

*Informe de Delegados AAFF
13 al 17 septiembre 2017
San Antonio, Texas*

Dra. Marina Almenas, Delegada

Dr. Luis Perez Toro, Delegado

Dr. Ariel Cruz Igartua, Delegado Alterno

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Reference Committee

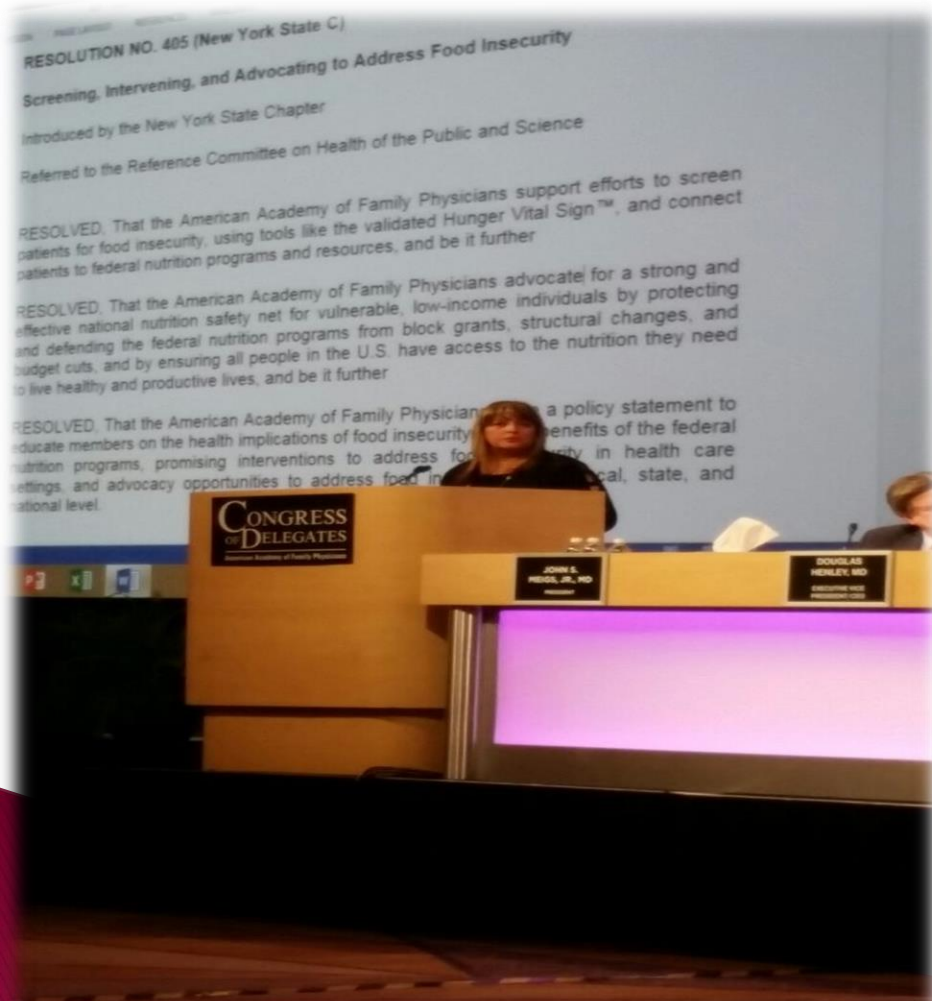
- ▶ Títulos de los Comites:
- ▶ Reference Committee on Organization and Finance
- ▶ Reference Committee on Practice Enhancement
- ▶ Reference Committee on Health of the Public and Science
- ▶ Reference Committee on Advocacy
- ▶ Reference Committee on Education

- ▶ Para ver todas las Resoluciones de los Diferentes Comites, pueden visitar:

▶ www.aafp.org

2017 congress of delegates resolutions

Dra. Marina Almenas, Presidente el: “Reference Committee on Health of the Public and Science”.



