

California Medical Leadership Forum for Public Health/Preventive Med.

32nd Meeting; 5th using Video (Zoom, Courtesy of CAPM)

Tuesday, September 14, 2021, 8:00-9:30 am PT

MINUTES

This meeting utilized a Zoom account from CAPM.

“**Handouts**” were attached to the announcement email: agenda, last meeting’s minutes and a pdf with last meeting’s slides, a fact sheet from Linda Hill on proposal for state funding for Preventive Medicine training, and latest spreadsheet on California medical schools and prevention.

The agenda was adjusted to permit everyone to include a brief report with their personal introduction rather than trying to make time toward the end of the meeting as in the past.

Ron Hattis said that he was leading the meeting to cover for Chair Mark Horton, who was on a plane headed toward an urgent family situation. He said that we are trying to create a community of state leaders in the fields of public health and Preventive Medicine, who are either physicians or involved in medical education or organized medicine.

1. Attendance (22)

Organizations:

CAPM: Ron Hattis (Acting Chair), Don Lyman

ACPM: Melissa Ferrari, Jordan Sehestedt

Schools of Medicine:

UC Davis: Jeffrey Hoch, Carolyn Dewa

Touro Univ.: Traci Stevenson, Bronwyn Sing

UC San Francisco: George Rutherford

UC Berkeley Joint Medical Prog.: Jyothi Marvin

Stanford: Eleanor Levin

Northstate: Davinder Sandhu

CHSU (Clovis): Sara Goldgraben

Western Univ.: Andrew Pumerantz

Kaiser Permanente: Paul Chung

USC Keck: Jo Marie Reilly

Drew Univ.: Jean Davis-Hatcher

Schools of Public Health:

UCLA: Jonathan Fielding

SDSU: Eyal Oren

Guest: Ashley McClure

Presenters: Rais Vohra, Lori Nezhura

2. Introductory Information and Reports

Ron Hattis invited everyone to give a brief introduction so the Forum representatives could get to know one another. He also mentioned that although this Forum cannot require any component to take action, through its exchange of information function, there have been subtle influences on curricula as some schools have presented their best practices. He said that the Forum and its sponsor, CAPM, hope that as diseases and systems are taught, the didactics should include their epidemiology and prevention, including preventive measures such as lifestyle and nutrition during ongoing care, rather than isolating those topics solely in a stand-alone course along with biostatistics. The newest schools may have more flexibility in their developing curricula and present a unique opportunity, but established schools periodically re-evaluate curricula as well.

In order of speaking, with adjustments to cluster representatives and separate comments from the same schools:

Northstate: **Davinder Sandhu**, had a background in Urology and later in postgraduate medical education in the UK. He is now a Professor of Medical Skills at Northstate, and said that the Dean of the School of Medicine had asked him to look into public health, so he is seeking some guidance on public health curriculum from other Forum members. Ron Hattis responded that we are very interested in input to the four newest medical schools in California, of which Northstate was the first. Dean Silva, the founding dean, is leaving and there is a search for a new dean. The university has purchased land and plans to build a new campus in Sacramento within about 4 years. In the current location, the school has not obtained permission to build a hospital.

Touro (Osteopathic): **Traci Stevenson**, a new Forum representative, joined the Touro School of Medicine faculty during the COVID pandemic, and has been teaching medical students remotely. She said she has a “huge interest” in Preventive Medicine. She is certified in culinary and in functional medicine. Touro is teaching nutrition with hands-on culinary experiences and a holistic approach. Touro students are all instructed diabetes education, using a mobile diabetes education center that serves the Vallejo area.

Bronwyn Sing, another new representative from Touro, said that she is a family physician and also teaches manipulative medicine. She spends part of her time working at Family Health Services for the Solano County Health Department. She is interested in collaboration and best practices.

