

California Medical Leadership Forum for Public Health/Preventive Medicine

36th Meeting (9th using Video)

Tuesday, September 13, 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.

Meeting started at 0800 with Roll Call combined with reports (brief) to save time as done in recent meetings. There were 34 participants at this meeting.

Vice Chair, Ron Hattis, began with naming participating entities, asking to hear first from regular representatives, who could then also introduce special guests from their entities. Vice-deans and others associated with curriculum at the schools of medicine and public health were invited to this meeting as guests.

I. ROLL CALL AND REPORTS (36 in attendance)

California Academy of Preventive Medicine (CAPM): (sponsoring entity): no special reports

- **Mark Horton** (will be connecting via audio),
- **Ron Hattis**
- **Don Lyman**
- **Sumedh Mankar**

California Department of Public Health (CDPH):

- **Caroline Peck** reported.
 - Ron Hattis inquired about 200 million dollars scheduled for local health departments annually for infrastructure. When will the money be distributed?
 - Caroline said that distribution has already begun, and included the following information in chat:
 - The Local Health Departments have received their initial Future of Public Health General Fund (\$200M across CA per year, of which at least 70% is for staffing). This is to bolster public health and emergency response efforts.

(Mark Horton from CAPM was able to log-in and took over the roll call at this time.)

American College of Preventive Medicine (ACPM):

- **Melissa Ferrari**, Vice President for Membership and Operation provided the following report:

- Advocacy Efforts continue: Senate and House have additional 1 million in appropriations to fund Preventive Medicine Residency programs; first increase in many years.
- 10 Essentials of Public Health Services is an educational program with CME available through ACPM.
- Partnership with VA, offering Military Environmental Exposure Certification Program
 - Free to anyone interested to take
 - About 90% of veterans do not go to VA for support.
 - Skills and knowledge are provided for any healthcare professionals who engage with Veterans.

Links provided in the chat:

<https://www.acpm.org/education-events/military-environmental-exposures-certification/>

<https://learn.acpm.org/Public/Catalog/Details.aspx?id=%2bY7n7q1sCbmuTUjj%2ba1CoQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3d%252bY7n7q1sCbmuTUjj%252ba1CoQ%253d%253d>

- PM 2023 Conference will be March 20-23rd in New Orleans; abstract and Poster openings for conference launched last week. Two members of this group are already involved:
 - Linda Hill is part of the planning committee.
 - Karen Studer is a track chair. She provided link for submitting abstracts in the chat:

https://tools.eventpower.com/speaker_management/index/23ACPM-PM2023?mkt_tok=OTg1LUVYWS0zNTYAAAGG0Pk6tpt5qVfpAYp1J42YIzWo33hKPs6GgSsGtEVVh28zY5Nfivfz9XVosaDqtnxXxDdem69rnclL7eL3Fzc3WL4AiGx8y9sBIDVC

Osteopathic Physicians and Surgeons of California (OPSC):

- **Holly Macriss**, Executive Director of Osteopathic Physician and Surgeons of California,
- **Anita Gupta** was introduced as the physician representative from OPSC, who is participating for the first time.
 - OPSC has just completed successful Fall Conference in Monterey with the next statewide conference in February 2023 in San Diego

SCHOOLS OF MEDICINE:

University of California, Davis (UCD):

- **Kristen Olson**: Associate Dean for Curriculum and Medical Education; introduced herself (first time participant)
 - Ron Hattis mentioned that Jeffery Hoch and Carolyn Dewa are ‘regular’ participants, but not on the call.

Touro University:

- **Bronwyn Sing** announced herself.

- **Alesia Wagner** is now Associate Dean of Academic Affairs, joined as special guest.
- **Traci Stevenson** is this Forum's new Secretary, and just joined the meeting (having tech. difficulties; just arrived). She will be presenting the teaching of nutrition at Touro.

University of California, San Francisco (UCSF):

- **Allan Ndovu**, 4th year medical student, is working on Climate Change Curriculum, and will report later in the meeting.
- **George Rutherford** joined later.

University of California, Berkeley Joint Medical Program with UCSF

- **Jyothi Marbin**, Pediatrician and Director of the Joint Medical Program, introduced herself.

