

California Public Health/Prevention Physician Leadership Forum
 6th Conference Call Meeting
Tuesday, April 7, 2015, 8:15-9:45 am PDT
Minutes

Call in: (712) 432-1212
Access Code: 457-029-043#

“**Handouts**” were posted on freeconferencecall.com “wall” for this meeting, and/or on the CAPM Website.

1. Attendance:

Mark Horton took a roll call by institution/organization represented. The conferencing service identified 25 callers, of which the following 22 identified themselves. There was no official representation this time from schools of public health, although some participants have faculty appointments at UC Berkeley, Loma Linda, and SDSU.

INSTITUTION/ORG	LAST NAME	FIRST NAME	
CALIF. ACADEMY OF PREVENTIVE MED:	Hattis	Ronald	
	Hoover	Cora	
	Horton	Mark	
STATE GOVERNMENT:	Smith	Karen	
	Chavez	Gil	
	Kohatsu	Neal	
	Lianov	Liana	
	Lew	Brian	
	DeBurgh	Kat	
HEALTH OFFICERS ASSOC. OF CALIF.	Clark	Scott	
CALIFORNIA MEDICAL ASSOCIATION: OSTEOPATHIC PHYSICIANS & SURGEONS OF CA	Wagner	Alesia	
SCHOOLS OF MEDICINE (N to S):	UC Davis	McCurdy	
	Touro	West	
	UCSF	Rutherford	George
		Seward	James
		Orlich	Michael
	Loma Linda	Mackintosh	Susan
	Western University	Othman	Maryam
	USC	Watanabe	Richard
	UC Irvine	Baker	Dean
	UC San Diego	Ryan	Margaret
Waalén		Jill	

Karen Smith gave a brief greeting as the new Director of the California Department of Public Health and State Health Officer, including that she was “really pleased to be able to join the conversation,” and that the teaching of Preventive Medicine is “incredibly important.”

2. Continued Discussion, CMA Resolution 101-13 on Support for Local Public Health (Passed by 2013 House of Delegates):

What can CDPH, CMA, health officers, universities, CAPM, etc. can do to help implement this resolution’s recommendations that:

- a. “California Dept. of Public Health, in cooperation with the California Conference of Local Health Officers and local public health agencies, assess gaps and weaknesses in local public health resources in California, particularly in small rural counties”

Ron Hattis provided a background on funding cuts to local public health during the recession, throughout the country. He noted that a Beyond AIDS Foundation survey on partner services had revealed some rural California counties no longer able to provide such basic communicable disease control services.

Karen Smith said that she was not absolutely convinced that a survey is the best way to assess the deficiencies, as these typically get low response rates, and local jurisdictions hit the hardest would find survey completion to be a challenge. However, she agreed that having a comprehensive picture is “incredibly important.” She said she would prefer to collaborate with HOAC and/or CCLHO, and that the assessment not be limited to rural counties. In some cases, interviews may work better than surveys.

NACCHO did a special survey on cutbacks during one year, and Scott Clark included the data in his staff analysis of the CMA resolution. He suggested that if data cannot be obtained from every jurisdiction, a sample might be almost as available. However Kat DeBurgh noted that anecdotal information had not been sufficient in the past to influence funding or policy. She called for a “gap analysis,” with data from enough jurisdictions to estimate losses by the “average” local department. Mark Horton asked her to take the lead in starting the conversation on how to do this.

Action: Kat DeBurgh will initiate a discussion on the best process to analyze gaps in local public health services.

- b. “A plan be developed for state-local, regional, and/or inter-county partnerships, to assure the availability of essential public health and prevention services that small rural counties are not able to perform without assistance”

Karen Smith asked whether this referred to state-salaried or shared county-salaried staff, and was told that both were options to be explored. Ron Hattis and Mark Horton briefly reviewed the history of the “contract counties” program, whereby the state hired staff to serve rural

counties that reimbursed part of the salaries. It fell apart during the recession because neither the counties nor the state had the resources to support the positions. Gil Chavez informed the group that there are still state positions serving rural counties for STD control, and that this works well, though this program has shrunk from a much larger size in the past.

Action: Karen Smith will check whether legislation would be needed to reactivate shared positions, but she does not anticipate legal barriers. Discussion to be continued at a future meeting.

3. Continued Discussion, CMA Resolution 111-14: Loss of State Funding for HIV and Other Public Health Programs (Passed by 2014 CMA House of Delegates):

What can CDPH can do in cooperation with CMA to help implement the recommendations in this resolution that:

- a. “CMA work with the California Department of Public Health to determine, and report back for further deliberations, what important public health programs have lost all or substantial state funding since 2008 and have not been restored”

Ron Hattis explained that when the resolution, which mostly dealt with restoration of state HIV prevention funding eliminated in FY 2009, was discussed at a meeting of the California Academy of Preventive Medicine (CAPM), before being presented to CMA, some health officers wanted to expand it to restoring all state public health recession-related cutbacks. However, data on the extent of those were lacking, so this clause asked for CDPH to provide data to CMA. This Forum has the opportunity to join with CMA in the inquiry.