UC Berkeley Joint Medical Program: **Jyothi Marbin** is also a new representative. She is a pediatrician, and since March, she has been heading the Joint Medical Program, replacing John Balmes. This is a 5-year program, with 2.5 years each at UC Berkeley for the pre-clinical years with a problem-based curriculum, under the School of Public Health, and the remaining 2.5 years for clinical clerkships at UC San Francisco. In addition to an MD degree, students earn an MSc from UC Berkeley with an emphasis on anti-racism and leadership development.

UC San Francisco: **George Rutherford** clarified that for students doing their entire medical school training at UCSF, it only takes 4 years because some clinical work that occupies extra time for the Berkeley transfers is covered during the first two years and some didactic work during the second two years. George has been through four curriculum rearrangements since working at UCSF. He introduced himself as a Professor of Epidemiology and Chair of the 4-year joint Preventive Medicine-Internal Medicine residency program cosponsored by the Kaiser-Permanente Hospital in San Francisco. During the 1990s he was state epidemiologist and state health officer. He also teaches Preventive Med and Occupational Med residents each spring at the UC Berkeley School of Public Health, including some from CDPH or getting their MPH degrees from other schools, to help them prepare for Board exams.

California Academy of Preventive Medicine (CAPM): **Donald Lyman** is retired from CDPH and previously worked at the New York State health department, a 40-year public health career, and is now affiliated part-time with UC Davis. He has been active in the California Medical Association (CMA) and was the first Chair of the Council on Science and Public Health, after its evolution from the Council on Scientific Affairs. **Ron Hattis**, Secretary of this Forum, has had a career in both Family Medicine and Preventive Medicine, and is on the faculty at Loma Linda Department of Preventive Medicine. He worked for 24 years at Patton State Hospital, in charge of public health and for most of that time directing the non-psychiatric medical services.

Kaiser-Permanente: **Paul Chung** is a new Forum representative and the first physician to participate from the new Kaiser school. He is a pediatrician and health systems researcher, and Chair of the Department of Health Systems Science. Kaiser's first-time second year class has begun its studies, and is in an exciting stage as a new school.

UCLA School of Public Health: **Jonathan Fielding** was introduced by Ron Hattis as former Health Officer of Los Angeles County and longtime professor of public health in the UCLA school that is named for his family. Jonathan said that his 50 years in public health have taught him that nothing we do will have a consequential impact unless and until we deal with the climate issue. He has therefore stopped working on other projects and is concentrating on this issue. UCLA has started a Center for Healthy Climate Solutions, drawing faculty from multiple schools within the university, which is working primarily on resilience and adaptation to inevitable effects of climate change, including such results as fires, rather than mitigation and carbon footprint reduction which has absorbed most federal and state money. The first year report is almost ready to be issued.

UC Davis: **Carolyn Dewa**, a new representative, is in charge of graduate studies in public health sciences, taking over just when COVID started. The MPH program graduated its first class in May and welcomed the second class in August. The doctoral program is in its fourth year and had its first graduate in June. **Jeffrey Hoch**, also a first-time representative, introduced himself as a Professor of Health Economics and Chief of

the Division of Health Policy and Management, in the Department of Public Health Sciences. Along with Melissa Chen, he teaches classes to first year students grouped as health systems science, including epidemiology, biostatistics, evidence-based medicine, and methods and design. The UC Davis curriculum is in the process of a redesign of the medical school curriculum.

Cal Health Sciences Univ. (Osteopathic, Clovis): **Sara Goldgraben** introduced herself as a public health and Preventive Medicine physician, with both an MPH and an MBA from SUNY Stonybrook. She worked as local Health Officer for about two years, first at Lake County and then Fresno County (just before today's presenter, Rais Vohra). She is currently Assistant Professor of Specialty Medicine. She is involved with teaching Health Systems Science, service learning projects, biostatistics, and culinary medicine (involving a teaching kitchen and clinical case presentations done in small groups). The school so far and first and second year students, similar to the state of the Kaiser school's development.

