California Medical Leadership Forum for Public Health/Preventive Medicine

35th Meeting (8th using Video)

Tuesday, June 14, 2022, 8:00-9:30 am PST

MINUTES

This meeting used the Zoom account from the California Academy of Preventive Medicine (CAPM). "Handouts" were attached to the email announcement, and included the agenda, last meeting's minutes, letters sent to CDPH and CDC, resumes of candidates for Chair and appointive offices, Forum bylaws, and some legislative bills of public health interest.

---

1. **Zoom Roll Call, combined with Introductions and Reports**

California Academy of Preventive Medicine (CAPM)

- **Mark Horton**, Chair of this Forum
- **Ron Hattis**, Secretary of this Forum
- **Don Lyman** mentioned that he handles legislation for the CAPM.

State Government: California Department of Public Health (CDPH)

- **Jessica Nunez de Ybarra** works in the CDPH Director's office, as Community Health Medical Administrator. She said that the 2022-2023 state budget proposal includes $300 million to enhance the staffing and responsiveness of public health, which is expected to be renewed annually, including $100 million for CDPH and $200 million to be distributed among the 58 counties and 3 cities with public health departments, 70% of which must be expended for staffing. Criteria for distribution of this money are being developed, and will probably not require a grant process. There is an intent to allow maximum flexibility to local departments, but concern that counties be transparent and actually expand their staff rather than substituting this funding for other sources for existing positions. CDPH also has a plan to promote research throughout the University of California system. CDPH is facing multiple challenges, including infant formula shortage, COVID, and monkeypox, and burnout and resignations are occurring but at the same time the prospects for expansion are exciting. Mark Horton suggested consultation with CAPM.

Osteopathic Physicians and Surgeons of CA

- **Holly Macriss** is the new Executive Director of OPSC and this is her first meeting. She will also try to recruit a physician to join her as a representative. She mentioned later in the meeting that she felt welcome and was learning a lot.

Brief descriptions from four schools of their MPH and/or dual degree programs not given at last meeting:

- UC Davis: **Jeffrey Hoch** presented a few slides, and explained that he is a health economist. He teaches first and second year medical students methods and designs as part of the health systems science curriculum. There is a Graduate Group in Public Health Sciences, 19 years old, chaired by Carolyn Dewa who also participates in this Forum, and both an MPH and PhD in public health are offered. About 10% of MPH students are physicians, including residents. A dual degree program for medical students is being considered
- Touro University: **Traci Stevenson** also presented a few slides. In 2007, the MPH program was established, and at the same time, a dual DO/MPH program. About 10-15 osteopathic students participate in that each year, or about 10% of each osteopathic class size of 135-145. There are options to complete the dual degrees in either 4 years (including the summer before starting medical school and the following summer, and 12 course hours inserted into the curriculum during the academic year), or 5 years (inserting the MPH between the second and third year). Preliminary surveys indicate that graduates of the program consider the MPH courses as an asset to their careers. A study is planned. There is so far no specialty track for the medical students. **Bronwyn Sing** from Touro was also present, and added that there have been faculty shifts. Alesia Wagner, a former Touro representative on this Forum, is now an Associate Dean.

<u>Other Reports from Schools of Medicine</u>

- CHSU Osteopathic (Clovis): **Sara Goldgraben** reported that the school's third entering class will be starting with 162 students, which is planned as the size of each new class going forward. The second class progressing to clinical rotations in August has 77 students. The patient sites will emphasize underserved populations, including FQHCs and community health centers. A research day in May had 61 student posters.
- Western University (COMP): **Maryam Othman** reported that the second cohort of "dual enrollment" osteopathic students will begin their MPH studies at nearby Claremont Graduate University. The first cohort consisted of 25 students and will be moving on to a second year of public health classes, and the second cohort will be at least as large, indicating great popularity of this option. Ron Hattis noted that there is an increase in dual degree programs across the country, and that most physicians with MPH degrees will be doing clinical medicine because there are not enough jobs in public health. There is an opportunity for research on how the extra training will influence choices of specialty and patient care perspectives.
- Keck USC: **Jo Marie Reilly** reported on leadership changes in the Keck School of Medicine which may offer some new opportunities. The School of Medicine has a new dean who started in March, and the university as a new President who arrived more recently and has been granted an appointment in the Department of Population and Public Health Sciences. There is a new medical school curriculum and the department is attempting to introduce more preventive medicine for all students. Meanwhile, the dual degree MD/MPH program (which she heads) has the largest new cohort in its

