

California Public Health/Prevention Medical Leadership Forum
28th Meeting (2nd by video conference)
Tuesday, September 8, 2020, 8:15-9:30 am PT
MINUTES

This was our second (Zoom) videoconference meeting, after almost 6 years of conference calls. **However**, several participants did not have computer access and phoned in.

“**Handouts**” (agenda and last meeting’s minutes) were attached to the email notice.

1. Zoom Arrivals and Roll Call by Institution

Chair Mark Horton convened the meeting shortly after 8:15 a.m. and took attendance. Twenty persons participated in all or portions of this meeting:

CAPM: Mark Horton (Chair), Ron Hattis (Secretary), Don Lyman

DHCS: Karen Mark

CMA: Yvonne Choong, Rob Oldham

OPSC: Wadsworth Murad

UC Davis: Patrick Romano

UC San Francisco: George Rutherford

UC Berkeley SPH: William Dow

CHSU (Clovis): Sara Goldgraben

Western Univ.: Andrew Pumerantz

Kaiser Perm.: Rose Rodriguez

USC: Howard Hu

UC San Diego: Linda Hill, Margaret Ryan

Presenters: Andrew Hultgren (UCB School of Public Policy), Ashley McClure (Climate Health Now)

Guests: Cynthia Mahoney, Lee Ballance

2. Minutes of June 9 Meeting

There were no additions or corrections. Chair Mark Horton declared them to be approved as written. Minutes are posted online at <https://www.capreventivemed.org/medical-leadership-forum/>.

3. Reports from Members Who May Be Leaving the Call Early

- a. UC San Diego (Schools of Medicine and of Public Health): Linda Hill said that she and representatives from UCI request an earlier start to these meetings, because of clinics on Tuesday mornings. She reported on developments related to the new UCSD School of Public Health. She is now actively involved there as a founding member. The Dean is Sheryl Anderson, who had been interim Chair of the Department of Family Medicine and Public Health at the School of Medicine. Most of the non-clinical activities in that department have moved over to the SPH. The Preventive Medicine residency will be through the UCSD Medical Center which funds all other UCSD residencies, and then through the new SPH. She hopes that this will provide larger institutional

recognition of the importance of the Preventive Medicine residency. San Diego State University, which formerly co-sponsored the Preventive Medicine residency with UCSD and was the sole source of MPH training in the county, will still be involved in the training of Preventive Medicine residents and in PhD public health projects with UCSD, though the arrangements are likely to be more complex.

Linda reported that HRSA will soon issue a supplement to its journal on Public Health Practice Management, on the contributions of Preventive Medicine residencies across the country to the COVID-19 crisis and other public health crises.

Linda also is the chair of a cross-disciplinary UCSD committee working cooperatively with the provincial government of Baja California on several COVID-19 issues, at the invitation of the Mexican Consul in San Diego and the Baja Secretary of Health. This involves such projects as sending UCSD ICU physicians to round with Baja physicians at their ICUs on complex COVID patients; consulting with the provincial government on methodology related to COVID-19 incidence and prevalence; and providing an app called OASIS that links with CDC information and provides anonymous information and story sharing for contacts (loasis@ucsd.edu).

- b. UC Berkeley School of Public Health: Will Dow reported that Michael Lu has now been Dean for about a year (prior to which Will served as Acting Dean). Ron Hattis expressed the hope that both would continue to participate in this Forum in the future. The school is busy on COVID-19 and racial equity issues, with dozens of faculty working on each, including collaboratively with other UCB departments. There is some concern that California has not yet organized a statewide population-based seroprevalence survey.

4. Today's Special Topics presented by Andrew Hultgren, from Center for Environmental Public Policy, Goldman School of Public Policy UC Berkeley; Slides Displayed Via Screen Share

While completing his PhD in Economics at UC Berkeley, Dr. Hultgren was a research assistant to Dr. Solomon Hsiang at Global Policy Laboratory at the above center for two key economics projects relevant to this Forum, on COVID-19 and on climate change (the latter being the main usual focus of the laboratory). He has since achieved his degree, and is now at the University of Chicago Department of Economics. Chair Mark Horton thanked Andrew for taking the time and effort to present to us, and Andrew in turn expressed appreciation for the invitation and invited communication at Hultgren@uchicago.edu.