San Diego State Univ. (SDSU) School of Public Health: **Eyal Oren** is also a new representative. He trained at the University of Washington as an infectious disease, respiratory, and social epidemiologist. He worked at the King County Department of Public Health in Seattle for a number of years, and then joined the faculty at the University of Arizona before coming to San Diego State over four years ago. He has been Director of the SDSU School of Public Health for about a year, replacing Hala Madanat. The school has about 700 undergrads, 260 masters students, and 70 in a joint doctoral program with UC San Diego. SDSU is also a partner in UCSD's Preventive Medicine Residency.

American College of Preventive Medicine (ACPM): **Jordan Sehestedt**, a first-time participant, introduced herself as director of membership and marketing. ACPM is the national organization for board-certified Preventive Medicine physicians. ACPM is participating to get to know California colleagues. The organization has been sponsoring a Vaccine Confident Campaign (vaccineconfident.org), to promote not only COVID vaccine but also keeping up with other routine vaccinations, about 26 million doses of which have been missed or deferred during the pandemic. **Melissa Ferrari**, here for her second meeting, added that ACPM has been sponsoring initiatives to increase awareness of Preventive Medicine as a specialty and its role in public health, achieving over 2 million views, and to seek full federal funding for all of the residency programs across the country. Ron Hattis added that on the state level, CAPM will be attempting to get some state funding for residency training.

Western University (Osteopathic): **Andrew Pumerantz**, online from his car, introduced himself as director of the new Department of Population Health Science. He has a background in Infectious Diseases and a long history as Professor of Internal Medicine. A main current initiative is the development of a dual enrollment program for the DO and

MPH degrees, in collaboration with Claremont Graduate University, School of Community and Global Health. Fourteen first and second year osteopathic students are enrolled so far. Ron Hattis noted that there has been a recent large increase in the number of medical schools offering dual degrees, but there is little information so far on how MPH training influences medical practice for physicians in clinical care.

Climate Health Now: **Ashley McClure**, a regular guest, is an internist with Kaiser-Permanente. She invited anyone interested to join her advocacy group at climatehealthnow.org. They are hosting a forum on the climate crisis for the four CMA President-Elect candidates three days from now.

Drew University: **Jean Davis-Hatcher** is a PhD in Preventive Medicine and is a PA, and does HIV and trans care. She did a fellowship in Integrative Medicine and is on the board of the Academy of Integrative Health and Medicine, which will be holding a conference on the environment including climate, entitled “Two Worlds,” what will happen if we do and do not address the climate crisis. She has not managed to meet with the Dean due to several cancelations, but her representation of the school is known to the Dean. Eventually, we hope for two representatives including a physician. Drew operates a two-year medical school feeding into UCLA, and plans to develop into a full four-year medical school in the future.

USC-Keck: **Jo Marie Reilly** participated by phone. She assisted Howard Hu at the last meeting, when an extensive description of prevention research at the school was presented.. She participated this time by phone. She is a member of both the Departments of Family Medicine and of Preventive Medicine, and is a family physician with an MPH degree. She serves as a Professor of Clinical Family Medicine and Population and Public Health Services. She has accepted the invitation, tendered last time, to be a regular representative on this Forum.

3. Minutes of June 8, 2021 Meeting

The draft minutes were shared in advance with everyone who spoke, and there were no corrections. They were again distributed as a handout with no suggested changes.

Action: Minutes will be considered as approved.

4. Today’s Special Topic: Heat Emergencies

A brief review of medical syndromes in heat emergencies, followed by a discussion of state response systems.