history, 17 students, and she is working to strengthen and support the program and review its curriculum. Char Howard Hu of Population and Public Health Sciences could not make it today because he is at the ACPM meeting. Efforts continue to convert the department into a School of Public Health, and to develop more of a partnership with the Los Angeles Department of Public Health as a training site for the MPH and dual degree programs.

- Loma Linda Univ.: **Karen Studer**, Preventive Medicine residency director, reported that a planned dual MD/MPH degree program has been implemented cooperatively by the Schools of Medicine and Public Health. It adds a 5th year of study, as the MPH is taken over a year between the third and fourth medical school years. The students take the Population Medicine track described at the last meeting by Lori Wilber, designed for health professionals and the default track also taken by residents.
- Kaiser-Permanente: **Rose Rodriguez** said that the third entering class of this new school will matriculate at the end of July. Students in the first two years are assigned to a Kaiser health center, and by the end of the second year must have completed a "practicum" project. The first second-year class has completed these projects and they are being evaluated. Every class so far has had a special character.
- Stanford Univ.: **Eleanor Levin** reported that there is a new initiative for community health, financed by a donor, The plan is for clerkship opportunities for underserved populations in the communities of Santa Clara County, and potentially reaching toward Alameda County. Stanford School of Medicine is very research-oriented, and there is an option to split the first year into two years in order to do research, usually laboratory oriented but with the possibility of epidemiological projects. See continuation from Stanford by Eleanor and Sandra Tsai, under Special Topic, preventive cardiology.

<u>Reports from Schools of Public Health</u>

- UC Berkeley: **Dean Michael Lu** apologized for poor attendance at past Forum meetings and explained that the meeting time has conflicted with a campus meeting all year long. For the past two years he has been organizing deans, directors, and chairs of all 32 schools and programs in the state that teach about public health into a network, to have a stronger voice and impact for public health statewide. Recently, this network obtained funding to become the California Alliance of Schools and Programs of Public Health (CA-SPPH). He said there are four objectives: 1) to train the next generation of anti-racist public health workers; 2) to create a collective research agenda for health equity, 3) to build academic partnerships with state and local public health, and 4) to achieve stronger policies and advocacy for public health in Sacramento and beyond.
- UC California, San Diego: **Margaret Ryan** said that she, along with a majority of the Preventive Medicine physicians, have moved over to the School of Public Health, whose dean is Sheryl Anderson. The Preventive Medicine residency is dually affiliated with both schools. Linda Hill, another representative to this Forum, continues in an

active role in the School of Public Health, and Margaret described as always being a hero for UCSD public health.

Guest

- **Robert Benjamin** identified himself as a former health officer who over more than 50 years has worked in multiple capacities for Alameda Co., Marin Co., City of Berkeley, and most recently Sonoma Co. where he is helping with TB and communicable diseases. He is a liaison from Stop TB USA to the CDC Advisory Council on the Elimination of Tuberculosis. A special interest is to involve the nation's 800,000 pharmacists in the interface between diabetes and TB. Latent TB infection has 3 times the rate of activation to clinical disease with infectious status in diabetics. There is an opportunity to screen diabetics for infection and to give preventive treatment, but this is not yet recognized as a priority by CDC or the American Diabetes Association. Bob would like to see pharmacists involved with this and other preventive medicine activities besides immunization. Some pharmacies are already providing diabetes education to their patients.

2. **Minutes of March 8, 2022 Meeting** (previously shared with presenters; handout)
There were no additions or corrections.

   Action: Mark Horton declared the minutes to have been approved by consensus.

