

California Public Health/Prevention Medical Leadership Forum  
21st Conference Call Meeting  
**Tuesday, December 4, 2018, 8:15-9:30 am PT**  
**MINUTES**

**Call in: (515) 739-1015      Access Code: 457-029-043#**

**1. Roll Call by Institution, with Introductions of Newcomers**

CAPM: Ronald Hattis (Chair for this meeting; Mark Horton is chairing concurrent meeting of Alumni Society of Association of State and Territorial Health Officials), Donald Lyman  
California Department of Public Health (CDPH): Susan Fanelli, Aimee Sisson  
Health Officers Association of California (HOAC): Kat DeBurgh  
California Medical Association (CMA): Samantha Pellon  
Osteopathic Physicians and Surgeons of California (OPSC): David Canton, Richard Riemer  
Northstate Univ.: Peter Yip  
Touro Univ.: Catherine West  
Calif. Health Sciences Univ.: Lisa Chun, Anne Vangarsse  
Stanford Univ.: Eleanor Levin  
Western Univ.: Maryam Othman  
University of California, San Diego (UCSD): Margaret Ryan  
University of California, Berkeley School of Public Health (UCB SPH): Will Dow  
University of California, Los Angeles School of Public Health (UCLA SPH): Jonathan Fielding  
San Diego State Univ.: Hala Madanat

**2. Minutes of September 11, 2018 Meeting**

Action: Approved with minor clarification of the roles of Drs. Riemer and Canton as OPSC representatives, and the fact that before really moving forward, the Public Health Committee will need the OK of a new Executive Director.

**3. California Department of Public Health and Department of Health Care Services**

Ron Hattis alerted Susan Fanelli that some important material was left off the CDPH Web site when it was updated. An example is information sheets for general HIV testing in clinical settings, and their translations. Ron is working with Office of AIDS Staff to try to restore these. Susan said that the department had attempted to retain the current, relevant material, but that some useful information was “left behind” and is being added back as it is noticed. She invited notification of any more examples.

Ron also noted that there is no budget or assigned responsibility for wide dissemination of information about new laws to all who need to follow them, e.g., some in the medical community are still unaware of changes in HIV testing provisions passed in recent years. Susan agreed that this is a problem and that there is no mechanism for sharing new laws widely, and said that it is up to stakeholder groups to do this. CDPH works to assure that its internal staff are aware of and implementing new laws, but depends on stakeholders to get the word out to everyone else. The medical and osteopathic medical boards could be

asked to inform physicians about new legislation affecting physicians. Susan said she would talk to CDPH deputies about whether there is a way, once new laws go into effect in January, to at least publicize highlights of new laws that have wide impact. CDPH tracks 300-400 bills each year, and there would be a question of “where to draw the line.”

Announcement: Susan Fanelli announced that a change in the CDPH organizational chart has established a new Assistant Director position, and that Dr. Charity Dean, who was the Health Officer of Santa Barbara County, has been appointed to fill this within the past month. She will be managing the Center for Health Care Quality, including the Licensing and Certification Branch. These functions occupy about a quarter to a third of the department’s staff, and the change will raise its profile. Susan heads the other centers, including Environment Health, Infectious Disease, Family Health, Healthy Communities/Chronic Disease, Office of Emergency Preparedness, Fusion Center (which cuts across boundaries), and temporarily, the Office of Quality Performance and Accreditation..

The Department is working with the Transition Team for the new Governor, and it is uncertain at this time whether the department directors and assistants will be replaced. Ron Hattis thanked Susan Fanelli for her participation today, and emphasized the value of CDPH representation. Today it is especially important because of our review of the large wildfires for which Susan was the lead from CDPH. This topic is next on the agenda.

#### 4. **The Public Health Impacts of Wildfires**

Ron Hattis mentioned several public health concerns associated with large wildfires:

- Mortality, dwarfing some mass shootings in the case of the Camp Fire in Paradise
- Diversion of resources from multiple budgets including health, for recovery
- Longlasting mental health impact, including PTSD
- Massive exposure of up to millions of residents to unhealthy air

With regard to the last, Ron mentioned anecdotally his own experiences in the World Trade Center recovery and a San Bernardino fire. There is no complete escape from unhealthful air for a sometimes prolonged period of time, for areas much wider than those for which evacuations are ordered.