- a. COVID-19 special research project (Nature, 6/8/20, <https://www.nature.com/articles/s41586-020-2404-8>), How effectively do control measures work to reduce cases? (Continuation of Forum's ongoing pandemic dialog): The costs and adverse effects of pandemic control measures are easy to measure, but their benefits are not as obvious. The Berkeley lab measured decreases in the exponential growth curves for case incidence, in six countries (China, France, Iran, Italy, South Korea, and USA) during their respective critical time periods through early April 2020, that were associated with each of the following control measures:

- Travel bans

- Transit restrictions
- Business closures
- Isolation and quarantine (combined with contact tracing; see questions below)
- Social distancing and mask use (these two could not be untangled; see questions below)
- Lockdowns/home sheltering
- Emergency declarations
- Expansions of paid leave
- School closures
- Cancelling events
- School closures
- Prohibition of religious events
- Work from home
- Closure of museums and libraries

In the absence of control policies (during the very beginning of the outbreak in each country), cases doubled an average of every 2 days, an increase of about 38%/day, with great consistency among 5 of the countries. Iran's rate of increase during the period studied was higher, possibly related to a large international Shiite religious gathering. A combination of several policies was very effective in reducing new cases.

It was possible to compare the effectiveness of some measures. In South Korea, cancellation of religious services and celebration and demonstrations was highly effective, while quarantining inbound travelers showed no added benefit when applied. In the U.S., social distancing had a dramatic effect, whereas school closures (especially for the lowest grades) were not proven effective.

The study estimated that if no control policies at all had been implemented, 61 million confirmed cases were prevented in the 6 countries, which may represent almost half a billion actual infections taking into account under-reporting. In the U.S., by April 6, the estimate is that in the absence of any control measures, instead of having 364,000 confirmed cases, we would have had over 5 million 100 thousand. Fortunately, epidemiologists sounded the alarm, and countries throughout the world responded, saving lives, though at immense economic costs. The pandemic could have been far worse.

Questions: Howard Hu asked why masks were not listed as a separate intervention. Andrew said that not enough places distinguished mask and social distancing implementation at different onsets to be able to analyze them separately. He also asked whether the data are granular enough to analyze California separately from the entire U.S. Andrew replied that the sample size would be smaller, and that this was not attempted. Mark Horton asked about contact tracing. This was usually implemented with quarantine or other control measures, so was difficult to study separately, though there were differences among countries. Contact tracing was implemented more extensively in China than in the U.S. Mark moved on to the next topic in the interest of time.

- b. Climate Change economic research done at the Center: Significant findings (continuation of Forum’s ongoing climate change dialog):

Mortality and costs of climate change were studied in various countries and portions of countries. Mortality increases both with cold and hot temperatures. This effect is increased above age 65 and in areas of poverty. Richer areas are able to afford more adaptation, and can expect lower mortality, while poorer areas cannot afford adaptation costs and will have higher mortality. As opposed to previous models that either considered the world as a whole or in 16 regions, the Center’s project is “hyperlocal” and making projections in 25,000 different areas. The regions most at risk from increasing heat include portions of South America, the Middle East, India, and much of Sub-Saharan Africa. Places currently experiencing cold deaths will benefit from warming, and will benefit economically from lower expenditures for heating; places that are already suffering heat deaths will have more of them. Climate-related mortality worldwide estimated by 2100, approximately 85 deaths/100,000 annually, will be similar to current mortality from all infectious diseases. The “Social Costs of Carbon (SCC),” including all effects on the economy, should be similar to an ideal carbon tax.

Chair Mark Horton thanked Andrew for the powerful analysis.

Questions: Lee Balance asked whether mortality includes only direct costs of heat. Andrew said that it includes all-cause mortality from direct and indirect effects, and assigning a cost to mortality, amounts to about half of the SCC. Other costs, such as agricultural and flooding from sea level rise, are now being analyzed, and were not available at the time of the study. Ashley McClure asked whether effects of the proposed “Green New Deal” has been discussed by the researchers. Andrew said that the Center staff hoped that findings will be taken into account by policy makers, but that the “Green New Deal” goes into political and social recommendations that go beyond the area studied.

5. COVID-19 Update: The Emergence of Coronavirus “Long Hauler Syndrome”; COVID-19 Reinfection Probably Rare but Reported: Ron Hattis

- a. “Long Haulers”: Ron briefly summarized the finding that in an undetermined but substantial percentage of COVID-19 infections, including some that were initially mild, long-lasting multi-system symptoms occur after subsidence of the initial respiratory symptoms. In general, these have not subsided after months, and it is not known whether they may be permanent. Symptoms include myalgia, fatigue, depression, mental fog, memory impairment, and others. Persistent lung and cardiac disease have been reported. Patients have difficulty being taken seriously by physicians, and no diagnostic tests have been found. As more is learned, findings can be brought back to this group.

In the Chat section of this meeting, Web links were offered for reference, by Lee Ballance and others: An Andy Slavitt podcast at <https://podcasts.apple.com/us/podcast/toolkit-covid-long-haulers/id1504128553?i=1000490324938> noted that similar “long hauler” syndromes have occurred in previous epidemics of other coronaviruses (SARS and MERS), and even with the unrelated Ebola virus. The Atlantic published a review article for the general public at

<https://www.theatlantic.com/health/archive/2020/08/long-haulers-covid-19-recognition-support-groups-symptoms/615382/>. Congress Member Jamie Raskin has introduced a bill to expand funding for research on this issue. In future meetings of this Forum, reports on any research findings or special clinics, especially if under the auspices of participating schools or organizations, will be welcome.

