California Public Health/Prevention Medical Leadership Forum

29th Conference Call Meeting

Tuesday, December 8, 2020, 8:00-9:30 am PT (Note earlier starting time)

MINUTES

This was our third Zoom video meeting, hosted by Loma Linda University, and at the request of some members it started 15 minutes earlier than usual, lasting from 8:00 a.m. to 9:40 a.m.

"Handouts" (i.e., this agenda, last meeting's minutes, and spreadsheet on California medical schools and prevention) were attached to the email notice.

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1. **Zoom Attendance by Institution**

   21 total participants were documented: 16 regular members, 3 guests, and the two presenters. Brief introductions were offered by some newcomers. By represented entity and then alphabetical order:
   CAPM: Susan Bradshaw, Ron Hattis (Secretary), Mark Horton (Chair), Donald Lyman
   CDPH: Erica Pan, Gierdeep Singh (Program Manager for Erica Pan)
   HOAC: Kat DeBurgh
   CMA: Yvonne Choong
   OPSC: Wadsworth Murad
   Schools of Medicine, north to south:
   - Touro: Sarah Sullivan
   - Stanford: Eleanor Levin
   - Western: Maryam Othman
   - CA Health Sciences: Sara Goldgraben
   - Kaiser Permanente: Rose Rodriguez
   - USC Keck: Howard Hu

   Schools of Public Health
   - UCSD: Linda Hill

   Guests: Jean Davis-Hatcher, Cynthia Mahoney, Ashley McClure
   Presenters: Shari Silberstein (Equal Justice USA), Keith Norris (UCLA SOM)

2. **Minutes of September 8, 2020 Meeting** (previously shared with speakers; handout distributed)

   Action: Minutes were approved without changes or objections.

3. **Reports from Any Members Who Will Be Leaving the Call Early**

   Osteopathic Physicians and Surgeons of California (OPSC): Wadsworth Murad raised some pandemic-related public health problems, which need to be addressed more effectively as public health issues:
   - Teen suicide rate is on the rise. He has seen 14 depressed teenage girls in his own psychiatry practice.

- Homelessness is increasing and millions of renters face eviction. This is not just a problem of reduced income but also fewer places to house the homeless. He gave the example of a veterans home that was defunded. Fortunately, there is a "Project Room Key" for isolation of patients with COVID-19.
- Nursing homes have been prohibiting visits, leading to more social isolation of elderly and ill persons.
- STD rates are rising, but screening for COVID-19 is diverting funding and staff from STD screening. The two could be done together.

4. Today's Special Topic: Racial/Ethnic Violence, Inequities, Injustices as a Public Health Problem, and as a Topic for Inclusion in Medical School Curricula

a. Shari Silberstein, Executive Director, Equal Justice USA (EJUSA, based in New York City): The interaction of trauma, the justice system, and public health

EJUSA and violence prevention: Shari explained with the help of slides that EJUSA is a national organization with a primary mission of working to transform the justice system by promoting responses to violence that break cycles of trauma. It works at the intersection of criminal justice, public health, and racial justice to elevate healing over retribution, advance racial equity, and meet the needs of survivors. It aims to create a re-imagined justice system that responds to violence without creating further harm, and that heals instead of punishes. Violence prevention (akin to our Preventive Medicine focus), including ending police violence, and ending the death penalty are among its priorities. She was gratified that public health professionals such as in this Forum are looking at criminal justice and racism.

The COVID example: She also noted that this is an opportune time to look at how inequities in our society and in criminal justice contribute to a public health crisis, disproportionately affecting black and brown people. As we know, rates of COVID-19 are much higher in black and brown communities, with one of the highest-risk "hot spots" being prisons and jails overcrowded with black and brown people. In New York City, episodes were recently documented in which police were handing out masks in white neighborhoods, while instead handing out tickets and being more confrontational in communities of color. The conditions leading to such inequities developed over centuries.

The effects and types of trauma: Race, trauma, violence, and the justice system all intersect with one another. Trauma affects the brain, and can lead to hyper-vigilance, aggression, depression, and social difficulties (job loss, divorce, suicide, relationship difficulties). Trauma can also increase the incidence of chronic medical conditions like diabetes and heart disease. It comes in four types: acute (a single incident), chronic (ongoing, which affects police as well as persons living in a dangerous neighborhood), collective (when a community is subjected to repeated trauma or mistreatment, and members see themselves mistrusted, feared, and stereotyped as bad people, even if an individual has not personally experienced physical trauma), and historical and inter-generational (awareness of past mistreatment of the community one belongs to, such as slavery,

segregation, holocaust, etc., and resulting epigenetic changes passed on to subsequent generations).