Ron asked Susan Fanelli to inform the group about the actual role that CDPH performed in the recent fires and the roles of public health in large wildfires.

Susan said that the Medical Health Coordination Center was activated on the first day of the fires, and operated every day including weekends and holidays. It coordinated the functions of all parts of CDPH and other departments in the Agency, and coordinated with local health departments. Roles changed as the emergency progressed, and functions were different in the southern vs. northern fires. The first priority of public health involves evacuation of health care facilities and monitoring of health care facility needs. CDPH assisted in evacuations, finding substitute beds, and also in finding generators when power went out. A “dashboard” tracked facilities impacted and those nearby that might be able to accept transfers. About 300 skilled nursing beds were lost in Northern California. The individuals who were

moved were monitored. Some had to be housed temporarily in shelters. In Santa Rosa, some patients had to be moved more than once as the fires progressed and shifted directions.

Another major CDPH role was supplementing often-small local health departments to fulfill the public health role in shelters in Northern California, such as health screening for GI and other infections, hand washing facilities and portable toilets (rented by the Department and rapidly obtained, through pre-existing contracts through General Services and Cal-OES that include cleaning and full servicing), and infection control including isolation. Some shelters were operated by the Red Cross, some by churches, many “popping up” in facilities not equipped to handle sanitation and other public health functions. Sanitation is usually not one of the first considerations when shelters are opened, particularly small ones.

Shelters in Southern California were generally temporary and monitored by local health departments, whereas in the north local health departments were too small to handle the task, so CDPH did so. Longterm monitoring of shelters by the state had not been needed in previous fires or other disasters, so this was a new experience including field work. There were up to 11-13 large shelters operating at once in the north, and some needed to be maintained for weeks. By the end of this week, closure and consolidation will hopefully leave only one shelter open, the “Silver Dollar” shelter in Chico. Shelters were called daily and visited frequently by a team of 3 Department staff. Early on, there were several outbreaks of Norovirus and of influenza-like illness (ILI) in shelters to deal with. Volunteer turnover created a need for continuing the frequent visits. Susan herself visited all of the shelters at least once.

Some staffing was provided by department infection control nurses and Epidemic Intelligence Service (EIS) Officers assigned to the state by CDC. There was some help from disaster medical teams (federal DMAT, state CalMat), and Kaiser supplied a mobile clinic, and some are still activated. Behavioral Health Staff were supplied in some cases by other counties. FEMA supplied 90% of many of the types of costs. Payments for many expenses that were state responsibility are still pending, with sources for payment still being worked out. There was coordination with the Department of Social Services to assure that needed services were provided in the shelters.

The air pollution problem in fires was discussed next. Susan Fanelli said that staying inside in filtered air, or getting out of the affected areas, is optimal, but not always possible. N-95 respirators can be used when those remedies cannot be implemented. The Department also supplied N-95 respirators, already stockpiled for influenza, for persons who needed to be out of doors or were involved in debris cleanup. She noted the importance of a “toolkit” for air pollution response, based on experience with past fires. She recommended involving Cal-OSHA about whether to continue outdoor work assignments. Don Lyman noted that the state Air Resources Board (which originated within Public Health in the 1060s, after earlier local control efforts in Los Angeles County), and regional/local air quality districts, give health guidance on air quality. Health Department representatives met in October to share advice that had been given about air pollution. One problem is that different agencies overseeing air quality use different standards and guidelines for staying indoors, etc., and there is a need for more consistency. The various authorities exchanged policies to assist in answering questions from local governments, schools, etc.