- b. Reinfection: Another concern is how often COVID-19 reinfection occurs, which could have implications for the prevalence and duration of immunity from future vaccines. Fortunately, only a few cases have been claimed throughout the world so far, and only one published report of a confirmed case: *BMJ* 2020; 370 doi: <https://doi.org/10.1136/bmj.m3340> (Published 26 August 2020) Cite this as: *BMJ* 2020;370:m3340.

6. How Healthcare Professionals can Address Registering and Voting: Ashley McClure, Climate Health Now

Ashley noted that the social determinants of health are more powerful than direct health care. She drew attention to the following:

- a. VoteHealth2020: This project, at <https://www.votehealth2020.com/> encourages health care providers to lead in encouraging both peers and patients (many of whom come from population groups under-represented in the electorate) to register and vote. She said that a study about two years ago found that physicians themselves had a lower voting rate than the general public; and U.S. voting rates have been low among developed countries.
- b. Joining Forums and Town Halls: Another Website shared by Ashley for the agenda was www.townhallproject.com to encourage health professionals to join candidate forums and town halls, where they can ask questions about candidate plans to protect climate health and health equity.

Cynthia Mahoney added that a voter registration drive can be non-partisan. Lee Ballance expressed his appreciation for the opportunity to discuss this and the other topics on the agenda.

7. California Department of Public Health

No report. Erica Pan sent a message that she hoped to attend the next meeting.

8. Department of Health Care Services: Karen Mark

Karen was present earlier, but was no longer available to report at this point in the meeting.

9. California Medical Association

Yvonne Choong reported that the House of Delegates will convene on October 24 for its shortest and first virtual meeting, with much of the work being done in advance and polling of delegates online and formal action by the Board of Trustees. Two “major issues” papers are posted for comment on the CMA Website: one on the COVID-19 pandemic response and preparedness, including what has

been learned so far and what engagement CMA should offer with the state; and the other on the future of medical practice, with an emphasis on telehealth and payment structures for physicians. During the pandemic, many practices are seeing fewer patients and having difficulty with adequate reimbursement for the extent of their work, and the model of practice has changed.

10. Osteopathic Physicians and Surgeons of California

Wadsworth Murad reported that the OPSC House of Delegates in October. will consider homelessness, and the nurse practitioner practice bill, which seems to be on a “fast track.” that will exempt those practitioners from physician-approved protocols and give them unlimited practice licenses similar to those of physicians. There is concern about “batch testing” for COVID-19, which may include a lot of false negatives. Suicides should also be a public health concern, with rates at all-time highs.

Dr. Murad also expressed concern about some resignations of county health officers during the pandemic, and the vacancy in the office of Director of the California Department of Public Health. Ron Hattis said that he helped disseminate information about the latter opportunity to members of the California Academy of Preventive Medicine and to a CDC job-posting list. Ron has concerns about what if any public health experts are advising Dr. Mark Ghaly, a pediatrician who heads the California Agency for Health and Human Services (one level above the Department of Public Health in the California government hierarchy), which has issued the new tiers for COVID-19 control measures by counties.

11. Health Officers Association of California (HOAC)

No report.

12. Other Updates from Schools of Medicine

- a. USC: Howard Hu said he feels privileged to have arrived as the new Chair of Preventive Medicine. His prior positions include having been Dean of the School of Public Health at the University of Toronto, as well as academic positions at Harvard, Michigan, and the University of Washington. Over the next few years, he hopes to expand by about 15 faculty slots and to open a pandemic population health research center for research, survey methodology, and laboratory studies.
- b. Kaiser: Rose Rodriguez announced that after several years of planning, the first class of the new medical school is in its fourth week of full curriculum, after a 3-week “early immersion” orientation. The class has 50 students. Ron Hattis expressed congratulations for bringing the school to fruition after a long planning phase.

13. Updates from Schools of Public Health

See above re reports from UCSD and UCB Schools of Public Health, already reported.

14. Next Meeting: A Tuesday Morning Early in December 2020

Agenda Ideas: Ron Hattis suggested that each meeting should include any relevant updates on the Coronavirus pandemic, but that the special topic for the next meeting be selected public health impacts of prejudice and inequality in criminal, social, political, and environmental justice.

Chair Mark Horton adjourned the meeting a little after 9:30 a.m.

Submitted by Ronald Hattis, MD, MPH, Secretary

Approved at Forum meeting 12/8/20