reducing Adverse
11 Childhood Experiences.

12
13 The reference committee heard testimony from the author in support of the resolution
14 highlighting that adverse childhood experiences are linked to poor health outcomes and that a
15 validated screening tool is available. The reference committee also heard testimony that this
16 topic was already addressed through the American Academy of Family Physicians (AAFP)
17 policy statement titled *Child Abuse*. The reference committee discussed the testimony and
18 reviewed the current policy. The committee agreed that Adverse Childhood experiences (ACEs)
19 covers a broader range of experiences than child abuse alone and should be considered as a
20 separate issue. To date, no current legislation has been identified for funding for ACEs,
21 therefore, the committee amended the resolved clause to include a provision for the AAFP to
22 advocate that such legislation be developed.

23
24 **RECOMMENDATION: The reference committee recommends that the Substitute**
25 **Resolution No. R1-401 be adopted in lieu of Substitute Resolution No. R1-401, which**
26 **reads as follows:**

27
28 **RESOLVED, That the American Academy of Family Physicians support and**
29 **advocate for legislation that will fund community efforts and interventions aimed**
30 **at preventing and reducing Adverse Childhood Experiences.**

31
32 **ITEM NO. 2: RESOLUTION R1-402: ADVOCACY AGAINST ALL-TERRAIN VEHICLE USE IN**
33 **CHILDREN UNDER 16**

34
35 RESOLVED, That the American Academy of Family Physicians recommend against the
36 use of all-terrain vehicles by children under the age of 16, and be it further
37

38 RESOLVED, That the American Academy of Family Physicians advocate for legislative
39 and regulatory action against operation of all-terrain vehicles by children under the age
40 of 16, and be it further
41

42 RESOLVED, That the American Academy of Family Physicians promote community and
43 public health education and awareness regarding dangers of all-terrain vehicle use in
44 children under the age of 16, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians develop guidelines
47 regarding counseling pediatric patients and their families on all-terrain vehicle safety.
48

49 The reference committee heard testimony in opposition to the resolution indicating that the
50 intent was addressed by current AAFP policy. The author of the resolution provided support for
51 the resolution as a member of the reference committee. Supporting testimony referred to
52 actions taken by other medical specialty societies, including the American Academy of
53 Pediatrics, and to statistics demonstrating the morbidity and mortality observed in children under
54 the age of 16. The committee discussed the current AAFP policy statement, *Motorized*
55 *Recreational Vehicles*, and agreed that it did not adequately address the resolution. The
56 reference committee agreed that the AAFP should develop a recommendation against children
57 under the age of 16 using all-terrain vehicles and provide guidance and education on this topic
58 to members. Therefore, the committee recommends that this resolution be adopted.
59

60 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-402**
61 **be adopted.**
62

63 **ITEM NO. 3: RESOLUTION R1-403: ESTABLISHING A NATIONWIDE FAST FOOD CHAIN**
64 **TAX TO COMBAT OBESITY AND COMORBIDITIES**
65

66 RESOLVED, That the American Academy of Family Physicians release a statement
67 endorsing a nationwide fast food chain tax as a measure that would improve the health
68 of all Americans.
69

70 The reference committee heard testimony against the resolution, which cited multiple concerns
71 of potential unintended consequences of a tax on fast food chains. There were concerns that
72 such a tax would disproportionately affect those in low income areas and food deserts. The
73 reference committee discussed the testimony and agreed with concerns of unintended
74 consequences and felt that the term “fast food” was too broad and may impact restaurants with
75 healthier options. Based on these concerns, the reference committee recommends that the
76 resolution not be adopted.
77

78 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-403**
79 **not be adopted.**
80

81 **ITEM NO. 4: RESOLUTION R1-404: SCREENING, INTERVENING, AND ADVOCATING TO**
82 **ADDRESS FOOD INSECURITY**
83

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

88 RESOLVED, That the American Academy of Family Physicians create a policy to
89 support a strong and effective national nutrition safety net for vulnerable, low-income
90 individuals by protecting and defending the federal nutrition programs from block grants,
91 structural changes, and budget cuts, and by ensuring all people in the United States
92 have access to the nutrition they need to live healthy and productive lives, and be it
93 further

94
95 RESOLVED, That the American Academy of Family Physicians educate its members on
96 the health implications of food insecurity, health benefits of the federal nutrition
97 programs, promising interventions to address food insecurity in health care settings, and
98 advocacy opportunities to address food insecurity at the local, state, and national level.
99

100 The reference committee heard testimony in favor of the resolution regarding the widespread
101 prevalence of food insecurity and the impact on health outcomes. While the AAFP has existing
102 policies on healthy food and advocates for the provision of healthy food in schools and
103 workplaces, there is no policy specifically addressing food insecurity. The AAFP does have
104 resources, such as the [Community Health Resource Navigator](#), that can help family physicians
105 identify local healthy food options, but it is not sufficient to address the resolution. The reference
106 committee agreed that screening for food insecurity is important for family physicians and that
107 resources and education should be provided to help patients after being identified. However,
108 there was concern among the reference committee that a recommendation for universal
109 screening may be harder to implement without comprehensive resources for patients once they
110 are identified. Therefore, the reference committee recommends a substitute resolution that does
111 not include a call for universal screening.