Mark Horton asked whether the state’s application for accreditation of CDPH as a public health agency would contain “granular data” on weaknesses in programs due to funding cuts. Gil Chavez said that the criteria for accreditation are mostly “process-oriented,” and that California did well because the staff the state has left are capable of response to public health problems. Karen Smith noted that it is very difficult to assess the impact of cutbacks, because agencies move staff around to compensate for weaknesses. It is difficult to quantify the effects (including indirect) of funding changes, and this is a “huge issue.” She suggested the development of a methodology as a “doctoral project.” Mark Horton suggested that the accreditation process may need “fine-tuning” to capture trends that should produce quantifiable effects.

Action: Gil Chavez will arrange for factual information to be collected (for CMA and this Forum) on cutbacks during the recession. He was thanked for this commitment.

- b. “CMA support the restoration in future state budgets of general funds for HIV prevention to levels prior to Fiscal Year 2009, adjusted for inflation, population size, and changes in HIV incidence”

Gil Chavez said that the \$3 million added to the FY 2015 budget for demonstration projects in prevention was a permanent budget increase, not just for one year. However, it is less than 10% of state prevention funding for HIV that had existed before the 2009 budget cuts. He also stated that the Centers for Disease Control and Prevention (CDC) found a correlation between funding cutbacks in California and increased HIV incidence. Information on any further changes in the budget is not yet available.

Ron Hattis drew attention to a survey of state HIV/AIDS Directors, about to be distributed by the Beyond AIDS Foundation, which in part inquires about recession budget cuts, to determine how widespread such problems are across the country. Brian Lew said that he and Karen Mark at the Office of AIDS are aware of the survey and would be discussing it.

c. Can Students Assist in Filling Staffing Gaps?

Catherine West said that Touro University has students looking for public health projects, and asked whether public health students could be used to help gather data. Mark Horton informed the group about CalStaff, an organization of public health students at UC Berkeley who offer services to local public health departments. Ron Hattis agreed that noted that students need to be mentored, and so counties in the worst shape might not be able to utilize them due to an absence of mentors.

Action: Mark Horton will try to contact CalStaff and report back at the next meeting.

4. Minutes of December 2, 2014 Meeting:

Ron Hattis was not available to take minutes, and no attendance list was documented, but Mark Horton summarized the issues discussed. Mark asked Jim Seward whether references to UCSF and UC Berkeley were accurate, and Jim said yes. There was no representative from UCLA present today to verify the comments on communication between the School of Medicine and the School of Public Health, however Ron Hattis had spoken with Dick Jackson, who had described the situation as reported in the draft minutes.

Action: A motion was passed without objection, to approve the minutes but to permit any late corrections, which should be sent to Mark Horton.

5. Proposed Bylaws for This Forum:

Ron Hattis referred to the document previously circulated, presented for vote today. He and Mark Horton reassured representatives that votes at the Forum will not be binding on the constituent organizations/agencies. Questions were asked on the role of CAPM. Ron Hattis explained that it is the initial sponsor, assuring enough resources for operation on a small budget, including Forum information on the CAPM Website. However in the future the Forum could vote to adopt a different sponsor or to become independent of any sponsor, and/or to raise funds on its own. An

amendment was proposed, that the Chair should report periodically to the sponsoring organization, and there was no objection.

The addition of a Vice-Chair and a Secretary-Treasurer was proposed. After some discussion, a consensus developed that the elected Chair should appoint these two offices.

Action: The Bylaws as drafted were unanimously approved, with no announced abstentions, including two changes to sections 8 and 9 as discussed above, i.e., that the Chair shall designate a Vice-Chair and a Secretary-Treasurer; and that the Chair shall report periodically to the sponsoring organization. The election of the Chair will be conducted at the next meeting, as per these Bylaws. Mark Horton thanked Ron Hattis for the work in preparing the Bylaws.

6. Brief Progress Reports from Schools of Medicine:

- a. Updates were solicited to latest posted version of spreadsheet on CAPM Website, <http://www.capreventivemed.org/wp-content/themes/eventbrite-child/documents/CA%20Med%20schools%20and%20MPH-PM-OM%20Excel%202003%20format.xls>), summarizing information submitted by schools on offerings in Preventive and Occupational Medicine. At each of our conference calls, a few schools have had the opportunity to present their latest updates. Today, these will be offered by Western University, UC Davis, Touro University, and UC San Francisco.
- b. Update from Western University School of Medicine on medical student education
Susan Mackintosh described a required course captures the majority of the public health learning, including some biostatistics, epidemiology, and public health. Longitudinal tracks are followed all four years, including options of global health, longitudinal care, lifestyle medicine, and rural health (latter on Oregon campus). Maryam Othman added that epidemiological and health and public health. There are also 24 hours of community services in a public health perspective. The global health track includes preventive medicine related to HIV prevention.
- c. Update from UC San Francisco School of Medicine
George Rutherford reported that the entire curriculum will be reorganized soon, and all students will be required to do projects leading to a dissertation. Many are expected to involve epidemiology. Currently, only about 20% of students elect to do such projects. This will pose a challenge in finding staff time for oversight.
- d. Update from Touro University School of Medicine
Catherine West reported that there is a basic biostatistics and epidemiology course in the first semester. Over the first two years, there is an ongoing journal club with increasingly detailed interpretation of the literature. In the second year, students participate in public health projects including presenting a PowerPoint on HIV or another public health topic to a simulated audience; and they need to write papers on a topic in the literature, interpreting the quantitative

information and relating it to basic science. Touro is exploring inter-professional public health projects and would welcome suggestions from other schools. There is also an extensive global health program, involving both medical and stand-alone public health students.

