



Annual Meeting, Thursday, December 7, 2017, 5:30 p.m.
Bangkok @12 Restaurant, 900 12th St., Sacramento, CA 95814

MINUTES

Call-ins: (641) 715-3580, access number 831-161#

Handouts were posted on “wall”: <https://www.freeconferencecall.com/wall/info8168> and also available in hardcopy to those physically attending.

1. Attendance, introductions; welcome from President-Elect: Rob Oldham

Rob called the meeting to order. Members, both in person and on phone, introduced themselves.

Attendance:

In person (Sacramento): Drs. Mark Horton, Liana Lianov, Donald Lyman, Sefanit Mekuria, Jessica Nunez, Rob Oldham, Karen Ramstrom (*did not recall attending as of 10/18*), Aimee Sisson, James Stratton, Christine Wu

By conference call: Drs. Susan Bradshaw, Christen Cuevas, Karen Furst, Ron Hattis, Mercy Kagoda, Sumedh Mankar, Julie Vashampayan

Drs. Sisson, Wu, and Mekuria were welcomed as new members.

2. Approval of Minutes: Last Annual Meeting, 10/6/16 (distributed/posted)

There were no additions or corrections.

Action: A motion to approve by Don Lyman, seconded by Mark Horton, was approved without objection.

3. Treasurer’s Report: Calendar Year 2016; Year to Date (January-October) 2017: Ron Hattis (distributed/posted)

Ron Hattis reviewed the full year 2016 and January-October 2017 balance sheets with explanations. In 2016, total income was \$3,070, of which more (\$1655) was extra donations than dues (\$1415). More revenue was raised late in the year for 2017 (\$2325) than for 2016 (\$745).

Through October 2017, however, only \$1021 has been raised, of which only \$100 has been for 2018. An additional \$595 in 2018 dues and donations has recently come in during November and

is not documented. We have a net loss of \$805.42 for January-October 2017. We need a vigorous effort to get members to renew and donate this month.

The last time that new content was added to the Web site was 2016, and large parts of it date from 2014. Ron expects expenses of several hundred dollars for updates in 2018. Our largest annual expenditure is \$1600 to send a delegate and an alternate to the CMA House of Delegates.

Action: A motion to approve both balance sheets by Don Lyman, seconded by Mark Horton, was approved without objection.

4. Election of Officers, Recommendations of Nominating Committee

The Nominating Committee consisted of Cora Hoover (Chair), Don Lyman, Susan Bradshaw (who abstained on her own nomination): Nominees are listed in bold; automatically continuing Board members are listed but not highlighted

President: Rob Oldham (automatic progression from current position of President-Elect)

President-Elect: Susan Bradshaw (currently a director)

Immediate Past-President: Linda Hill (automatic progression of current President)

Secretary-Treasurer: Ronald Hattis (incumbent; offices again to be combined for 2018)

Director with 3-year term: Sumedh Mankar

Director with 2-year term: Mark Horton (backfilling Susan Bradshaw's position with 2 more years to run)

Director with 1-year term remaining: Liana Lianov (already a director)

There were no additional nominations.

Action: A motion by James Stratton, seconded by Ron Hattis, to approve the slate (Bradshaw, Hattis, Mankar, and Horton) was approved unanimously. The new President-Elect and directors will take office January 1, 2018, and the list above of new and continuing members will constitute the CAPM Board for 2018.

5. Remarks of Incoming President for 2018: Rob Oldham

Rob thanked everyone for attending and for the opportunity to serve as president-elect. He expressed his appreciation for Aimee and her Preventive Medicine residents' presence and involvement. He talked about his own Preventive Medicine residency as the time when he developed much of his Preventive Medicine professional identity, and when he got involved in ACPM. He talked about his hope that we can build even closer ties between CAPM and the residency programs. He also addressed the importance of legislative advocacy. He acknowledged that Don Lyman and Ron Hattis do most of the legislative work, including the letter writing, but suggested that perhaps we might want to select 2-3 issues or bills for a larger number of members to be involved with. Rob pointed out the dramatic reductions in Health Realignment funding that is a huge threat to local public health. This is not well-understood by many and does not get a lot

of attention, but is a critical issue. Addressing this is one of HOAC's 3 priorities for 2018, and one that Rob suggested might be worthy of a CMA resolution.