112
113 **RECOMMENDATION: The reference committee recommends that the Substitute**
114 **Resolution No. R1-404 be adopted in lieu of Substitute Resolution No. R1-404, which**
115 **reads as follows:**

116
117 **RESOLVED, That the American Academy of Family Physicians support efforts to**
118 **screen patients for food insecurity, using tools like the validated Hunger Vital**
119 **Sign™, and connect patients to federal nutrition programs and resources, and be**
120 **it further**

121
122 **RESOLVED, That the American Academy of Family Physicians create a policy to**
123 **support a strong and effective national nutrition safety net for vulnerable, low-**
124 **income individuals by protecting and defending federal nutrition programs from**
125 **block grants, structural changes, and budget cuts, and by ensuring all people in**
126 **the United States have access to the nutrition they need to live healthy and**
127 **productive lives, and be it further**

128
129 **RESOLVED, That the American Academy of Family Physicians educate its**
130 **members on the health implications of food insecurity, health benefits of federal**
131 **nutrition programs, promising interventions to address food insecurity in health**
132 **care settings, and advocacy opportunities to address food insecurity at the local,**
133 **state, and national level.**

138 **ITEM NO. 5: RESOLUTION R1-405: FAMILY PHYSICIANS AS PUBLIC HEALTH**
139 **ADVOCATES AND COLLABORATORS**

140 RESOLVED, That the American Academy of Family Physicians explore and collaborate
141 with appropriate entities to help family physicians function as community advocates for
142 public health or public health officer, and be it further
143

144
145 RESOLVED, That the American Academy of Family Physicians explore the development
146 of an educational toolkit and curriculum to provide family medicine physicians with the
147 necessary evidenced-based knowledge and tools to function as community advocates
148 for public health or public health offices.
149

150 The reference committee heard testimony in favor of the resolution which discussed the family
151 physician's duty to be an advocate while highlighting the lack of access to a toolkit which might
152 support their taking on this role. While the AAFP does support integration between primary care
153 and public health through the Commission on Health of the Public and Science's Working Group
154 on Primary Care and Public Health Integration and has been involved with the [Practical](#)
155 [Playbook](#) currently available at a cost, the reference committee agreed that AAFP development
156 of a centralized toolkit would be beneficial.
157

158 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-405**
159 **be adopted.**

160
161 **ITEM NO. 6: RESOLUTION R1-406: AAFP STANCE ON HEALTH CARE AS A HUMAN**
162 **RIGHT**

163
164 RESOLVED, That the American Academy of Family Physicians recognizes that health
165 care, in the United States of America, is a basic human right for every person and not a
166 privilege.
167

168 The reference committee heard testimony from the author and others in support of this
169 resolution which emphasized the desire to incorporate specific language of "healthcare as a
170 human right" in AAFP policy. Testimony stressed that the AAFP should be a leader in changing
171 the ethos around healthcare and healthcare reform and that addition of this language would
172 help frame future AAFP policy. While current AAFP policy does support the provision of
173 healthcare to every person, the reference committee acknowledged that it does not use specific
174 wording of "healthcare as a human right." However, the reference committee preferred the
175 global feel of the current policy over the resolution identifying the United States alone.
176 Therefore, the reference committee recommends that the phrase "in the United States" be
177 removed and the substitute resolution be adopted.
178

179 **RECOMMENDATION: The reference committee recommends that the Substitute**
180 **Resolution No. R1-406 be adopted in lieu of Substitute Resolution No. R1-406, which**
181 **reads as follows:**

182
183 **RESOLVED, That the American Academy of Family Physicians recognize that**
184 **health care is a basic human right for every person and not a privilege.**
185
186
187

188 **ITEM NO. 7: RESOLUTION R1-408: SUPPORTING THE SAFETY OF PERSONAL CARE**
189 **PRODUCTS**

190
191 RESOLVED, That the American Academy of Family Physicians create policy in support
192 of proper testing of personal care and beauty products for safety and benefit as
193 measured by health outcomes of value to patients, and be it further
194

