

California Medical Leadership Forum for Public Health/Preventive Medicine

33rd Meeting (6th using Video)

Tuesday, December 14, 2021, 8:05-9:40 am PST

MINUTES

This meeting used a Zoom account from the California Academy of Preventive Medicine.

“Handouts” (agenda and last meeting’s minutes) were attached to the email notice. Presenters showed slides or open reference links by Zoom Share Screen. The agenda included Web links.

1. Zoom Roll Call, with Introductions and Reports: 20 participants were noted

CAPM:

- **Don Lyman** said he is retired after a 40-year public health career (including CDC, New York State, and California). He is in charge of legislation and CMA affairs for CAPM, and serves on the CMA Council on Science and Public Health, of which he was the first Chair.
- **Mark Horton**, the Chair of this Forum, is semi-retired, working for the past 10 years with the Public Health Institute in Oakland. His background is in pediatrics. He served as state health officer in Nebraska, then county health officer in Orange County, and became the first director of the California Department of Public Health.
- **Ron Hattis**, the Secretary of this Forum, is also semi-retired. He said he has had a mixed career including both clinical family medicine and public health in Hawaii and California, and 24 years at Patton State Hospital, including directing medical services and public health there. Currently, he spends most of his time on administration for this Forum, CAPM, and Beyond AIDS Foundation, but expects to soon add part-time assistance to the San Bernardino County health officer.
- **Sumedh Mankar**, CAPM president, attended the last portion but did not report.

State Government: CDPH, DHCS

- The only person present was **Michael Samuel** from CDPH, a presenter at today’s meeting, whose background is described below.

American College of Preventive Medicine

- **Melissa Ferrari** is Vice-President for Membership and Operations at ACPM. ACPM is interested in maintaining its liaison with CAPM and this Forum. Drew Wallace, in charge of communications and advocacy, represented ACPM at the annual meeting of CAPM on December 2. ACPM continues to support <https://vaccineconfident.org> with a grant from CDC. The June 2022 ACPM conference is currently planned to be in person.

Health Officers Association of CA

- **Kat DeBurgh** is Executive Director and lobbyist. She said she had no update to report.

Schools of Medicine (North, South)

- Northstate: **Davinder Sandhu** said that he had a career in Urology in the UK. He has accepted a medical faculty position at the American University of Antigua, so this will be his last meeting as Northstate's representative (though he will retain a residence in Sacramento), and he will ask the Dean for a successor. He noted that all medical schools are "in transition." Northstate's search for a new dean now has been narrowed to a shortlist.
- Touro: **Tracie Stevenson** said that prevention including concepts of Preventive Medicine is included in "structural competency, and gave the example of food security. Culinary medicine has been stressed, with the hope that this will improve clinical outcomes. Teaching food preparation remotely has been a challenge, and in-person classes are being offered as an elective, with community members invited as well as students. Over 8,000 COVID immunizations have been delivered, and the program is now going to schools. Telehealth is being used for medical visits.
- UC Berkeley Joint Program: **Jyothi Marbin** said she has a pediatric background, and has been chosen to direct the joint medical program that feeds into UC San Francisco. Classes were being delivered in person, but after 3 COVID infections were detected, they switched to online classes. She expressed the opinion that more investment is needed in the technology of virtual instruction.
- Stanford: **Eleanor Levin** said she is a preventive cardiologist. Stanford has been doing weekly testing and so far has had no outbreaks. Virtual interviews for the matching program have drawn too many applicants because of the ease of virtual interviews. Starting at the next meeting, she hopes to be joined by Sandra Tsai.
- UC Riverside: **Mark Wolfson**, a first-time participant, said that he is Chair of the Department of Social Medicine and Public Health. Re-accreditation is pending. The COVID pandemic has proven to have a silver lining as a research bonanza. There is a Center for Health Disparities, and vaccine hesitancy and equity are among the areas being studied. An MPH program is planned, and should be operational by 2025.
- Kaiser-Permanente: **Rose Rodriguez** said that the application for full accreditation (currently the school is operating under preliminary) has been an intensive endeavor, with about 1,000 pages submitted. A virtual site visit is scheduled for March.
- USC: **Jo Marie Reilly** introduced herself. She has a joint appointment as a professor in the Departments of Population and Public Health Sciences and in Family Medicine. **Howard Hu** introduced himself as Chair of the Department of Population and Public Health Sciences, and a physician epidemiologist trained in internal medicine and occupational medicine. The department is in discussions

with the university leadership about becoming a School of Population and Public Health. If this goes through, it would become the 6th school of public health in California.

- UC Irvine: **Ariana Nelson** discussed the school's commitment to diversity.
- Loma Linda: The only person present was **Alice Jean**, a Preventive Medicine resident.
- Western: **Maryam Othman** was present but did not report.
- UCSD: No representative was present, but Ron Hattis reported on a recent briefing by Linda Hill. For many years, there was a Department of Family and Preventive Medicine, which before that was the Department of Community and Family Medicine. However, all members of the Preventive Medicine staff, including the residency, have moved their affiliation into the new School of Public Health, leaving family medicine as its own department.