Rob also talked about the importance of our relationship with CMA. He encouraged Preventive Medicine residents and other members to come to CMA House of Delegates, especially since it will be in Sacramento next year and will be right before the gubernatorial election, which should be an interesting time. He mentioned that we might have an opportunity to influence the public health policy platform of gubernatorial campaigns. The campaign period might be an opportunity to educate candidates about the challenges faced by Public Health and Preventive Medicine. Important issues might include Health realignment/sustainable local public health funding and funding for preventive medicine residencies.

He concluded by talking about how fortunate we are to have a state Preventive Medicine Academy, as most states do not have this. He thanked Ron, Don, and others for keeping CAPM going for all these years.

6. Report on Legislation for 2017: Don Lyman and Ron Hattis (distributed/posted)

The CAPM Board supported 13 bills this year and opposed 1. Of the 14 on which we had positions, 6 passed and were signed (including the one we opposed), 1 was killed in committee, and 7 did not pass but have another chance in the second year of the 2-year legislative session. Ron's role is mostly letter writing, Don (who lives in Sacramento) is usually the one who visits legislative staff and sometimes testifies or announces our position at committee hearings, although Ron testified on one bill. We collaborate with CMA and HOAC, which often have similar positions. Our work is technically classified as "advocacy" rather than "lobbying," so we do not have to register as lobbyists. Bills must be reviewed by a policy committee, and if there are costs, also be the appropriations committee, in each house.

The six bills passed and signed into law will:

- Develop protocols for CHDP exams to include trauma screening
- End the requirement that health facilities treat pain as a vital sign (Don mentioned that a recent article in the New Yorker suggested that in formerly promoting this concept, the medical community had been used by opiate manufacturing marketers.)
- Establish alcohol training for beverage servers
- Develop regulations for child lead risk evaluation
- Assure that Medi-Cal patients can obtain family planning services out of network
- Rescind penalties for knowing exposure to HIV and other communicable diseases (CAPM was not able to negotiate a compromise with the sponsors, so we opposed this bill and asked unsuccessfully for a veto. We wanted to preserve a misdemeanor penalty for behavior that knowingly exposed others to communicable diseases in general, and thought that giving up that power weakened public health.)

Don also reported that in 2016, CMA only backed 3 of the voter initiatives, leaving himself as an individual to be one of the chief backers of the recreational cannabis proposition. Don had been the lead author of the CMA report recommending changing cannabis laws.

7. Report on Recent CMA Resolutions and Council on Science and Public Health: Don Lyman and Ron Hattis (distributed/posted)

CAPM has two opportunities for input on resolutions, by testifying online on behalf of the Board, and through our three representatives on the CMA Council on Science and Public Health. Don is the chair of that Council, and Rob Oldham and Jessica Nunez are members. Don explained that under the new structure, policy in the form of resolutions is determined by the Board of Trustees rather than by the much larger House of Delegates. The resolutions are distributed among Councils for review and recommendations (usually including amendments). CMA members, specialty societies, and delegations may post online testimony before and after council review, and then the resolutions are referred to the Board of Trustees for final action. CMA has been active on public health issues since the late 1980s.

In addition to reviewing resolutions, during the past year, the Council on Science and Public Health has produced policy papers for Board of Trustees approved on Mental Health and on firearms and violence.

