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The Family Medicine Reproductive Health Network Enewsletter

A project of the Reproductive Health Access Project (RHAP)

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The Enewsletter of the Family Medicine Reproductive Health Network seeks to link faculty and trainees across the country to collaborate to integrate abortion into the practices of new clinicians. The Network is a project of the Reproductive Health Access Project (RHAP). This month the Enewsletter focuses on advocacy efforts to change the culture of Family Medicine.

Becoming an Effective Advocate for Expanding Reproductive Health Access

Getting involved in the American Academy of Family Practitioners an excellent way to change policies that impact women's access to reproductive health care services. Most state chapters hold an annual meeting in the Spring of each year, at which time resolutions can be passed and then forwarded to the national AAFP (click [here](#) for list of meetings in your state). It is essential to work on resolutions early, as even states with meetings in early summer often have March deadlines for the submission of resolutions. With an early start, resolutions can be submitted to the relevant committee of the state academy, and if approved, they stand a much higher chance of passage by the state academy as a whole. RHAP has identified two resolutions that we hope to pass at the national level, if we can get enough of you working to get approval by your State Academy:

Overturn the Hyde Amendment: Since 1977 Federal Medicaid has not covered abortion services. In all but 17 states, low-income women must find funds for the abortions they need. For more information on the Hyde Amendment, visit <http://www.hyde30years.nnaf.org/>
For a sample resolution, visit http://www.reproductiveaccess.org/exp_acc/downloads/Repeal_Hyde_Amendment.pdf

End Funding for "Abstinence Only Until Marriage" Education : The U.S. has spent close to \$1 billion on abstinence-only education programs in schools across the country. Research has shown that these programs are not effective in delaying onset of sexual activity. Fourteen states are rejecting all abstinence-only federal funding. This resolution puts the AAFP on record as supporting abstinence education only within the context of comprehensive sexual education that is medically accurate, developmentally appropriate, non-judgemental and includes information on healthy sexuality, sexual orientation and tolerance, personal responsibility, risks of HIV and other STIs, unwanted pregnancy, access to reproductive health care, and benefits and risks of condoms and other contraceptives. For a sample resolution, [contact RHAP](#). To request a copy of the documentary "Abstinence Comes to Albuquerque", a 30 minute documentary highlighting one community's struggle with abstinence-only education, [contact us](#).

Structure of the American Academy of Family Physicians

The AAFP is the one of the largest national medical organizations, with more than 94,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. It is governed by a Congress of Delegates (COD) composed of two delegates from each of the 55 constituent chapters, one resident and one student, as well as representatives from several "special constituencies": women, minorities, international medical graduates, LGBT and new physicians. The Congress meets annually in the fall, immediately prior to the Academy's Annual Scientific Assembly and its resolutions establish policies and define principles.

Each State Academy has its own Congress of Delegates or town meeting (usually held in late spring or early summer). As with the National COD, resolutions can be sent to the state through several paths. It is best for resolutions to come from a group rather than an individual, but even individuals' resolutions can find support at the State level with strong advocacy and coalition building.

1. An individual can submit a resolution
2. A local chapter (or county chapter) can submit a resolution.
3. State commissions (such as an education or public health commission) can consider an individual's or local chapter's resolution during a meeting, and then submit the resolution on behalf of the commission to the State.
4. Resolutions can be submitted at the AAFP annual summer meeting of Residents and Students and, if passed, will go to the national CoD.
5. Resolutions can be submitted at the annual spring AAFP National Conference of Special Constituencies.

For more information on the structure of AAFP and successful strategies for organizing within your state chapter, visit our website at <http://www.reproductiveaccess.org/fmrhn/menu.html>

Including Reproductive Healthcare in Health Care Reform Plans

The need for healthcare reform has sparked policy conversations nationwide. How can we insure that reproductive healthcare, including contraception, prenatal care and abortion, are included in any proposed reforms? Three organizations, the MergerWatch Project of Community Catalyst, the National Women's Health Network, and the Avery Institute for Social Change have come together to form *Raising Women's Voices for the Healthcare We Need (RWV)*, to mobilize communities and raise women's voices in the state and national debates over health care reform. A national conference will be convened April 17-18, 2008 in Boston to launch the RWV project. Family medicine physicians have an important role to play in this effort - mark your calendars now! More information will be included in future Enewsletters.

Save the Date! The next meeting of the Family Medicine Reproductive Health Network will be convened at the **STFM Annual Meeting April 30-May 4, 2008** in Baltimore MD.

RHAP's mission is to:

- train family physicians in an evidence-based, patient-centered approach to contraception and abortion;
 - develop a national network of family physician experts in reproductive health issues;
 - collaborate with advocacy and educational organizations to promote understanding about contraception and abortion, thereby breaking down institutional and attitudinal barriers to contraception access;
 - surmount financial, legal, and administrative barriers – including restrictions related to medical centers' religious affiliations – to providing contraception and early abortion in primary care settings.
 - If there are trainers or graduating trained residents in your state, please encourage them to contact Susan (susan@susanyanow.com) to join the Network!
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Please share this Enewsletter with other interested clinicians and students.

If this email has reached you in error, please let us know and we'll remove you from our list.