Reference Committee on Health of the Public and Science

Se logró exitosamente, pasar 13 resoluciones, entre ellas:

- ❖ **Resolution No. 403 Sugar Sweetened Beverages.**
- ❖ **Resolution No. 405 Screening, Intervening, and Advocating to Address Food Insecurity**
- ❖ **Resolution No. 406 Violence in Health Care.**
- ❖ **Resolution No. 410 Maternity and Reproductive Health Care are Essential Benefits.**
- ❖ **Entre otras.**

▶ RESOLUTION NO. 403 (Oregon B)

▶ Sugar-Sweetened Beverages

▶ Introduced by the Oregon Chapter

▶ Referred to the Reference Committee on Health of the Public and Science

▶ WHEREAS, Boulder, Colorado; San Francisco, Oakland and Albany, California, as well as Cook County in Illinois have now joined Berkeley, California; and Philadelphia, Pennsylvania, in passing taxes on sugar-sweetened beverages (SSB), and

▶ WHEREAS, in Berkeley, after a 2014 implementation, SSB consumption dropped by 21% (compared to 4% increases in comparison cities) and water consumption increased by 63% (compared to 19% in comparison cities), and

▶ WHEREAS, the American Academy of Family Physicians (AAFP) has policy supporting the taxation of SSB stating “The AAFP supports taxation of sugar-sweetened beverages for the purpose of reducing over-consumption as a method of both improving the health of the public and combating the obesity epidemic,” now, therefore, be it

▶ RESOLVED, That the American Academy of Family Physicians create and make available resources for use by chapters to make advocacy concerning sugar-sweetened beverage policy easier.

▶ RESOLUTION NO. 405 (New York State C)

▶ Screening, Intervening, and Advocating to Address Food Insecurity

▶ Introduced by the New York State Chapter

▶ Referred to the Reference Committee on Health of the Public and Science

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

▶ WHEREAS, more than 42.2 million Americans live in food-insecure households in rural, urban, and suburban communities, and no state or county is immune from food insecurity, 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 preventative or needed medical care, forging the foods needed for medical diets, or making trade-offs between food and other basic necessities (e.g., housing), and

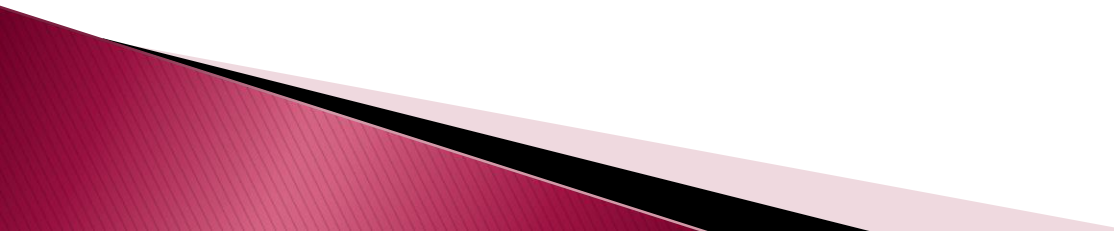
▶ WHEREAS, health-compromising coping strategies used by patients struggling with food insecurity as well as food insecurity itself can exacerbate disease, compromise health, increase physician encounters, increase emergency room visits, and increase hospitalizations, and

▶ WHEREAS, food insecurity is associated with some of the most costly and serious health problems in the U.S., and

▶ WHEREAS, 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 (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), school breakfast and lunch programs, summer and afterschool meals, and the Child and Adult Care Food Program (CACFP), are key health interventions and supports for 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 screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and connect patients to federal nutrition programs and resources, and e it further.
 - ▶ RESOLVED, That the American Academy of Family Physicians advocate for 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 U.S. 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 issue a policy statement to educate 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.
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▶ **RESOLUTION NO. 406 (Co-Sponsored D)**

▶ **Violence in Health Care**

- ▶ Introduced by the Colorado and Texas Chapters
- ▶ Referred to the Reference Committee on Health of the Public and Science
- ▶ WHEREAS, Health care workplace violence is under reported, ubiquitous, and a persistent problem that has been tolerated and largely ignored, and
- ▶ WHEREAS, according to the Joint Commission, health care organizations are now confronting "steadily increasing rates of crime, including violent crimes such as assault, rape, and homicide," and
- ▶ WHEREAS, the health care sector is statistically among industries most subject to violence in the United States (aside from law enforcement), and
- ▶ WHEREAS, between 2011 and 2013 the number of workplace assaults averaged approximately 24,000 annually, with nearly 75% occurring in health care settings, and
- ▶ WHEREAS, data from the Bureau of Labor Statistics show that health care workers are nearly four times as likely to require time away from work as a result of injuries from other forms of violence, and
- ▶ WHEREAS, like all other workers, health care employees have a right to be safe on the job, and
- ▶ WHEREAS, workplace violence in outpatient settings is a complex problem about which very little is known in the United States, and
- ▶ WHEREAS, many international studies have shown high rates of abuse toward family physicians, particularly with mental-illness or opioid-seeking behavior, and
- ▶ WHEREAS, the United States is in the middle of an opioid epidemic, and
- ▶ WHEREAS, providers are sometimes uncertain what constitutes violence, since they often believe that their assailants are not responsible for their actions in such cases, and
- ▶ WHEREAS, violence against physicians is largely under reported, now, therefore, be it