3. **Today's Special Topic:**
Preventive Cardiology: Applying Prevention to the Top U.S. Cause of Death

   Presenters: Sandra Tsai and Eleanor Levin, Stanford University School of Medicine alternated in delivering portions of the presentation.

   References:
   https://decade.it.usf.edu/nursing/Preventive%20Cardiology/mod1/Preventive%20Cardiology%20Past,%20Present%20and%20Future%20output/story_html5.html
   Online Course offered by Stanford: https://online.stanford.edu/courses/som-xche0021-preventing-heart-disease

   The written summary below is less complete than the slides, which will be distributed with the next meeting announcement.

   BACKGROUND

   Deaths from cardiovascular disease, the #1 killer in the U.S., declined from 2000-2010 but since then has been rising, men > women. From 1985-2012, there were more deaths

in women, but since then male deaths have risen more than female. The suspected culprit is the rise in obesity.

2019 PRIMARY PREVENTION GUIDELINES

In current ACC/AHA guidelines, lifestyle is the foundation for primary prevention of CVD. New areas of emphasis are social determinants of health and shared decision-making. Most M.I.s occur in persons with at least one risk factor not controlled. Recommendations are the "Simple 7": stop smoking, exercise, control cholesterol, manage blood pressure and blood sugar, and lose weight, and eat a healthy diet. Each one of these independently reduces risk. A Mediterranean diet is as effective as medication.

Any amount of exercise is helpful. The highest risk of inactivity appears to be from prolonged sitting, which raises all-cause mortality. Optimally, 150-300 minutes of moderate physical activity or 75-150 minutes of vigorous activity are recommended weekly.

LIPIDS

2018 lipid guidelines recommend follow-up in 8-12 weeks after statins are started or dosage changed. Patients, especially women, are being treated starting at ages 10 years younger than in the past. LDL levels recommended are 100 mg/dl or less if meet guidelines for treatment but no coronary artery disease is yet present; 70 or less if coronary disease; and 40 or less if symptomatic or if LP(a) is elevated. Risk enhancers include inflammatory diseases such as rheumatic arthritis or other auto-immune diseases, HIV, LDL persistently >160, Southeast Asian or Filipino descent (LDL is not always elevated with coronary disease), premature menopause, or pre-eclampsia. Triglycerides are not also considered a risk factor if over 175, and are treated with medication if over 300.

CORONARY CALCIUM IMAGING

If risk status is uncertain, use of the ASCVD risk calculator is encouraged, and the Coronary Artery Calcium (CAC) score is useful. The latter test can be obtained for as little as $100-150, and radiation exposure is low.

ASPIRIN

Aspirin use for primary prevention has been downgraded in ACC/AHA recommendations. It now can be considered in patients 40-70 if ASVD risk score is elevated (>10% 10-year risk of CVD event) or if the CAC is over 100, and no increased risk of bleeding. For this population, the number needed to treat (CVD benefit) over a 5-year study was higher than the number needed to harm (experience a major bleed). The

benefit was greater for men than for women. Aspirin is not recommended for primary prevention over age 70, or if there is elevated bleeding risk. The USPSTF guideline limits the age group 40-59.

CARDIOVASCULAR BENEFITS OF TWO CLASSES OF DIABETES DRUGS

Sodium glucose co-transporter 2 (SGLT-2) inhibitors increase glucose excretion in urine by blocking glucose reabsorption in the proximal tubule. However, they have also proven to help prevent heart failure as well as diabetic kidney disease, and to benefit patients with heart failure. Glucagon-like peptide 1 receptor (GLP-1) agonists help diabetes in four separate ways. However, they have also been found to help prevent coronary artery disease, and to assist in weight loss. The 2022 ADA guidelines encourage use of these drugs for diabetics at risk for coronary artery disease, kidney disease, or heart failure, but they can also be used for non-diabetics.

HEART FAILURE (HF) PREVENTION AND TREATMENT

Eleanor noted that there can be a wait for months in some medical settings to get an appointment with a cardiologist solely for prevention, as opposed to urgent appointments after an M.I. has occurred. She recommended that prevention guidelines be disseminated so that they are followed by primary care providers including NPs and PAs.