Schools of Public Health

- San Diego State: **Eyal Oren** was present but had to leave for another meeting before reporting.
- UCSD: See comment above.

2. Upcoming Elections for Officers of this Forum in June

The Bylaws call for elections at the June meeting. Since the founding of this Forum in 2014, we have functioned with only a Chair and a Secretary. Ron Hattis said that as Secretary, he sometimes has to fill in for the Chair (as at the last meeting), and he has been arranging the programs. He would welcome succession by someone new, but also suggests that we create a Vice-Chair and a Program Director. Representatives are encouraged to offer to assist in these functions.

3. Minutes of September 14, 2021 Meeting (previously shared with speakers)

There were no additions or corrections. Chair Mark Horton declared them approved without objection

4. Today's Special Topic: Impacts/Effects of the COVID Pandemic on Medical Education, Clinical Medical Practice, Public Health, and Non-COVID Mortality

In the interest of brevity, only some of the key points of these presentations are included here. Those interested may request the slides or reports.

A. Effects on Medical Education: Davinder Sandhu, Northstate School of Medicine

References:

Plos One: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242905>

JAMA Network: <https://jamanetwork.com/journals/jama/fullarticle/2770075>

BMC Medical Education: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02462-1>

British Med Journal:

<https://pmj.bmj.com/content/postgradmedj/early/2021/03/28/postgradmedj-2021-140032.full.pdf>
<https://pmj.bmj.com/content/early/2021/03/28/postgradmedj-2021-140032>

Davinder Sandhu presented slides, of which only key points most directly related to the current COVID pandemic are listed here. Immediate effects of the pandemic on medical schools around the world included severe undermining of student–faculty partnership, disruption of clinical exposure, suspension of rotations to other institutions, and cancellation or deferral of assessments and summative exams. Of 741 medical students surveyed, 72% thought their schools were doing everything possible to help, and 76% agreed that clinical rotations should be temporarily suspended, but most wanted them reinstated and were willing to take the risk of getting COVID. A top complaint was insufficient PPE kits. There were mental health effects, including guilt and disappointment.

Student adaptations included telehealth, independent study, and research electives, among others. Online synchronous (live) and asynchronous (recorded) courses rapidly became available, including podcasts, webinars, narrated presentations, and small group tutorials. Optimal length for podcasts and narrations was thought to be 20 minutes; for other lessons 40 minutes. Online chat functions encouraged some reticent students to participate more than in normal classes. Labs were cancelled, but Youtube videos substituted.

Faculty experienced more freedom to develop creative teaching methods, including format of delivery, setting, and learning resources. The Canvas format and various conferencing platforms were frequently utilized. Student peer to peer teaching increased. Some exams were deferred, others were posted for remote completion but the order of questions was changed to discourage any students from attempting to share answers with peers. Time will tell whether physicians trained during these challenging years will be as well-prepared as previous cohorts.

In general, “necessity is the mother of invention.” COVID-19 was a disruptive force but there was rapid adaptation.

B. Effects on Medical Practices and Public Health: Ronald Hattis, Loma Linda SOM
Dept. of Preventive Medicine

References:

JAMA Network: <https://jamanetwork.com/journals/jama/fullarticle/2767633>,
<https://jamanetwork.com/journals/jama/fullarticle/2784484>

NEJM: <https://www.nejm.org/doi/full/10.1056/nejmsb2021088>

New York Times, threats and opposition to public health officers, staff

<https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html>

Are STIs declining or just not being diagnosed?

<https://www.reliasmia.com/articles/147084-researchers-study-rate-of-sexually-transmitted-infections-during-covid-19-pandemic>

Ron Hattis also presented some slides, on two topics, with Web links as references. The first was the effects of the pandemic on medical practices in the US. There were actually a few beneficial effects: improved office infection control, a spur to more routine incorporation of telemedicine into practice, and a reduction in unnecessary care such as excessive tests and imaging. These must be weighed against disadvantages of a reduction in physical examinations, missed care recommended in guidelines, limitations on the availability of telemedicine due to unavailability of Wi-Fi or computers among low-income patients, lack of privacy at home, and sub-optimal assessments, especially if visits were by telephone.

The most dramatic adverse effects were due to a severe reduction in patient outpatient visits, especially from March to June 2020. This in turn caused a drastic reduction in income for outpatient practices, with layoffs, reduced office hours, and 6% closing altogether. Patients with chronic diseases were not followed closely, and many might have run out of medications and poorly controlled their conditions. Preventive services such as non-COVID immunizations and cancer screening decreased significantly. The long-term effects may take time to show up. Office visits began to pick up again after June 2020 but have not recovered to 2019 levels. Dental practices have reported similar patterns.

Meanwhile, a contrary effect was being experienced by inpatient providers, with excessive hours, fatigue, and burnout reported, as well as despair over the large number of patients dying despite heroic efforts. Since the pandemic continues, this effect is not over, and some providers are leaving hospital practice just as staffing needs have been increasing in waves.