Medical Syndromes Caused by Heat:

Rais Vohra introduced himself as an emergency medicine physician and toxicologist on the faculty of UCSF Fresno, and has a leading role in the local poison control center, based at the Valley Children’s Hospital. He has been serving during the last two years, the time of the COVID pandemic, as interim county Health Officer, replacing Sara

Goldgraben, who served 2018-19. He is initiating a curriculum for clinical trainees in the area to rotate at public health, noting the recent increase in interest and the need to promote public health concepts. He has also been involved with the formation of a work group called C6 for Central California Climate Change Clinical Collaboration. He considers the climate crisis to be here now and an urgent current issue. Since none of us are climate health experts, we need to rely on, support, and educate one another.

Heat can produce a range of illness, starting with heat rash or “prickly heat,” a problem of dysfunctional sweating in which the glands become “clogged up.” Diaphoresis can affect electrolytes and water loss from the body. These are related to two syndromes somewhat more severe than rash: heat cramps and heat syncope, increasingly seen during heat waves and the worst commonly observed syndromes in emergency departments.

However, there are two more severe syndromes. In heat exhaustion, there is a “global shutdown” and people cannot perform everyday tasks. Muscle breakdown (rhabdomyolysis) may occur, which can damage kidneys. Heat stroke, the most severe result of overheating, resembles systemic inflammatory response syndrome, with cytokine storm and multi-organ dysfunction. It should not be confused with cerebrovascular stroke. There may be coma, seizures, disseminated intravascular coagulation, or acute respiratory distress syndrome. ICU treatment is required, and mortality is high.

Prevention requires heightened awareness of risk. Some people are at increased risk, because of alcohol or medication intake, homelessness, or occupational or sports exposure. The number of hot days has been increasing year after year. Additional challenges are lack of “ownership” by any specific specialty, and triage competition with COVID and other emergencies for clinical attention. Taken as a whole, heat illness is one of the most significant health impacts of climate change. There is a need to increase awareness among the general public and also among providers and other health workers.

In the interests of time, treatment was deferred from the presentation, and non-English speakers can be hard to reach.

Questions:

Ron Hattis asked how medical schools can best teach about these illnesses. Rais suggested that they be included in education about climate change. In addition, a rotation can be assigned responsibility by each school or hospital (at UCSF Fresno, he integrates with poison control for residents). Traci Stevenson suggested teaching as part of integrated systems such as homeostasis, and noted that the intellectually disabled are an additional risk group. Sara Goldgraben suggested integration into a class on environmental and occupational medicine. Traci Stevenson said that Touro has integrated systems, and in Basic Sciences, homeostasis is taught, with case scenarios (which can

include environmental emergencies). Sara Goldgraben said that CHSU has an occupational and environmental health class where these topics can be taught.

In answer to Ron's question about persons at special risk, Rais mentioned patients using drugs or alcohol, agricultural and other workers spending time outdoors (noting that the agricultural industry should educate their workforce on this risk), the elderly, young children, and persons with chronic illnesses. Traci Stevenson added developmentally and severely intellectually disabled persons as a high risk group, noting that they may be taking psychotropics (which limit the ability to control body temperature), and often lack "a voice for themselves." Ron added low income persons without air conditioning, especially if living alone, with no one around to recognize their dehydration and deterioration. Rais mentioned the dilemma when "plagues are layered." Mass cooling centers have been established, as well as shelters for evacuation from wildfires, but these are indoors and can be high risk for COVID.

Ron Hattis asked the representatives affiliated with medical and with public health education to report at the next meeting how they are planning to integrate climate-related illnesses, including their epidemiology and prevention, into their curricula.

State Planning, Response, and Recovery for Heat Emergencies, as Managed by the California Office of Emergency Services (Cal OES):

<https://www.caloes.ca.gov/PlanningPreparednessSite/Documents/ExcessiveHeatContingencyPlan2014.pdf>

<https://www.caloes.ca.gov/ICESite/pages/summer-heat-resources.aspx>

Ron Hattis noted that Cal OES is tasked with planning, response, and recovery for all types of emergencies and disasters, that most physicians are probably unaware of this comprehensive role and that it includes heat emergencies. Lori Nezhura, statewide Deputy Director for Planning, Preparedness, and Prevention, was welcomed to tell us about this.

