

Ohio AFP Resolution No. 1

Title of Resolution: Bringing Lead Control Recommendations Up To Current Standards

Submitted By: Patricia Blochowiak, M.D.

WHEREAS: the American Academy of Pediatrics Committee on Environmental Health reaffirmed the Policy Statement entitled *Lead Exposure in Children: Prevention, Detection, and Management* in May 2009, and despite documentation in that report of the fact that lead levels below 10 micrograms/dl actually have a greater negative effect on cognitive functioning than higher levels, evaluation and management are recommended only for children whose lead levels are above 10 micrograms/dl.

WHEREAS: recent evidence shows that in children and adolescents, lead exposure increases the risk for diminished intelligence, shortened attention span, reading problems, attention deficit hyperactivity disorder (ADHD), school failure, delinquency and criminal behavior and that there is no evidence of a threshold below which lead does not cause these effects, and there is evidence that a decrement of 4 to 7 IQ points occurs in children whose blood lead levels rise from 1 to 10 μ g/dL,

WHEREAS: The Ohio Academy of Pediatrics passed a resolution stating that the lead level triggering individual and community prevention efforts be reduced to 2 g/dL, with the ultimate goal of lowering this limit to a blood lead level of 0.5 μ g/dL to 1.0 microgram/dL, be it

RESOLVED: that the OAFP recommend a policy on Lead Exposure in Children such that the level of lead in blood that triggers individual and community prevention efforts be reduced to 2 g/dL, with the ultimate goal of lowering this limit to a blood lead level of 0.5 μ g/dL to 1.0 microgram/dL.

Fiscal Note: Unknown

Ohio AFP Resolution No. 2

Title of Resolution: Special Constituencies Board Member

Submitted By: Suellywn Stewart, M.D.

WHEREAS: The National Conference of Special Constituencies (NCSC) has been a regular means to identify and cultivate upcoming leaders during its 20 year history both nationally for American Academy of Family Physicians (AAFP) and locally for state chapters, and

WHEREAS: additionally, the New Physician, Resident, and Student Board member positions have primed leaders for national and state organizations, and

WHEREAS: over the last three years, nearly 30% of AAFP commission members have attended at least one NCSC, and of commission members who were women, self-identified minorities, or both, 60% had attended at least one NCSC, and

WHEREAS: state chapters have also benefited, as many Chapter Presidents, current and past, have started their leadership tenure through the NCSC, and

WHEREAS: regardless of these successes, only ten AAFP Directors since 2001 had their start at the NCSC representing the Gay/Lesbian/Bisexual/Transgender (GLBT), International Medical Graduates (IMG), Minority, and Women constituencies, and only three of the 18 current board members (16%) were previously involved in the NCSC, and

WHEREAS: a Special Constituencies board position would aid AAFP in its strive to continue fostering and grooming excellent leaders to serve in the future as AAFP board members, officers of the Academy, commission leadership, and state chapter leadership, and

WHEREAS: leadership development is essential not only to the solvency of the Academy, but for the future of family physicians and primary care nationwide, and

WHEREAS: a Special Constituencies board position – coming from a eligible pool of official NCSC past or current state delegates – would be an opportunity for state chapters to have a stronger voice on the AAFP Board of Directors, and allow the state chapters an opportunity to guide leadership development which would ultimately benefit them as a breeding ground for leadership for their own chapters, and

WHEREAS: active membership of AAFP demonstrates the diversity of family physicians throughout the US, with women representing approximately 36% of

47 total AAFP membership, IMGs representing 16% of total membership and self-
48 identified minorities comprising nearly 10% of the AAFP membership,² and
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50 WHEREAS: diversity is not the only factor dictating the success of the AAFP
51 Board of Directors, the Board of Directors is the —face□ of family physicians
52 nationwide and should reflect the diversity of its membership, and
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54 WHEREAS: AAFP has valued the energy and viewpoints of the NCSC, and
55 would benefit from the addition of a Special Constituencies board member who
56 would offer the often unique perspective of the Special Constituencies to Board
57 of Director meetings and its task promoting family physicians and primary care
58 nationwide, now, therefore, be it
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60 RESOLVED: That one new American Academy of Family Physicians (AAFP)
61 Board of Directors Special Constituency seat be created, which will be a one
62 year term open to active AAFP members who have attended at least one
63 previous NCSC as an official chapter representative, and is currently attending
64 National Conference of Special Constituencies (NCSC) as an official chapter
65 representative of the Gay, Lesbian, Bisexual, Transgender (GLBT), International
66 Medical Graduate (IMG), Minority, or Women Constituency or is currently serving
67 as an NCSC Co-Convener or Convener, to be elected at NCSC each year by
68 registered NCSC attendees from the GLBT, IMG, Minority, and Women
69 Constituencies, and be it further
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71 RESOLVED: that the Ohio Academy send a letter of support to the Board of
72 Directors advocating for a seat for the Special Constituencies Board Member.
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74 **Fiscal Note:** Approximately \$50,000 in expenses each year for this board
75 member.
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77 *Sources:*

- 78 1. *Commission Demographics and NCSC Involvement report, March 2010*
- 79 2. *AAFP Marketing Research Staff, statistics as of December, 2008*

Ohio AFP Resolution No. 3

Title of Resolution: Standardizing Patient-related Medical Correspondence

Submitted By: Ratna Palakodeti, M.D.

WHEREAS: electronic health records have increased the abundance of medical information being sent to family physicians, and

WHEREAS: on an average, a family physician can receive approximately 300 pages of patient-related, medical material to read every day, and

WHEREAS: various agencies, medical offices and allied health professionals use different formats to deliver important patient-related information, and

WHEREAS: finding the relevant patient-related information among materials that are delivered in an inconsistent format is inefficient and can result in inadvertently missing vital patient-related information which could lead to devastating medical errors, and

WHEREAS: the time spent reviewing pages of unnecessary detail before uncovering the main content of the message is needlessly time consuming and adds an excessive burden on the physician, the practice and the patient, and be it

RESOLVED: that AAFP establish a task force to research methods to efficiently streamline and coordinate the transmission of patient-related medical information among medical providers, and be it further

RESOLVED: that the AAFP task force create a standardized patient-related medical information form that is simple to complete and clearly provides relevant information with a provision that further detailed information can be requested by the physician if deemed necessary.

Fiscal Note: Unknown