

PAFP Policy on Equity, Diversity and Inclusion

The Pennsylvania Academy of Family Physicians (PAFP) supports the attainment of the highest level of health for all people across Pennsylvania. The PAFP is dedicated to improving the health of patients, families, communities, and its members, and is a bold champion of health.

Health is not measured simply by the absence of disease but includes an individual's capacity to heal and function within the context of their family, community, and environment. We now recognize that there are numerous social, genetic, and environmental factors that influence our patients' health.

Family physicians promote health equity by considering the balance of social determinants that impact the health of an individual, family, community, population, and environment. Family physicians can mitigate health inequity by being knowledgeable of and collaborating with government programs, business initiatives, and not for profit health and social service providers to affect positive change for the patients they serve.

The PAFP is committed to providing continuing education offerings for its members with an emphasis on social determinants of health, methods for improving health equity, acknowledgement of the role of implicit bias and resources available to assist its members in achieving optimal health for their patients and communities.

Additionally, the PAFP strives to reflect the diversity they serve by embracing the diverse voices that make up family medicine and the communities in which we serve. To that end, we encourage all educational content to reflect the following principles:

- Use patient/person/community/culture-centered language (as opposed to disease-centered language) – Ex: 24 yr old patient with substance use disorder INSTEAD OF 24 yr old addict
- Avoid heteronormativity – In presentations use example patients who are part of the LGBTQ community
- Avoid using race as a proxy for biology or genetics – Ex: 35 yr old male with sickle cell disease INSTEAD OF 35 yr old African American with sickle cell disease. ALSO – when presenting treatment algorithms DO NOT present race based guidelines and measurements
- Highlight the impact(s) of systems/structures when possible to avoid victim blaming – Do not consider health condition as a personal or moral failure – Persons of color are NOT experiencing Covid at higher rates due to their poor hygiene (look for the systemic cause)