Whereas, Prior to the mid-1960s, lactose intolerance was believed to be a rare, abnormal condition causing abdominal pain and diarrhea after milk consumption; and

Whereas, Research since the 1960s has shown that lactose intolerance (lactase non-persistence) is normal and is present in the majority of African Americans, Asian Americans, and Native Americans, with a lower prevalence in whites, often beginning in childhood; and

Whereas, Children with lactose intolerance may not request an alternative to cow’s milk unless they provide documentation from a medical authority, parent, or guardian of a medical or special dietary need, and even with such documentation, schools may refuse such requests; and

Whereas, Requiring children to obtain documentation of a “medical or special dietary need” when they have a normal condition may stigmatize children and discourage them from requesting foods they can safely digest and unnecessarily consumes physicians’ time and families’ time and resources; and

Whereas, African Americans are at particularly high risk for prostate cancer, colorectal cancer, and cardiovascular mortality; and

Whereas, Prostate and colorectal cancer are strongly linked to dairy consumption and processed and red meat consumption, respectively, which are promoted in federal nutrition policies, and these same products contribute to cardiovascular risk; and

Whereas, Dairy and meat products are not nutritionally required; therefore be it

RESOLVED, That our American Medical Association amend existing AMA Policy D-440.978, “Culturally Responsive Dietary and Nutritional Guidelines,” by addition to read as as follows:

D-440.978 Culturally Responsive Dietary and Nutritional Guidelines. Our AMA and its Minority Affairs Section will: (1) encourage the United States Department of Agriculture (USDA) to include culturally effective guidelines that include listing an array of ethnic staples and use of multicultural symbols to depict serving size in their Dietary Guidelines for Americans and Food Guide; (2) seek ways to assist physicians with applying the USDA Dietary Guidelines for Americans and MyPlate food guide in their practices as appropriate; (3) recognize that lactose intolerance is a common and normal condition among many Americans, especially African Americans, Asian Americans, and Native Americans, with a lower prevalence in whites, often manifesting in childhood; and (34) monitor existing research and identify opportunities where organized medicine can impact issues related to obesity, nutritional and dietary guidelines, racial and ethnic health disparities as well as assist physicians with delivering culturally effective care. (Modify Current HOD Policy); and be it further
RESOLVED, That our AMA propose legislation that modifies the National School Lunch Act, 42 U.S.C. § 1758, so as to eliminate requirements that children produce documentation of a disability or a special medical or dietary need in order to receive an alternative to cow’s milk (Directive to Take Action); and be it further

RESOLVED, That our AMA recommend that the U.S. Department of Agriculture and U.S. Department of Health and Human Services clearly indicate in the Dietary Guidelines for Americans and other federal nutrition guidelines that meat and dairy products are optional, rather than recommended or required. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 04/13/18

RELEVANT CITATIONS


RELEVANT POLICY

Racial and Ethnic Disparities in Health Care H-350.974 - 1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in healthcare is an issue of high priority for the American Medical Association. 2. The AMA emphasizes three approaches that it believes should be given high priority: A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform. B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities. C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities. 3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons. 4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations. CLRPD Rep. 3, I-98 Appended and Reaffirmed: CSA Rep. 1, I-02 Reaffirmed: BOT Rep. 4, A-03 Reaffirmed in lieu of Res. 106, A-12Appended: Res. 952, I-17

Combating Obesity and Health Disparities H-150.944 - Our AMA supports efforts to: (1) reduce health disparities by basing food assistance programs on the health needs of their constituents; (2) provide vegetables, fruits, legumes, grains, vegetarian foods, and healthful dairy and nondairy beverages in school lunches and food assistance programs; and (3) ensure that federal subsidies encourage the consumption of foods and beverages low in fat, added sugars, and cholesterol. Res. 413, A-07 Reaffirmation A-12 Reaffirmation A-13 Modified: CSAPH Rep. 03, A-17

Culturally Responsive Dietary and Nutritional Guidelines D-440.978 - Our AMA and its Minority Affairs Section will: (1) encourage the United States Department of Agriculture (USDA) to include culturally effective guidelines that include listing an array of ethnic staples and use of multicultural symbols to depict serving size in their Dietary Guidelines for Americans and Food Guide; (2) seek ways to assist physicians with applying the USDA Dietary Guidelines for Americans and MyPlate food guide in their practices as appropriate; and (3) monitor existing research and identify opportunities where organized medicine can impact issues related to obesity, nutritional and dietary guidelines, racial and ethnic health disparities as well as assist physicians with delivering culturally effective care. BOT Rep. 6, A-04 Modified: CSAPH Rep. 1, A-14

See also: Obesity as a Major Health Concern H-440.902