The second topic presented by Ron was the effects of the pandemic on non-COVID public health.

Beneficial effects of the pandemic are that public health concepts have entered mainstream dialog, and that a large portion of the public and government have a greater appreciation of the value of public health. On the negative side, a significant minority have become hostile to immunizations and public health restrictions, health officer positions have become politically endangered, and health officials have received death threats. There are both support and opposition to increasing funding for public health programs.

Adding to the negative effects, public health resources, which were already inadequate, have been diverted to fight COVID, resulting in fewer non-COVID immunizations, and less testing and care for STDs, HIV, and other conditions of public health importance. In addition, the pandemic itself caused both economic and mental health problems, and increases in narcotic overdoses and violence have been experienced, as have mental health problems related to social isolation and economic dislocation. It is difficult to tell what has been happening with TB, HIV, and other STDs. There are fewer diagnoses, but mainly because fewer tests are being done. During a several-year period before the pandemic, STDs were rising substantially. It is theoretically possible that with fewer social interactions, there have been fewer new infections, but with fewer tests and clinics available, the true rates may be even higher than before. Time will be required to sort out the real trends, and years may be needed to reverse adverse effects.

C. Increases in Non-COVID Mortality in California: Michael Samuel, California Department of Public Health

Reference:

https://skylab.cdph.ca.gov/communityBurden/_w_dc5c1565/xMDA/2020_Excess_Mortality.html

Dr. Samuel, who said he has a background in infectious disease epidemiology, joined us from the Fusion Center of CDPH. This center is an inter-divisional effort with a close connection to the Director's Office. The small dedicated staff attempts to prepare comprehensive information for integrative statewide public health planning. They studied the mortality trends during 2020 through the first quarter of 2021, and the link above is to a "data brief." Over half of California counties participated, reporting age-adjusted mortality from specific causes. "Primary, underlying cause of death" was tabulated. Whereas reported diagnoses of some conditions not resulting in death may be falsely low during the pandemic for reasons discussed above, death reports are considered reliable over time. Following are some of the rather alarming findings from the "data brief."

After many years of declines prior to the pandemic, all-cause mortality increased 15.8% during 2020, starting in the second quarter, and the increase continued into early 2021. There were 316,945 deaths in California in 2020 (corresponding to an age-adjusted all-cause death rate of 675.4 per 100,000 population), compared to 267,034 deaths in 2019 (rate of 583.1). The rate of increase varied significantly by race/ethnic groups: It was 34.1% among Latinos. Separating the fourth quarter, the quarterly mortality rate was increased by 65% among Latinos. Separating the fourth quarter, the quarterly mortality rate was increased by 65% among Latinos. The increase was 20% overall among other communities of color, with rates for blacks similar to those of Asians and other groups, although there was a higher rate increase among young blacks ages 5-14 and 15-24, as

well as among American Indian/Alaska Natives aged 35-44). The increase was much lower among whites, 7.8%.

The increased death rate was not all due to COVID. Death rates from drug overdoses increased 47.2%, from homicide 32.8%, perhaps surprisingly from Alzheimer's disease and other dementias 10.0%, and from ischemic heart disease 4.6%. The 2020 increases in homicide and ischemic heart disease death rates are in contrast to many prior years of previous decreasing or level rates. In general, a large proportion of the increase in deaths among older persons was due to COVID-19 while a large proportion of the increase in deaths among younger persons was due to other conditions. The overall suicide rate actually decreased slightly, although it increased among children 5-14, especially among blacks and Latinos. Lung cancer rates also decreased slightly, and in answer to a question from Don Lyman, other cancers did not show up as a major cause of deaths. There were 31,034 deaths from COVID in 2020, with a steady rise quarter by quarter. All-cause mortality also rose from quarter to quarter, less dramatically.

Specific additional non-COVID causes of death that increased, though less dramatically, included diabetes, other endocrine, blood, and immune diseases, and hypertensive heart disease. In answer to a question from Ron Hattis (because of an article in the L.A. Times), Michael said that there was an uptick in traffic deaths, reversing a downturn trend.

In further discussion, Ron Hattis said that unless the mortality increases rapidly reverse, they should become a major focus of attention over coming years for the state. Data from other states need to be collected, and if these trends are nationwide, they similarly need to become a focus for CDC. Ron suggested that this Forum might wish to consider a resolution to encourage top priority to these findings, statewide and nationwide. Meanwhile, our individual entities can do the same.

5. Plans for Next Meeting:

The tentative date is Tuesday morning, March 8, 2022.

Ron Hattis asked for topic ideas, and in the absence of any response, he suggested that we review the MPH programs and other Preventive Medicine training provided at an increasing number of medical schools: what is being taught, how valuable medical students and residents find this, and how they utilize this training after they are in practice. Presentations from a number of schools would be needed for this. Alternative topics can be considered. Follow-up of today's presentations and of past topics, and a continuing update on COVID, can also be included.

Submitted by Ronald P. Hattis, Secretary

Approved at the Forum meeting of March 8, 2022