Topics of resolutions supported by the CAPM Board, for which substitute (amended) resolutions were approved by CMA, included:

- Addressing antibiotic-resistant bacteria as an emergency
- Improving implementation of medical cannabis
- Limiting categories of drug prescriptions that should be reported on the CURES database (the CAPM Board favored limiting to Schedule II but the CMA Board of Trustees disapproved this)
- Support for the National Institutes of Health
- Making oral contraceptives available over the counter, with pharmacists counseling patients (A majority of the CAPM Board favored this, although the issue was controversial. The Council and Board of Trustees considered this premature pending the results of studies in which pharmacists are being trained for this task.)
- Support for programs to prevent resumption of smoking after release from prison
- Promotion of education on celiac disease
- Improving the quality of immigration detention health

Resolutions supported by the CAPM Board that are still pending, and will be reviewed by the Council next week, concern:

- Regulation and monitoring of medical exemptions from childhood immunizations

- Allowing use of medical cannabis by patients in opioid treatment programs
- Establishing standards for workplace lead exposure
- Call for a white paper on wireless technology and public health

8. Recent CMA House of Delegates October 20-22, 2017: Don Lyman, Susan Bradshaw (also present but not as CAPM delegate: Rob Oldham)

Susan thanked Don Lyman and Ron Hattis for sharing their experience, to orient her. Susan found that Preventive Medicine physicians have a lot to offer. She was asked a lot of questions on chronic disease prevention, lifestyle medicine, and epidemiology. Someone introduced her as a “Preventive Medicine physician, one of the smart ones.”

9. Ideas for Future CMA Resolutions to be Introduced by CAPM

CAPM has not introduced its own resolutions to CMA for quite a while. Ron Hattis suggested that we resume doing this if we have good public health ideas that are not already CMA policy. In brief “brainstorming,” the following were proposed by members listed in parentheses, as topics for consideration by the Board:

- Prioritization of Linkage of CURES and Immunization Registry to EMRs (Ron Hattis)
- Promoting routine HIV testing and early initiation of treatment, incl. implementing CA laws (Ron Hattis)
- Encouraging the general population to fill out POLST forms and to start end of life discussions when they enroll into Medicare (Sumedh Mankar)
- Supporting increasing opioid treatment capacity via “MAT access points” (medication-assisted treatment, e.g., buprenorphine availability) in primary care, ERs, inpatient settings, and the criminal justice system (Christine Wu)
- Supporting naloxone accessibility (Mark Horton)
- Preserving funding for public health in the face of realignment (Rob Oldham)
- Finding sources of funding for Preventive Medicine residencies (Jessica Nunez)

Ideas will be considered by the CAPM Board. Ron reminded the group that resolutions introduced by CAPM should be within our area of specialization and expertise, and individual specialties or delegations do not attempt to dominate the conversation by sponsoring more than 1 to 3 resolutions at a time.

10. Leadership Forum Report: Mark Horton, Ron Hattis (distributed/posted)

The Forum has been holding conference calls since 2014. Mark has been the Chair the entire time, and Ron the Secretary. Mark Horton briefly reported on the Public Health/Preventive Medicine

Physician Leadership Forum calls. A written summary of what was discussed at the last 4 meetings was also presented.

These calls typically occur every three months. There is broad participation from physician leadership, with designated representatives from academic medical centers and schools of public health as well as from other organizations including HOAC, CMA, AAPM, CDPH and DHCS, and from CAPM membership. Topics for discussion typically include medical student exposure to public health and to Preventive Medicine and Occupational Medicine as specialties, including training and career opportunities, and review of current bills pending in the legislature and resolutions being considered by the CMA, as well as a broad range of other topics relevant to public health. The most recent call was on 5 December; at which the roles of local public health and its relations with educational institutions and organized medicine were discussed. The next one will be scheduled in three months--usually 8:15 am to 9:30 am on a Tuesday morning.

Mark also mentioned that he serves on the Governing Council of the California Public Health Association-North, and that he has encouraged consideration of formalizing a relationship between CAPM and CPHA-N to better align policy and advocacy efforts; and offered to serve as a liaison between the two organizations to that end.

11. Other New Business

We have had difficulty finding an ideal meeting place; for example, today's restaurant had quite a lot of noise. One member suggested that a future Annual Meeting could be held at a member's home, with food ordered in.



Submitted by Ronald P. Hattis, Secretary-Treasurer,
with input from Rob Oldham, Mark Horton, Sumedh Mankar, and Christine Wu

Approved at Annual Meeting, 12/10/18