Lori said she was pleased to hear Dr. Vohra's presentation and what various schools are doing, and that we are on parallel tracks, with Cal OES responsible for non-medical prevention of significant impacts from disasters and emergencies. She shared her screen to show some slides, which will be shared with Forum members at a later date. The Standardized Emergency Management System (SEMS) in California was developed in the 1990s after the Oakland Fire, and was adopted nationally after 9/11. The philosophy is that "all emergencies start and end at the local level." Cal OES supports the local planning, response, etc. SEMS consists of 5 levels of activity: Field (site of the incident command), City, County, OES region, State. If the scope of an emergency or disaster cannot be handled at the field level, command and assistance elevate to the next higher level, continuing if needed as far as the state, where Cal OES can send resources anywhere in California if necessary.

Cal OES is divided into several directorates. The one Lori heads, Planning, Preparedness, and Prevention, is responsible for disaster planning, training and exercises (California Specialized Training Institute, CSTI), earthquake and tsunami warnings, and dam safety. Heat emergency planning falls into this directorate, and will soon be combined organizationally with low temperature emergency planning. The Response Directorate is responsible for all-hazards disaster response and includes the following branches: fire and rescue, law enforcement, the state Operations Center, including incident support teams and operations readiness teams, the State Warning Center, and geographical information systems, which can overlay the map of fires with resources and vulnerable populations. The Homeland Security Directorate includes man-made disasters or catastrophes, and includes the State Threat Assessment Center, California Cybersecurity Integration Center (Cal CSIC), and critical infrastructure protection.

The Recovery Operations Directorate works with federal, state, local, and volunteer partners, and is involved with recovery operations. These include infrastructure restoration and “build-back,” and financial assistance to businesses and individuals (such as rental assistance if housing has been destroyed, and mental health services). The Logistics Directorate is concerned with restoring clean drinking water, telecommunications, electrical power (e.g., generators for cooling centers in a heat emergency, and internet service, before, during, and after a disaster). The Grants Management Directorate administers about \$2 billion in federal and state grants, and accounting services for the department. The Cal OES Executive Office works with a variety of stakeholders. It includes an office of Access and Functional Needs reaches out to vulnerable populations.

In heat emergencies, Cal OES coordinates with local jurisdictions, and among other things can help open cooling centers. Representatives may be sent to help staff local Emergency Operations Centers. Heat emergencies are usually associated with other conditions for which Cal OES is specifically funded, for example fires in hot, dry areas. See the supplied links, above, for heat emergency plans. Public Safety Power Shutoffs (PSPS) may be undertaken by private utilities, and Cal OES helps mitigate the effects, such as fans and air conditioners being out of commission, by opening cooling centers outside of the PSPS areas. Lessons learned for heat and other climate emergencies include the needs for effective communications (including translation and ASL), partnering with community-based organizations (especially non-profits; Cal OES can sometimes provide durable medical equipment to help affected people remain independent), integration of cooling centers with other community resource centers, providing accessible transportation in all types of emergencies, and whole-community planning and recovery.

Ron Hattis thanked both Dr. Vohra and Lori Nezhura for their excellent presentations. Lori offered to answer questions. He also gave a special welcome to those representatives who were new.

5. Cyber-Security at Health Facilities:

There were reports that some 560 healthcare facilities are known to have suffered ransomware attacks nationwide in 2020. Although not in the scope of this Forum, the risks to security, confidentiality, fiscal stability, and continuity of information access are clearly large, and if public health agencies become involved, the challenge will be especially acute.

6. Next Virtual Meeting: Tentatively December 14, 2021

Ron Hattis invited anyone to submit ideas for topics for discussion.

Ron mentioned the need at some point for more information on dual degree programs, and how worthwhile these have been to the participants.

Submitted by Ronald P. Hattis, Secretary

Approved at meeting of December 14, 2021