▶ **Substitute:**

- ▶ **RESOLVED, That the American Academy of Family Physicians survey family physicians to characterize and quantify the incidence of violence against family physicians in the workplace and elsewhere related to their practice, and be it further**
- ▶ **RESOLVED, That the American Academy of Family Physicians create and promote an educational violence in the workplace toolkit to provide student, residents, practicing physicians, and their staff/nurses with resources, such as active shooter training, metal detector promotion, and de-escalation training.**
- ▶ (Received 7/28/17)
- ▶ **Fiscal Impact: Less than \$10,000**
- ▶ **Original resolved clauses submitted to the Congress of Delegates deleted (please see substitute adopted above):**
- ▶ **RESOLVED That the American Academy of Family Physicians create a survey to characterize and quantify the incidence of violence in the workplace for family physicians, and be it further**
- ▶ **RESOLVED, That the American Academy of Family Physicians create and promote an educational violence in the workplace toolkit to provide student, residents, practicing physicians, and their staff/nurses with resources, such as active shooter training, metal detector promotion, and de-escalation training.**

Teniamos una encomienda, un reto por delante y mucho trabajo. Lo Logramos.

Recibimos las felicitaciones de:

- ▶ Dr. Michael L. Munger, Presidente AAFP
- ▶ Dr. John S. Cullen, Presidente Electo
- ▶ Dr. Alan Schwartzstein, Speaker.



CONGRESS
OF DELEGATES
American Academy of Family Physicians

JOHN S. FRENCH, JR., MD
PRESIDENT

WILLIAM W. HOBBS, MD
PRESIDENT





“Advocacy Reference Committee”

Se defiende la Resolucion No. 515 presentada por Puerto Rico en el “Advocacy Reference Committee”;

“The Medicare and Medicaid Funding Shortage – Impact for Puerto Rico”.

Siendo la misma aprobada.



“Advocacy Reference Committee

“The Medicare and Medicaid Funding Shortage – Impact for Puerto Rico”.

- ▶ RESOLUTION NO. 515 (Puerto Rico A)
- ▶ The Medicare and Medicaid Funding Shortage – Impact for Puerto Rico
- ▶ Introduced by the Puerto Rico Chapter
- ▶ Referred to the Reference Committee on Advocacy
- ▶ WHEREAS, Puerto Rico has received a fixed federal matching rate of 55% in Medicaid funding, while the 50 states and the District of Columbia has received an adjustable rate of 50–83% based on the states’ per capita income, and
- ▶ WHEREAS, Puerto Rico’s federal funding for health care is capped at \$321 million compared to the rest of the 50 states and District of Columbia which is uncapped, and
- ▶ WHEREAS, the increasing needs of Puerto Rico’s aging and underserved population results in exhaustion of allotted Medicare and Medicaid funding before the end of the fiscal year, and
- ▶ WHEREAS, the Medicare and Medicaid funding shortage has affected the quality and availability of the health care services to the population, and has contributed to Puerto Rico’s financial crisis, and
- ▶ WHEREAS, the Obama Administration identified this issue and proposed the elimination of the Medicare and Medicaid funding cap for Puerto Rico for the 2017 fiscal year, however, the proposal was never passed, now, therefore, be it

▶ Substitute:

▶ RESOLVED, That the American Academy of Family Physicians support equal funding for Medicare and Medicaid in Puerto Rico and the U.S. territories similar to the 50 states and District of Columbia.

▶ (Received 9/10/2017)

▶ Original resolved clauses submitted to the Congress of Delegates deleted (please see substitute adopted above):

▶ RESOLVED, That the American Academy of Family Physicians support equal funding for Medicare and Medicaid in Puerto Rico similar to the 50 states and District of Columbia, and be it further

▶ RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for Medicare and Medicaid Services to uncap Puerto Rico's federal Medicare and Medicaid funds.

Obtuvimos el apoyo de los presentes, nuestro agradecimiento al Comité de Estudiantes y Residentes.







Reconocemos la Asistencia del Dr. Angel Matos



Proximos Eventos y/o Actividades





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