For Stage A (risk of HF, no structural damage), patients should control blood pressure, follow healthy lifestyle and diet, and if diabetic, should use an SGLT-2i.

For Stage B (asymptomatic but some structural change such as reduction of ejection fraction), there are treatment recommendations to avoid symptomatic heart failure. If left ventricular EF is under 40, the patient should be on an angiotensin converting enzyme (ACE) inhibitor or (if not tolerated) an angiotensin-II receptor blocker (ARB). If the patient becomes symptomatic, an If in addition there is a past history of M.I. or acute coronary syndrome, a statin and a beta blocker are also indicated. An implantable converter-defibrillator should be considered if indicated by guidelines, to avoid sudden cardiac death. Drugs to avoid include the calcium channel blockers diltiazem and verapamil, which have negative inotropic effects, and thiazolidinediones, which can increase the risk of HF including hospitalizations.

2022 guideline-directed medical therapy (GDMT) Class I medications recommended for symptomatic HF (Stages C and D) include an ACE inhibitor, ARB, or increasingly an ARNI (angiotensin receptor-neprilysin inhibitor); a beta blocker; an aldosterone receptor blocker; an SGLT-2i regardless of diabetes. If needed for congestion, a diuretic can be added.

SPECIAL CONSIDERATIONS FOR WOMEN

There are increased cardiovascular risks in some conditions that only women get: polycystic ovary disease, hypertensive disorders of pregnancy, gestational diabetes, pre-tern birth, pregnancy loss, and as mentioned above, premature menopause and pre-eclampsia. Obesity also seems to be a higher risk for hypertension in women, as is atrial fibrillation for stroke risk. Psychosocial factors are important and should be screen for.

Drs. Tsai and Leven were thanked for the excellent presentation.

4. **Election of Chair for Next Two Years; Appointment of Vice-Chair and Secretary** (5 min.)

   Reference: Current Bylaws of this Forum, attached to announcement email
   In accordance with the Bylaws and the decision at the last meeting to create a Vice-Chair position, the Chair will appoint the Vice-Chair and Secretary.

   Ron Hattis nominated Mark Horton to serve another two-year term as Chair. There were no other nominations, and no oppositions.

   Action: Mark B. Horton was re-elected by consensus. Mark in turn appointed Ron Hattis as Vice-Chair and Traci Stevenson as Secretary.

5. **Forum Letters Sent to CDPH and CDC re Priority Attention to Increases in Non-COVID Mortality**

   Reference (Presented at December 2021 meeting): Increases in Non-COVID Mortality in California: Michael Samuel, CDPH
   https://skylab.cdph.ca.gov/communityBurden/_w_dc5c1565/xMDA/2020_Excess_Mortality.html

   Letters sent were attached to announcement email for information; not discussed due to time constraints. No response was received from CDC. Communications were received by email from CDPH, inviting input from the Forum on such issues.

6. **Pending Legislation: Some Bills of Public Health Interest**
   Ron Hattis said that anyone interested in looking up the following bills (which are supported by CAPM) can find then at www.leginfo.legislature.ca.gov.

   AB 1930 (Arambula): Request CMS approval for Medi-Cal to pay for unlicensed health workers to assist in perinatal care
   SB 866 (Wiener & Pan): Allow vaccine consent from age 12
   SB 1479 (Pan): School districts to have COVID testing plans; CDPH to help coordinate

7. **Recommendations for Infant Formula Shortage**

Ron Hattis said that he had attached to the cover email his recommendations for alternatives to prepared infant formulas, which are in a shortage crisis. These include mixing evaporated milk formulas temporarily if no formula can be found. Such formulas nourished millions of American babies for close to 3 past decades and were not a source of large-scale dangers. This document can be individually reviewed. Ron will welcome any feedback.

8. **Next Virtual Meeting: Tentatively September 13, 2022.**
   Special topic may involve medical school curriculum, and curriculum deans may be invited.

These minutes were submitted by Ron Hattis, Secretary, and were accepted at the September 13, 2022 meeting.