- e. Update from UC Davis School of Medicine on joint residency/fellowship programs in Preventive Medicine

Mark Horton said that faculty at UC Davis have developed a tool for literature interpretation, called “JART” for Journal Article Review Tool, used in Doctoring 1-2-3. Steve McCurdy said he was a co-developer, and that this is not copyrighted and could be used elsewhere.

7. Continued Discussion, Teaching of Epidemiology, Biostatistics, Interpretation of Studies, and Prevention to Medical Students and to Physicians in MPH Programs:

- a. Do medical students and physicians have unique interests and needs when learning these subjects in medical school and MPH programs, e.g., their application to diagnosis and treatment decisions and interpretation of medical literature, and their use in maintaining a prevention focus in the practice of medicine?

This was deferred at today’s meeting.

- b. Are epidemiology and biostatistics most effectively taught separately, combined, or incorporated into courses on such topics as “Critical Thinking” or “Evidence-Based Medicine”?

There are apparently no requirements for medical schools on how to present these subjects. Medical students do need to pass part I of the USMLE test, which includes epidemiology and statistics. Mark Horton asked whether any studies have been done on whether one method of teaching achieves higher scores than another. Participants remaining on the line in today’s call were unaware of any such studies.

- c. Should the epidemiology and prevention of each disease be included in the teaching of diseases or systems when presented to medical students?

George Rutherford remarked that at UC San Francisco, epidemiology and biostatistics are “heavily taught.”

- d. Should famous epidemiological studies on major diseases be utilized as examples when learning study design, or epidemiological or statistical concepts?

George Rutherford said that major epidemiological studies are taught to UC San Francisco students.

Action: Discussion will be continued at future meetings.

- 8. **Continued Discussion, CMA Resolution 208-14: Permitting Same-Day Visits for Different Specialties to Promote Integrated Care (Approved by House of Delegates, 12/5-7/14):** This is now in pending legislation. See AB 858 (Wood)

Neal Kohatsu (no longer on the call) informed Ron Hattis that the chief concern of the Department of Health Care Services (DHCS) was cost. DHCS currently pays federal qualified and rural health centers approximately \$150/visit, and would hope to negotiate reduced rates if two visits were conducted the same day.

Action: Closed as a Forum issue. Individual organizations and agencies may wish to follow the legislation, which is sponsored by the Primary Care Association of California, and for which support was voted as a high priority by the Board of CAPM.

9. Review of Current Legislation Relating to Public Health and Prevention (Copy of Summary Supplied, posted on “Wall” for this call):

Ron Hattis distributed a handout on 20 bills of interest. With time limited on this call, he drew attention to the following bills:

- AB 53 (Garcia, Christina) would require that child safety seats for children under age two be rear-facing, as recommended by the American Academy of Pediatrics.
- AB 366 (Bonta) would increase Medi-Cal reimbursement rates and cancel upcoming rate cuts in current legislation.
- SB 243 (Hernandez) is the same as AB 366 raising Medi-Cal reimbursement rates
- AB 521 (Nazarian) would expand to hospital emergency departments the current requirement (AB 446 of 2013, which applies only to primary care clinics) that an HIV test be offered if blood is to be drawn for other purposes.
- AB 858 (Wood) would require Medi-Cal reimbursement for two medical visits on the same day for different specialties (e.g., primary care and mental health) at federally qualified and rural health centers. A plan must be prepared by DHCS by 2016. This is the bill referred to in item 8 above.
- SB 27 (Hill) would require that no antibiotics be given to livestock (including poultry) unless prescribed by a veterinarian.
- SB 151 (Hernandez) would raise the minimum age for smoking from 18 to 21.
- SB 203 (Monning) would require a health warning label on sugar-sweetened beverages.
- SB 277 (Pan and Allen) would remove the exemption from immunization requirements for personal beliefs, leaving in place exemption for medical reasons.
- SB 140 (Leno) would include electronic cigarettes in the definition of tobacco products in the STAKE (Stop Tobacco Access to Kids Enforcement) Act, and prohibit them in restricted locations specified in that act. Mark Horton added this to Ron’s priority list.

10. Next Meeting:

Those participants expressing a preference preferred a Tuesday morning in June to one in early July, because of the 4th of July holiday and other vacations. Mark Horton agreed to this.

Respectfully submitted,

Ronald P. Hattis, MD, MPH, recorder

Minutes approved with corrections (included above) 6/23/15