Violence and the "cycle of harm": Although most victims of violence do not go on to commit violence against others, among persons who do commit violent acts, most have had long histories of victimization or violence ("hurt people hurt people"). This is well-documented in death penalty case reviews. Our jails and prisons are traumatizing environments in themselves, causing deprivation and constant fear, and are full of trauma survivors, who are further traumatized during incarceration, leading to a high rate of recidivism. Due to conditions created by several hundred years of racism, black communities in particular tend to grow up in neighborhoods afflicted by poverty, with high levels of community as well as police violence. She described the confluence of the five factors of racism, trauma, community violence, police violence, and mass incarceration as a "cycle of harm," each factor contributing to the next. This all results from 400 years of racist policies and practices, not because people of color are innately more prone to violence or criminality.

The traditional justice system enhances trauma: The justice system has a long history of enforcing racism (historically as slave catchers, then segregation enforcers, and today through over-policing and disproportionate violence in black and brown neighborhoods). Police and black and brown communities today tend to fear each other, and that fear can trigger a traumatic response that lead to violent incidents. Mass incarceration, which disproportionately targets people of color, low income people, and other marginalized communities, means that large numbers of children grow up without both parents, further compounding the disadvantages of structural racism and other systems of oppression. (Note: This paragraph was edited by the presenter after draft minutes were distributed.)

Violence and public health: Shari considers it "good news" that violence is increasingly recognized as a public health issue, and a number of public health strategies have been developed. EJUSA speculates that many violent crimes and recidivism might be prevented by healing services. An epidemiologist in Chicago created a program in which "violence interrupters" go to the scene of violence and address the needs of people who have been harmed. They try to interrupt the cycle of retaliation that drives much community violence. The program uses a public health model that considers risk factors and tests interventions. This and similar programs have reduced local shootings and stabbings in their communities. CalVIT is a similar program in California. Trauma-informed policing trains officers to recognize trauma in the community and pay attention to healing.

Discussion: In a brief discussion of "anti-racism" theory, Shari and Keith Norris explained that failing to actively work to dismantle structural racism does not make someone a racist, but does help perpetuate the racism structure. Ron Hattis commended the projects of EJUSA that bring police and community members together to better understand one another. Jean Davis-Hatcher noted that trauma impacts all areas related to health, and recommended training in all schools that teach health care providers, as well as for currently practicing providers. Cynthia Mahoney asked about the healing of acute and chronic trauma. Shari said that EJUSA does not provide individual therapy, but there are several successful models and tools including EMDR. For chronic trauma, stopping the trauma is a primary need. EJUSA emphasizes finding meaning in what is happening,

and a form of accountability that does not involve punishment, but instead includes acknowledgment and understanding of the harm, steps to repair the harm, and preventing recurrence of the harm. This is akin to the philosophy behind affirmative action, to compensate for past harm.

References (listed in the agenda):
Video about EJUSA work on trauma and police: https://thegrio.com/2018/01/18/newark-police-civilians-true-story-community-trust/amp/
Basic analysis of transforming justice using trauma as a "lens": https://ejusa.org/what-is-justice/

b. Keith Norris, Nephrologist, UCLA Geffen SOM: Experience in incorporating anti-racism and social justice issues into UCLA medical school curriculum

Dr. Norris said that in recent years, progress has been made in infusing the curriculum at the UCLA school of medicine (SOM) with concepts of racism as a public health issue. Dr. Valencia Walker, System Dean for Equity, Diversity, and Inclusion, spearheaded these efforts but has recently left to go to Ohio State. Another leader has been Dr. Chandra Ford, Director of the Center for the Study of Racism, Social Justice, and Health in the Fielding School of Public Health (SPH), a leading advocate for treating racism as a public health problem. The national "guru" for this is Dr. Camara Jones, who has taught at several universities and is currently at Harvard, and who serves on the center's Board of Directors. The SPH also has a task force on anti-racism and racial justice The Teaching activities at UCLA SOM include lectures, workshops, breakout groups with scenarios, and most recently a structural racism and health equity "theme" with two dedicated faculty, Drs. Lindsay Wells and Shamsher Samra. The aim is for this issue to be interwoven in the curriculum on an ongoing basis. Also in development is an anti-racism "roadmap" in the SOM led by one of the vice-deans, with monthly meetings.

