

California Public Health/Prevention Physician Leadership Forum

Second Conference Call Meeting

Tuesday, June 10, 2014, 8:30-9:30 am PDT

Minutes

Call in: (712) 432-1500; Access Code: 545218#, through freeconferencecall.com

1. Attendance:

Mark Horton took the roll by institution/organization represented.

<u>INSTITUTION/ORGANIZATION</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
CALIF. ACADEMY OF PREVENTIVE MED:	(See also Loma Linda and UCSF) Gunzenhauser Horton Hoover	Jeffrey Mark Cora
STATE GOVERNMENT:		
	CDPH Chavez	Gil
	CDPH Ramstrom	Karen
	DHCS Not represented	
HEALTH OFFICERS ASSOC. OF CALIF.	DeBurgh	Kat
AMERICAN COLLEGE OF PREVENTIVE MED:	Not represented	
CALIFORNIA MEDICAL ASSOCIATION:	Clark	Scott
SCHOOLS OF MEDICINE:		
	UC Davis McCurdy	Stephen
	Touro Rehfield	Patricia
	UCSF (also from CAPM) Durrani	Timur
	Stanford McClinton-Brown	Rhonda
	Loma Linda (also from CAPM) Hattis	Ronald
	Western University Not represented	
	UC Riverside Nduati	Michael
	UCLA Duvall	Karen
	USC Watanabe	Richard
	UC Irvine Baker	Dean
	UC San Diego Hill	Linda

SCHOOLS OF PUBLIC HEALTH:

UC Berkeley	Not represented
Loma Linda	Not represented
UCLA	Not represented
San Diego State Univ	Not represented

UNIVERSITIES TEACHING PUBLIC HEALTH:

Claremont Grad. Univ.	Not represented
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2. Minutes of May 6 2014 Meeting:

Draft minutes had been distributed by e-mail, with advance input offered by Drs. Duvall and Rutherford already entered. A correction to the attendance, and a wording change about the status of the CDPH Preventive Medicine residency requested by Karen Ramstrom, were accepted.

Action: Minutes were accepted unanimously as corrected.

3. Reports from Medical Schools:

Reports were received from four schools that had not been represented last time (UC San Diego, UC Davis, Stanford, and Touro), and additional information was presented from UC Irvine.

UC San Diego: Linda Hill reported that UCSD provides, among other opportunities:

- Elective rotations in Preventive Medicine, in which a small number of medical students participate
- Content on epidemiology and prevention as part of a block for medical students
- Undergraduate major in public health, with plans for a 5th year Master's degree (however, this will not fulfill the requirements for Preventive Medicine residents, who will continue to get their MPH degrees at SDSU, which has a "wonderful relationship" with UCSD)
- Occupational Medicine clinic and faculty physicians, with potential for medical student elective rotations (not much utilized)
- Preventive Medicine residency, which includes among other rotations a community medicine elective, teaching refugees how to access the health care system; community clinics that screen for chronic diseases (student-designed, providing experience to both residents and medical students)
- Joint MD-MPH program in cooperation with SDSU
- PhD program in public health, jointly sponsored by UCSD and SDSU, offers 3 robust tracks, epidemiology, health promotion, and global health

UC Davis: Stephen McCurdy reported that UCD provides, among other opportunities:

- Exposure to principles of Preventive Medicine curriculum over the course of all four years of medical school, including epidemiology, biostatistics, Occupational Medicine/Worker's Comp (about 15 hrs.) during first 2 years
- Screening and prevention incorporated into longitudinal "Doctoring 3" in 3rd year, including 2 afternoons/month for such activities as prostate cancer screening
- 4th year electives available with California Department of Public Health, or with McCurdy in Occupational Medicine, but not well utilized and deserve to be better promoted
- Joint MD-MPH program offered entirely within UCD (McCurdy heads the UCD MPH program), but with option to take the MPH elsewhere
- Student interest group which varies in activity with turnover, but has hosted seminars

Stanford: Rhonda McClinton-Brown reported that Stanford University provides:

- Practice of Medicine course during first 2 years of medical school, including epidemiology, health policy, and nutrition
- Population Health course in first year of medical school, including social determinants of health, public health concepts, and a day-long community activity; plans to expand to all 4 years
- 2 medical student-run free clinics, operating in preventive format and applying principles from Population Health; one shift/quarter participation required for first year medical students
- New course arranged with Department of Family and Community Medicine during first two years: longitudinal primary care community partnerships, prevention-oriented
- Joint MD-MPH program in cooperation with UCB (with option to select other schools); staff assist students with public health applications and letters of support; most medical students major in epidemiology or multi-disciplinary studies at UCB
- Each medical student selects a scholarly focus, with community health, or health policy and research, as options; these tend to be the students interested in joint degrees