Jonathan Fielding, a former health officer for Los Angeles County, noted that Preventive Medicine advice can be useful for pollution. He also mentioned the dilemma of when to advise discontinuation of

outdoor work, and the loss of income for private sector employees if they cannot work. He mentioned the need to advise school districts on whether to close schools or cancel outdoor activities including sports (which becomes political, as schools including colleges are reluctant to cancel athletic events). He also suggested that teaching of physicians and of public health professionals include the response to pollution caused by disasters such as fires. Dr. David Canton, who is health officer of Merced County, said that local health departments strived for consistency with state guidelines and local air pollution districts. His department recommended staying indoors but did not distribute N-95 respirators. Ron Hattis mentioned the need for including fire scenarios in disaster drills or exercises by hospitals, local health departments, etc.

Another area of involvement of CDPH was in guidance, including the issuing of documents on such topics as air quality, infection control, safe cleanup, Norovirus and ILI in shelters, etc. CDPH provided guidelines and posted them on the Department's Website. Local assistance centers were staffed, that supplied replacement of thousands of vital records and WIC cards, to replace documents destroyed by the fires. Genetic screening of newborns was maintained, including transportation of specimens. Facilitation of replacement of lost prescription drugs was another area of involvement for those in affected zip codes.

Debris removal (one of the main concerns in an earlier Sonoma County fire) will be ongoing and difficult. There are two levels, first removing toxic materials and of large obstructions. CDPH will work with local health departments to be sure that everyone understands the process. A local public health emergency can be declared to clear the right of way.

Don Lyman asked about lessons learned for the future. Susan Fanelli mentioned a need for better GIS mapping of health care facilities licensed by Social Services. She also suggested closer coordination with regard to distribution of N-95 respirators. Some counties did not recommend their use, but some cities within those counties did, creating a "disconnect." Avoidance of judgmental attitudes in state staff sent out to shelters is important to assure receptiveness by the shelter.

At the next call, prevention, teaching, and air pollution may be further discussed.

## **5. Continued Discussion on Physician Roles in Violence and Terrorism**

Samantha Pellon said that CMA hoping to conduct a Webinar in 2019 or other teaching about screening patients for risk factors for firearm violence from a clinician perspective, and initiating a conversation with the patient or family member. A position statement was developed in the last year. The UC Davis firearms research group has been gathering data and prevention approaches, and has developed resources including handouts for physicians and patients. Gun violence restraining orders can be obtained, per recent legislation. Ron Hattis mentioned the Tarasoff court decision that a physician may warn persons who have been threatened with violence, regardless of patient-physician confidentiality. This topic will be closed for now, but can be reopened.

## **6. California Medical Association**

- Brief Summary of October 13-14 House of Delegates (HOD)

Don Lyman reported that the entire HOD this time was devoted to issues related to health care delivery and payment reforms: A report on the social determinants of health from Don's Council on Science and Public Health was adopted, and later approved by the Board of Trustees.

Final action on 4<sup>th</sup> Quarter CMA 2017-18 resolutions Impacting Public Health: Samantha Pellon, Don Lyman

Don explained how CMA councils, including the one on Science and Public Health, which he chairs and which is responsible for the "100" series, review resolutions and submit favored ones, usually with amendments, to the Board of Trustees for action. The following resolutions were still pending final action by the Board of Trustees, and were presented for information, but not discussed due to time constraints. On request, some can be discussed at the next meeting.

- Resolution 112-18 (Reporting of Parkinson's Disease): Would call for delay in implementation of mandatory reporting, would advocate that patient consent be obtained before reporting, and that support be sought for the time spent).
- Resolution 208-18 (Medication Assisted Treatment via telemedicine): Would support Congressional legislation to permit MAT via telemedicine.
- Resolution 209-18 (Changing Immunizations from Medicare Part D to Part B): Would sponsor changes to rules for Part D and Part B, so that patients could use either depending on whether the immunization is received at a physician's office or a pharmacy.