The Dean has required every department to have an individual or committee in charge of diversity, equity, and inclusion, focusing on faculty. Dr. Norris' department has created an office for this, and has trained 70 new faculty on implicit bias, health disparities, health equity, and micro-aggression, including role playing. Efforts are underway to expand this to existing faculty (1600 members) and residents. Work is now expanding to equity for women, in particular related to the COVID pandemic and extra responsibilities for women at home who are faculty at the university.

Discussion: Ron Hattis asked if Dr. Norris had advice for other schools to establish similar programs. Dr. Norris said that at UCLA, student pressure influenced the leadership, but that the top-down leadership supported by the Dean is essential. Education for faculty about all these issues is necessary to achieve health greater equity for patients. Faculty need to understand the dramatic effects on patient outcomes of racism, sexism, violence, and trauma.

Susan Bradshaw asked how receptive students, faculty, and leadership have been to infusing the curriculum with the anti-racism agenda. Keith said that he gives a lot of lectures on racism and health, and with students he starts off by saying that part of his audience will start off skeptical about racism, part will be interested and receptive, and part will think his approach is too "lame," and that they should be marching in the streets right now! He tries to address the mindsets of all

three at once. The faculty is actually more conservative and initially satisfied with their longtime approach to teaching and practice, and so there is a lot of pushback. At the institutional level, the leaders of the effort try to address policies that perpetuate racism and sexism in the institution, and there is pushback there too. For example, as a money-saving measure, there is a move to reduce the number of part-time faculty, to decrease the number of staff who need to be paid benefits, but that disproportionately affects women. Every policy change needs initial review including consideration of potential untoward effects, and then a periodic (usually annual) review. Negative effects that were not detected early on may manifest later and the policy can be adjusted accordingly.

5. California Department of Public Health (CDPH): Erica Pan

Ron Hattis introduced Dr. Pan, whom we have been eager to welcome to this Forum. She is currently both State Epidemiologist (replacing the retired Gil Chavez in July 2020) and Acting State Health Officer (since Sonya Angell left in August 2020). Dr. Pan provided additional background. She was trained as a pediatric infectious disease specialist at UC San Francisco. She worked for San Francisco Dept. of Public Health in charge of both infectious diseases and emergency planning. She therefore worked on pandemic planning, and was present during the 2009 H1N1. She then moved across the Bay to Alameida County, where she was Deputy Health Officer in charge of infectious disease for about 9 years and also became Health Officer for the last 2 years, including during the COVID pandemic. She was one of the earliest of 7 Bay area health officers to direct shutdowns in March 2020. When she joined CDPH, it was understood even before Dr. Angell soon left that she would co-lead pandemic response with Susan Fanelli, the Chief Deputy Director in charge of policies, programs, and operations. She said that even though she had devoted a lot of time in pandemic planning, COVID-19 presented unforeseen challenges.

It was announced yesterday that Dr. Tomas Aragon, with whom Erica has worked in the past, will become the next CDPH Director and State Health Officer. His exact starting date has not been announced, but should be sometime in the early part of next month (January 2021). Erica will continue as Epidemiologist. Dr. Aragon has been San Francisco Health Officer for about 10 years, prior to which he was at UC Berkeley Center for Infectious Disease and Emergency Readiness.

In response to a question from Ron Hattis about what public health medical advice the Governor's Office is getting to advise pandemic and vaccine management decisions, Erica replied that it is a "multi-layered collaborative approach." She said that she works closely with Health and Human Services Agency Director Mark Ghaly, and with staff in the Governor's Office, and interfaces with policy makers from other cabinet departments and a large group of other advisors at every level.

The COVID-19 pandemic has magnified structural racism and inequalities, with higher rates of the disease and its transmission, and of its economic effects. She stressed that it is the pandemic that has caused the economic impacts, and the control measures, which also affect the economy (and which often get the primary blame), are intended to get the pandemic under control.

At the time of this meeting, only 13% of ICU capacity is left. Alternative facilities can be opened, but California is competing for staffing, both nationally and internationally.

Discussion: Ron raised three issues brought up at previous meetings. He asked whether there is a separate or independent task force or committee that votes on the Governor's proposals. Erica confirmed that there is not; decisions are made within the structure of the state Administration.

Ron also asked what special efforts within CDPH are directed toward climate change. Erica replied that a new proposed Deputy Director for Health Equity will direct attention to the problem, and that it is a major focus for Dr. Mark Starr, Deputy Director for Environmental Health.