195 RESOLVED, That the American Academy of Family Physicians support legislation to
196 protect the public from dangerous personal care and beauty products including making
197 previously approved agents available for research, and be it further
198

199 RESOLVED, That the American Academy of Family Physicians demonstrate this
200 support by writing a letter to the appropriate senators, congresspeople, committees, and
201 bodies, particularly the Senate Committee on Health, Education, Labor, and Pension,
202 encouraging them to support legislation giving the Food and Drug Administration (FDA)
203 more oversight over beauty-product safety, including the Personal Care Products Safety
204 Act and urging more investment to the National Toxicology Program for more rigorous
205 scientific testing.
206

207 The reference committee heard testimony in support of the resolution by the author whose
208 research has determined that federal laws have remained unchanged since 1938. Because
209 cosmetic products and ingredients are exempt from oversight by the Food and Drug
210 Administration (FDA), the resolution calls for the AAFP to create policy supporting proper
211 testing, support legislation protecting the public from dangerous products, and send letters to
212 the appropriate persons and entities urging that these products be subject to FDA control.
213 A bill titled, "Personal Care Products Safety Act" was introduced in the U.S. Senate in 2015 and
214 again in 2017, calling for requiring FDA oversight of personal care product safety. The bill has
215 been referred to the Committee on Health, Education, Labor, and Pensions. The AAFP has no
216 current policy on this issue, therefore the reference committee recommends adoption of the
217 resolution.
218

219 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-408**
220 **be adopted.**

221
222 **REAFFIRMATION CALENDAR**

223 **The following items A and B are presented by the Reference Committee on the**
224 **Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion**
225 **by the Reference Committee in Executive Session concurred that the resolutions**
226 **presented in Items A and B are current policy or are already addressed in current**
227 **projects. At the request of the National Congress of Family Medicine Residents, any item**
228 **may be taken off the Reaffirmation Calendar for an individual vote on that item.**
229 **Otherwise, the Committee will request approval of the Reaffirmation Calendar in single**
230 **vote.**

231 **RECOMMENDATION: The Reference Committee recommends that Items A and B on the**
232 **Reaffirmation Calendar be approved as current policy or as already being addressed in**
233 **current projects.**

234
235 (A) RESOLUTION R1-407: ADDRESSING LOOPHOLES IN BACKGROUND CHECKS
236 PRIOR TO GUN SALES

237
238 RESOLVED, That the American Academy of Family Physicians release a statement to
239 address loopholes that allow convicted domestic violence offenders to purchase guns in
240 the United States from private sellers without a background check.

241
242 The reference committee heard testimony in support of the resolution from the author citing the
243 high numbers of women who are killed by domestic partners who are able to obtain firearms
244 through legal means due to a lack of background checks in certain sales. The reference
245 committee discussed the current AAFP policy, *Prevention of Gun Violence*. This policy calls for
246 background checks to be performed at all sales including online, gun shows, and classified ads.
247 The AAFP calls for the requirement of background checks to ensure that persons convicted of a
248 violent crime be prevented from purchasing a firearm. The reference committee agreed that
249 violent crime includes domestic violence and is addressed by the current policy.

250
251
252 (B) RESOLUTION R1-409: ESTABLISHING A NATIONWIDE SUGAR-SWEETENED
253 BEVERAGE TAX TO COMBAT OBESITY AND COMORBIDITIES

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

257
258 The reference committee heard testimony in support of and against the resolution. Testimony
259 was provided stating that sugar-sweetened beverages contribute greatly to obesity and other
260 co-morbidities. Additional testimony cited other cases of taxes levied on products such as
261 cigarettes and tanning beds, both of which contribute to poor health outcomes. Testimony in
262 opposition of the resolution included the belief that people should be responsible for their own
263 actions. The reference committee discussion focused on the current American Academy of
264 Family Physicians policy that calls for taxation of sugar-sweetened beverages. This policy was
265 reaffirmed by the Congress of Delegates in 2015. Based on the current policy, the reference
266 committee recommends reaffirming the resolution.

267
268

269 **I wish to thank those who appeared before the reference committee to give testimony**
270 **and the reference committee members for their invaluable assistance. I also wish to**
271 **commend the AAFP staff for their help in the preparation of this report.**

272
273 Respectfully submitted,
274

275
276 _____

277 Lauren Williams, MD, Chair

278
279 Kristina Dakis, MD
280 Yuka Kobayashi, DO
281 Chetan Patel, MD
282 Heather Wall, MD
283 Monique Merritt-Atkins, MD
284 Jay-Sheree Allen, MD