4<sup>th</sup> Quarter CMA 2017-18 resolutions for which Council and Board of Trustees action deferred till next quarter

- Resolution 502-18 (Support for Dissemination of Negative Results): Would declare CMA's support for prompt and transparent dissemination of negative results, and would work with the University of California, IRBs, and journal editors to encourage this.
- Resolution 503-18 (Divestment from the Gun and Ammunition Industries): Would urge all health related organizations to divest from investments, and would refer for national action.
- Resolution 504-18 (Gun Violence – Compensation for Healthcare Expenditures): Would call for reimbursement of gun violence from gun industries, to health providers and survivors of gun violence, similar to the tobacco industry reimbursements (which would probably mean compensation funds).
- Resolution 505-18 (Holding the Pharmaceutical Industry Accountable for Opioid-Related Costs): Would call for reimbursement of medical and economic costs to patients and healthcare providers impacted by the opioid abuse and addiction epidemic, from the pharmaceutical industry, similarly to the tobacco industry reimbursements (which would probably mean compensation funds).

## **7. Osteopathic Physicians and Surgeons of California Issues**

Richard. Riemer reported that a new Executive Director, Nick Birtcil, has just begun work, who had been a Vice-President from CMA for 9 years. He will be looking at the question of activating the new Public Health Committee.

## **8. Health Officers Association of California (HOAC)**

Kat DeBurgh had no report at this time.

## **9. Updates from Schools of Medicine**

Richard Riermer, who is also a Senior Associate Dean at Touro University, reported that Touro will be participating in a conference co-sponsored by CDC on opiates. The curriculum as it deals with opiates and addiction will be re-evaluated. Disaster management will also be addressed in the upcoming curriculum review.

Several new and developing medical schools were mentioned. (Some details below about these schools were inadvertently misstated orally in the meeting and are corrected here.)

- Peter Yip said that Northstate University now has all four years functioning and some residency programs (as does UC Riverside), and students are doing very well on Board exams.
- California University of Science and Medicine has achieved preliminary accreditation for MD degrees, and is opening with a first year class in July 2019. It is building a new campus in Colton, which should be ready by 2020.
- California Health Sciences University in Clovis, the first Central Valley medical school, will offer DO degrees and hopes to enroll its first students in fall 2020.
- Kaiser Permanente is developing a medical school granting MD degrees in Pasadena, and hopes to admit its first class in summer 2020.

## **10. Updates from Schools of Public Health**

Jonathan Fielding announced that the Dean has left, the acting Dean is Ron Brookmeier, and a search has been launched for a permanent Dean. Ron Hattis expressed hope that the new Dean will be more supportive than the departed Dean, who thought that a forum dealing primarily with physician issues was discriminatory.

Hala Madanat had no report from San Diego State. Will Dow was on today's call but was no longer on when called on.

## **11. Legislation Passed and Signed by Governor, Related to Public Health, for Information**

- AB 626 (Garcia, Microenterprise Home Kitchen Operations): Will allow more products prepared in home kitchens to be marketed commercially. HOAC and CAPM opposed.
- AB 1534 (Nazarian, Health Care Coverage for HIV Specialists): Will permit the same provider to be both the HIV specialist and the primary care provider.
- Gun legislation (some other bills vetoed):
  - AB 1968 (Low): Will impose a lifetime ban on gun ownership for persons taken into custody and incarcerated or admitted more than once in a year due to mental health disorders posing a danger to self or others
  - AB 3129 (Rubio): Will impose a lifetime ban on gun ownership for individuals convicted of domestic violence
  - SB 1100 (Portantino): Will raise the minimum age to 21 for purchasing any firearm

- SB 1200 (Skinner): Will add magazines to definition of ammunition, as items that can be temporarily confiscated as part of a gun violence restraining order
- SB 1346 (Jackson): Will ban multi-burst trigger activators including “bump stocks”

## **12. Propositions (Initiatives) that Passed on 11/6/18, for Information**

- 2: Authorizes bonds to fund existing housing program for individuals with mental illness
- 4: Authorizes bonds funding construction at hospitals providing children’s health care
- 11: Requires private-sector emergency ambulance employees to remain on call during work breaks; eliminates certain employer liability

## **13. Next Meeting: A Tuesday in March 2019**

Submitted by Ron Hattis, Secretary (also chairing this meeting)

These minutes were approved at the Forum meeting on March 19, 2019.