Ron also noted that there is a need for better dissemination of information about new laws passed by the Legislature and affecting health care. He gave two HIV examples: elimination of written consent requirement, effective 2008, and requirement for many primary care clinics to offer HIV testing if other blood is drawn, effective 2014. To this day, many providers do not follow these provisions because they are still unaware of them. Erica said that the best way to disseminate information about new legal requirements in the healthcare field is for medical and other health organizations to spread the word. She gave the example of how Kat DeBurgh researches new bills and laws affecting health officers; Kat expressed her appreciation for this and complimented Erica in turn.

Erica expressed holiday greetings and the hope that 2021 will be a much better year. Ron Hattis invited her back whenever she can attend.

6. **Department of Health Care Services: Karen Mark was not present**

7. **California Medical Association (CMA)**

Don Lyman briefly reported that CMA held its House of Delegates, and resolutions pursuant to the reports presented (including on the COVID pandemic) are pending, to be considered by the Board of Trustees.

8. **Health Officers Association of California (HOAC**): **Kat DeBurgh said she had no report**

9. **Guest Report, Academy of Integrative Health and Medicine**

Jean Davis-Hatcher reported that this academy, which was formerly almost all white, focused on health equity at its most recent conference, and has incorporated two women of color (including herself) on its board. A task force was also established for black, indigenous, and other people of color, which will have committees, including social justice, health equity, and policing in schools (which can be a pipeline to incarceration). Two weeks ago, a joint Webinar was held with Charles Drew University focused on medical ethics issues in underserved communities, including case studies on challenges in transgender care, misdiagnosis of mental illness, COVID-19 inequities, and inadequate care of a Spanish-speaking immigrant because of language and cultural barriers.

10. Spreadsheet Summarizing Prevention Training and Activities of California Medical Schools (handout distributed)

Ron Hattis has been maintaining this as a Forum project, listing various types of training in epidemiology and prevention, Preventive Medicine, and public health. He offered to include new columns on the social determinants of health and on curricula related to racism and health inequities. There are a lot of blank cells, particularly for the recently opened schools, and Ron appealed for information to fill these. Ron acknowledged the challenges school face in working into their curricula the social determinants of health, racism, and inequity issues, in addition to which, this Forum has appealed for disease prevention and epidemiology to be included.

11. Other Updates from Schools of Medicine

Stanford SOM: Eleanor Levin reported on Stanford's curriculum actions to address racial inequities, which she said parallel what Keith Norris reported from UCLA. In the first quarter of the first year, there is a course on the social determinants of health and structural racism, which is currently conducted remotely. The Health Systems and Disease leaders are including social determinants of health as relevant. Also, each of the medical school departments have selected "champions" of diversity and of gender equity. Those two factors are considered by graduate medical education departments in the recruitment of fellows. Of medical school admissions, 38% currently come from communities of color or other underrepresentation.

USC Keck SOM: Howard Hu reported that the school has two associate deans dealing with these issues. Professor Ricky Bluthenthal is Associate Dean for Social and Racial Justice, and Professor Lourdes Baez-Conde Garabanti is Associate Dean for Community Engagement, and some overlap between their areas of emphasis because she deals with minority communities. Howard's department is one of the largest in the school, with 114 core members, mostly research-intensive including a large amount of work on racial and social inequities, including the multi-ethnic cohort study which has been ongoing for over 25 years and is almost half constituted of racial minorities. A few months ago, a pandemic COVID-19 research center was organized with about 50 population health scientists and health policy from around the university. It will be doing a large cohort study in collaboration with L.A. County and the state, which will begin work in January and will over-sample minorities in the L.A. County area. One challenge that needs improvement is minority faculty recruitment.

Drew University: Drew has not been an official member of the Forum until now. Jean Davis, who is on the Faculty, reported that the school currently has two years of medical school, feeding into UCLA for the third and fourth year, but has plans to become a four-year school. Ron Hattis invited Jean to talk with the Dean about official representation, and Jean suggested that an invitation letter would be helpful.

12. Updates from Schools of Public Health: No reports

13. Next Virtual Meeting: March 9, 2021; Agenda Ideas

There was interest in continuing various aspects of structural racial and other inequities as a public health problem, and the effects on health outcomes, because it affects total health.

Submitted by Ronald Hattis, Secretary
Approved at the 3/9/21 meeting