Stanford University:

- **Sandra Tsai**, part of the Preventive Cardiology Clinic; introduced 3 additional attendees from Stanford on the call (ultimately there were 5 participants from Stanford, the greatest number from any entity):
- **Julie Parsonnet** will be the presenter on gun violence curriculum.
- **Preetha Basaviah**, Assistant Dean for pre-clerkship education; said she is happy to talk about curricular issues.
- **Dean Winslow** had been invited to speak on gun issues, but deferred to his wife, Julie.
- **Eleanor Levin** joined at 9:00 a.m. and did not introduce herself.

California Health Sciences University of Osteopathic Medicine (CHSU)

- **Sara Goldgraben**, Assistant Professor of Specialty Medicine, introduced herself.

California University of Science and Medicine (CUSM)

- **Zohray Talib**, Senior Associate Dean for Academic Affairs, introduced herself.
- **Greg Green**, Senior Associate Dean for Medical Education had to leave early.

Loma Linda University (LLU)

- **Karen Studer**, Program Director for Preventive Medicine Residency, reported the following:
 - Preventive Medicine is represented in curriculum in every year as well as lifestyle medicine.
 - Curriculum was updated since the last time this Forum had a meeting on curriculum, 5 or 6 years ago.
 - Karen will be presenting on the need to educate medical students about all specialty options.

University of California, Riverside (UCR)

- **Mark Wolfson**, Chair of the Department of Social Medicine, Population, and Public Health, said that UCR has a large amount of Public Health and Population Health in its undergraduate medical program; would like to improve integration, looking to learn from these discussions.

Kaiser-Permanente

- **Paul Chung**, General Pediatrician and Chair, Department of Health Systems Science
- **Rose Rodriguez**, Director of Community Engagement for School of Medicine

University of California, Los Angeles (UCLA)

- **Jason Napolitano**, Associate Dean of Curricular Affairs at School of Medicine, will be presenting on racism.
- **Priyanka Fernandes**, Director at UCLA Preventive Medicine Residency, will be a regular representative. This was her first meeting.

University of Southern California (USC)

- **Sonali Saluja**, General Internist and Co-Director of Health Justice and Systems of Care Curriculum. She will be presenting on the social determinants of health.

University of California, San Diego (UCSD)

- **Mathew Allison** helps coordinate the ‘unofficial’ MD/MPH program between UCSD and SDSU. UCSD, Dept of Family Medicine contains Division of Preventive Medicine. There is no MD/MPH program within UCSD itself, even though both degrees are available separately.

Schools of Public Health:

University of California, Berkeley (UCB)

- **Jared Mazzanti**, Director of Strategic Initiative for School of Public Health; previously worked at Berkeley, in mainland China and most recently at Harvard Public Health; Now looking into increasing health technologies and innovation resources. He will be the regular representative, substituting for Dean Michael Lu, and this was his first meeting.

Loma Linda University (LLU)

- **Karen Studer** also reported for the School of Public where she holds a dual appointment. She reported that Helen Hopp-Marshak stepped down as Dean, and the school is in a search process.

University of California, San Diego (UCSD)

- **Linda Hill** continues to direct the Preventive Medicine Residency, and will be reporting later in the meeting on its activities related to opiates.

San Diego State University (SDSU)

- **Eyal Oren**, noted school is associated with preventive medicine residency;
 - SDSU takes students from various MD Schools; Students at UCSD have access to SDSU to pursue MPH

Other Guests:

- **Ashley McClure**, from Climate Health Now, participated.

II. NINE PREVENTION TOPICS AND HOW TO INCLUDE IN MEDICAL SCHOOL CURRICULA

Following Roll Call, nine important issues related to prevention and public health but not in traditional curricula, were discussed. Most began with brief presentations providing examples of how a certain school represented in our Forum has designed a curriculum or is considering one.

1. *Lifestyle and Nutrition with Culinary Medicine Program*: Traci Stevenson, DO; Touro University, COM.