Touro: Patricia Rehfield reported that Touro University provides the following:

- Medical students are informed of joint DO-MPH program during interview process and begin the MPH during summer before medical school starts, and 20% of medical students obtain the dual degrees
- 10 hrs of Osteopathic Doctoring on quantitative aspects of public health and medical practice, dedicated public health epidemiology and biostatistics for all 1st year students
- 2nd year students do Public Health Presentations in small groups, reviewing an article on a public health issue
- University clinic where some 3rd and 4th year students rotate for adult medicine and pediatrics has merged with Solano Co. Public Health, so housed within a public health system at two locations; behavioral health also done with county mental health

UCI: Dean Baker provided an update on UC Irvine:

- Previously-taught lectures to medical students on preventive medicine, occupational, and environmental health were discontinued when the medical school revised curriculum to emphasize case-based teaching rather than lectures during first two years of medical school. Epidemiology, biostatistics, and toxicology lectures are still provided.
- The medical students seem to be very interested in community-based primary care and prevention.
- Student interest group has organized a clinic in Santa Ana to obtain a community clinic experience.
- A joint MD-MPH program on campus started in 2013, requires a 5th year, only 1 student has selected the program in the first year. The program has recruited several new faculty and the course offerings in public health have significantly increased on campus.
- UC Irvine established a Program in Public Health 10 years ago. Undergraduate major in public health is 2nd or 3rd most popular major on campus
- MPH degree is accredited by the CEPH; PhD in public health was approved two years ago.

4. Reports from Schools of Public Health:

George Rutherford (not present today) notified Ron Hattis that UCSF plans to satisfy the new ACGME academic requirements for Preventive Medicine residents through a combination of advanced existing courses at UCB School of Public Health, supplemented by seminars to be developed for the residents at UCSF. Further discussion deferred due to lack of representatives.

5. Ongoing Review of Public Health and Prevention Issues by Organized Medicine in California:

a. Changes in governance of California Medical Association:

Scott Clark explained that CMA plans to replace its annually established reference committees that have reviewed resolutions prior to its House of Delegates, with a new process involving standing/permanent councils/committees that would review resolutions and policies year-round and recommend actions to the Board of Trustees. A standing council on science and public health is planned, to replace both the reference committee on science and public health, and the standing Council on Scientific and Clinical Affairs, as well as at least one technical advisory committee.

Ron Hattis offered a motion *that this forum support the concept of a standing CMA council on science and public health; that it urge that physicians qualified in public health be a significant component of it; and that CDPH, HOAC, CAPM, and this Forum be consulted about possible candidates.* Scott Clark said that such a resolution from a group of our type would be considered welcome input by the Technical Advisory Committee on Governance. Mark Horton noted that this Forum does not yet have bylaws or rules related to motions or voting on issues, but could adopt recommendations by consensus. However, in the absence

of a second or discussion, he asked Ron to include this motion in the minutes, for future reference.

b. **Osteopathic Physicians and Surgeons of California:**

Ron consulted Kathleen Creason, the OPSC Executive Director, with an offer to bring any public health related resolutions to this forum. He also offered her an opportunity to participate in the forum, which she declined. She told him that there was a process for resolutions, but that there were none related to public health issues currently. Patricia Rehfield noted that there only a handful of public health and preventive medicine osteopathic diplomates (including herself) in California.

6. CMA Resolution 101-13 on Support for Local Public Health:

Ron Hattis briefly summarized this resolution, which in part asks CDPH to survey local public health jurisdictions in cooperation with HOAC, to evaluate deficiencies caused by budget and staffing cutbacks, and to develop solutions. He suggested that Drs. Chapman and Chavez take time to review it and be prepared to discuss a response at the next meeting. Gil Chavez said that would be “perfect.”

7. CMA Resolutions 103-13 and 104-13 on Immunization Registries; and Resolutions 128-12 and 108-13 on HIV:

Gil Chavez stated that he had reviewed these resolutions and discussed them with the Director of CAIR, the California Immunization Registry, and the Director of the Office of AIDS, respectively, both of whom report to him. They approve of the resolutions, and he can discuss them at the next meeting.

8. Next Meeting:

Mark Horton suggested that it again be on a Tuesday morning, but that an e-mail be sent to poll members on which Tuesday and what starting time would be best. Ron Hattis agreed to send such an e-mail.

Respectfully submitted,



Ronald P. Hattis, MD, MPH, Recorder

Above minutes approved at conference call of 7/15/14, with editorial change to include UCI report in Section 3, and consequent renumbering of following sections.