- **Link to this video presentation:**
https://zoom.us/rec/share/78Lys2mCOGL1ZMTUIqsbSQ6pqrTfMYMgUA9WBjiaSp4IbPUdX9rHw5ifuMpG_NP4.go-T-G1cNhh4kUju?startTime=1663026486000
Passcode: c=&m\$d2b
- Highlights included use of health meets food courseware to integrate culinary medicine into undergraduate nutrition curriculum. This includes hands-on cooking with associated patient-based case scenarios and inter-professional and community participation, with a Zoom-based “home teaching kitchen” model led by students. Touro does not have a teaching kitchen, so the students prepare meals in their own kitchens, emulating the presentations.
- Discussion: Ron Hattis praised the Osteopathic Philosophy for being “hands-on and practical.” He asked whether nutrition is conceptualized as part of the management of chronic disease, is this point included in teaching?
 - The HMF Courseware does address both primary prevention and chronic disease management.
- Sandra Tsai and Eleanor Levin also covered nutrition and lifestyle very well in the last meeting, when the special topic was Preventive Cardiology.
- Karen Studer provided input on this topic from Loma Linda:
 - Karen Studer stated that every medical student (Loma Linda) goes through a culinary medicine curriculum in 4th year.
 - Loma Linda has a large teaching kitchen at the School of Public Health.
 - American College of Lifestyle Medicine has a “Food is Medicine” curriculum and many resources. This also includes 100% plant-based recipes.
- Ashley McClure asked if the advantages of a plant-based diet as one way of addressing environmental and climate changes are explicitly promoted.
 - Traci replied that a module looking at Food Security and Food Systems, including agricultural impact, is included in the training and integrated into the Structural Competency Program Learning Outcome
 - Plant based solutions are discussed, but the Mediterranean Diet is considered to currently have the best ‘evidence based’ outcomes related to health metrics. Within this context, the benefits of plant-based diets are noted at Touro but there is no specific requirement that meal preparation be plant based. The Touro program looks at the environmental effects, but overall focuses on health as related to dietary research.
- Ashley provided a link in the chat to the agenda of a Climate Health Equity Symposium on 10/21/22, live in L.A. and with live streaming:

- https://docs.google.com/document/d/1VAQL9ngotSq5mDOWU950nxD_48AmPqtQmX4szYGp0nA/edit

2. ***Teaching the Epidemiology and Prevention of Diseases: Ronald Hattis, MD, MPH, Dept. Preventive Medicine, Loma Linda University and Vice-Chair of Forum***

- ***Slides for the presentation:***
https://www.academia.edu/88086802/Teaching_Epidemiology_and_Prevention_in_Medical_School_Related_to_5_Stages_of_Prevention
- Highlights of presentation include Ron Hattis noting that at many medical schools, epidemiology and biostatistics are taught in a single isolated course, primarily to help students pass the Part I USMLE exam. But that does not integrate epidemiology and prevention into instruction on diseases and clinical care, and the course content may be forgotten.
 - Ron briefly introduced his work on a new paradigm “5 stages of Disease Development,” each stage lending itself to preventive interventions and cost/benefit calculations. Lifestyle and nutrition can be included at any stage of the disease; and something preventive can always be done at every stage of disease in any specialty. Knowing epidemiology and statistical risks helps with the differential diagnosis; Prevention should be addressed by all providers at every visit and should be taught as such.
 - He concluded by recommending that lecturers and case reviewers be required to devote a few minutes of each session to the epidemiology and prevention measures for the diseases being taught. Using this approach, additional courses would not need to be fit into the curriculum.
 - Discussion: Ron noted that change may be a problem for schools where the same lecture has been given for several years, but the outline of lecture content should be checked to assure that these preventive aspects be addressed.
 - Kristin Olson, in the chat, indicated that at UC Davis, their professors generally include this information in lectures.
 - Karen Studer, also in the chat, mentioned that LLU changed their curriculum and preventive medicine is incorporated into every topic. They are also more focused on problem-based learning vs. lectures.

3. ***Opiate and Other Addictions and Treatment of Overdoses: Linda Hill, School of Public Health with Preventive Medicine Residency at UCSD***

Reference:

- <https://journalofethics.ama-assn.org/article/how-should-medical-education-better-prepare-physicians-opioid-prescribing/2019-08>
- Preventive Medicine Residency features tracks that include public health, lifestyle medicine and addiction track with following features noted:
 - Prevention and mitigation of addiction for individuals/communities
 - Training in clinical sites in underserved areas; FQHC, OWN Clinic
 - Addiction in maternal health is covered at UCSD
 - There is a partnership with the county Department of Public Health, which has established a task force on overprescribing of opiates.
 - Opportunities for research
 - Changes related to legalization of cannabis
 - Drug abuse in college students at UCSD

- From this track residents can go to addiction medicine fellowship or into practice in applied public health or clinical practice
- Recommends the Book: The *Empire of Pain* to understand how US got in current predicament, including the story of the Sackler family and OxyContin.
- In the chat various representatives shared efforts in addiction medicine curriculum
 - Touro University, has inter-professional event focusing on addiction medicine; Alesia Wagner also reported that pain is covered in neuro systems and there is an interactive class on communication in substance abuse
 - Kristin Olson shared they cover addiction medicine at multiple points at UCD, starting with alcohol use disorder in first year of medical school. This has been well received by students.
 - Jason Napolitano reported that addiction medicine is covered at multiple points in curriculum at UCLA. All students receive naloxone training in second week of medical school. Traci Stevenson reported TU-COM also provides naloxone training opportunities to students, related to project spearheaded by Christina Kinnevey.

4. **Specialties Awareness: Karen Studer Program Director for Preventive Medicine Residency at Loma Linda University**

- Karen discussed the need for medical students to know about their specialization and career options including preventive medicine.
- Ron Hattis pointed out that an MD or DO degree provides an unrestricted license yet many do not even know all of what the medical profession includes.
- Karen Studer noted that most medical schools do not have rotations in preventive medicine, and that many do not recognize preventive medicine is an actual career option for their students. Some graduates have entered medical practice and discovered preventive medicine training several years after graduation, meanwhile training and practicing in another specialty that they did not really enjoy. It would be beneficial if students were aware of this and other career options before finishing their medical training. The goal should be that medical students become aware of all specialty training options and what those specialties include, before applying for residencies.
 - Karen reported, however, awareness is improving; this year Loma Linda has 13 candidates for one first year residency spot.
 - Only 3 of these candidates are from Loma Linda; applicants applied from all over the country
 - Ron Hattis pointed out, lack of awareness is not just a problem related to preventive medicine training. PM&R and Occupational Medicine and a few others are not usually available as rotations and are often not mentioned as even existing; Sub-specialties require a residency, so awareness isn't as crucial in these instances. Having a website with complete information about all specialties, and reviewing it with students, may be a solution. Some medical schools have established their own Websites for this, but he has not found one that is truly complete.
- Reference (a Website from St. George's University in Granada, which is not complete but gives an example):
<https://www.sgu.edu/blog/medical/ultimate-list-of-medical-specialties/>

- Karen reported in the chat that agencies that are listing their own versions of this include FRIEDA and AAMC Careers in Medicine in the chat. ACGME also recently listed Loma Linda in aerospace, preventive medicine, and occupational medicine. Resources online could draw attention to medical students what their career options are.
- Sonali Saluja from USC commented they have their Chair of Public Health come speak to medical students and share information on residency programs and resources.

5. *Social Determinants of Health (SDOH): Sonali Saluja, Co-Director of Health Justice and Systems of Care at USC*

Reference:

<https://www.ama-assn.org/delivering-care/patient-support-advocacy/social-determinants-health-what-medical-students-need-know>:

- Highlights included: recognition that Structural Forces of Racism shape social determinants and these are associated (Jason will report next on racism). The curriculum includes 21 sessions, 2 hours long with active learning, over 3 semesters, mandatory. The concepts of Structural Racism and SDOH is introduced early on. A Website provides access to resources.
 - The chief complaint and history of present illness are shown to be related to social determinants. This is incorporated into patient interviews. There are some screening tools.
 - The Bay Area Regional Health Inequities Initiative is utilized as a framework
 - Anthony Icon is a guest speaker, discusses zip code work
 - Students do a structural and social differential. Beyond this, students are asked to do social/structural differentials that will be part of clinical medicine course. Subsequent sessions also include different screening tools to uncover needs.
 - There is also a longitudinal learning curriculum with multiple community partners that students work with over the course of the curriculum.
- **Discussion:** integrating cases
 - The service learning is tied into the broader Health Justice System Curriculum
 - Traci said that at Touro, TU-COM has been conducting surveys over the course of the 4 semesters on student perception of the importance of Structural Determinants of Health. This just began with the development of Structural Competency as a program learning outcome (so there has not been an entire cohort yet). They found that students found it important and that this perception increases over time.
 - Sonali provided her email in chat: Sonali.saluja@med.usc.edu.
 - Jared Mazzanti from UCB asked whether social services were focused on national or local partners, and how they balanced. Sonali replied:
 - There is a mix of partners, but the primary focus is on local resources, to encourage students to get to know your communities; however it is a good point to think about national scope.
 - Ron Hattis commented that it is important to get students thinking about the social effects, what can they do to mitigate

and prevent these from resulting in inequitable outcomes. For SDOH as well as prevention, there could be dropdown menus in the EHR prompting actions.

6. ***The UCLA Structural Racism and Health Equity Curriculum: Jason Napolitano, FACP, Associate Dean of Curricular Affairs, UCLA***

Reference: AAMC report on diversity and new clinical competencies, July 2022:

- <https://.com/news/association-of-american-medical-colleges-goes-woke-with-diversity-initiative> Highlights: DGSOM curriculum focus on “why” and advocacy; emphasis on structures (included in name) and will run throughout the curriculum over all semesters. As state schools, should serve communities in need, focus on curriculum improves this.
 - Approach includes ‘value signaling’ including time in the curriculum (30 hours), expect attendance, built into program objectives; Experts leading the team are partnered with paid student ‘tutors’ to help consult integration into curriculum.
 - MS1 Foundations with advanced didactic and discussions affecting Los Angeles, threaded throughout 4 years of curriculum.
 - Avoiding Cognitive Bias, stigmatizing language, race adjusted algorithms, funding bias, fighting hidden curriculum (Step 1 board books)
- Discussion: Ron Hattis asked if there are any studies of changes of attitudes in students after exposure to curriculum; Jason Napolitano was unaware of any specific attitudinal studies but they are working on outcomes. Ron quoted Keith Norris from UCLA, who had presented the teaching of racism at past Forum meetings, who stated about 1/3 of students ‘somewhat skeptical’, 1/3 were ‘very interested and receptive’ and about 1/3 thought this was “lame,” they should all be “out marching now.” Jason replied that they have a group that have a background and think they should do more, while other are more interested in “anatomy and physiology.” He does agree with the “out marching” concept and becoming more action-oriented in the curriculum. Ron stated that most schools are working on this and UCLA has developed a model, yet it is still early.
- Questions in the chat included Kristin Olsen asking how many hours the student tutors contribute. Jason indicated that replied that “Each tutor gets paid an hourly rate. As long as the Theme Chairs think the work needs to be done, there is “no limit on how much time each student spends doing this work. I would say the average for each student is about 30-40 hours per year, but it is a great question and I should pull some data on this.”
- Karen Studer stated in the chat: “We developed an elective called “Racism: A Public Health Crisis” and did want to look at the pre/post data but this has not yet been done.
- Traci Stevenson commented: As Jason pointed out, Touro also has a group of students who do not think the program is nearly enough.

7. ***Clinicians and Firearms Curricular Ideas for Health Care Providers: Julie Parsonnet, Professor of Medicine, Stanford University***

Reference: Two medical students put together this one-hour online course:

[SAFE Curriculum on Firearm Injury Prevention in Medical Practice](#)

-Epidemiology and scope of firearm injury and violence in the United States

-Firearms Basics: Types of firearms and their uses in private ownership in the US

- Providers and Firearms: What you need to know in the exam room.
- In 2020, gun violence was the leading cause of death in children and in black men.
- Highlights: Have organized SAFE chapters at 50 medical schools, and teaching programs at 41 out of the 154 schools across the country. and on National Academies Gun Violence Prevention Task Force; NEJM, Gun Violence Leading Cause of Death in Children in 2020 and large health disparity issue, especially AA Males.
 - Less 1/3 medical schools teaching about gun violence despite leading cause of death in children and young adults.
 - SAFE would like to see gun violence taught as a thread through medical school.
 - Working with Dean of Pre-Clinical Education working on standardized patients to address gun violence.
 - On-line curriculum, Clinicians and Firearms. <https://stanford.io/3RJBNgC> with 3 components, epidemiology, firearms, discussions with patients; Program put together by 2 medical students.
 - UC-Davis also has wonderful curriculum; *The BulletPoints Project*; referenced by Kristin Olsen in the chat.
- Discussion: Ron Hattis asked if it is illegal to talk about gun violence in some states. Julie answered that was true in Florida, but it had been repealed about 5 or 6 years ago.
- Data indicate that about 80% of patients are happy to talk about guns, but will not listen to doctors who are not familiar with these weapons, and physicians are shy about the subject.
- Physicians need to know what they are talking about, including what kinds of guns exist. SAFE recommends taking medical students to gun ranges. Julie pointed out that there are responsible physicians who are gun owners.
- Karen Studer referenced a talk on this subject in chat: there was “absolutely amazing,” at ACPM 2022 on this topic by someone at Denver; if anyone can access the talk she would highly recommend it.

8. *Climate Change and Medical Education: Allan Ndovu (MS4) UCSF School of Medicine*

- Reference: <https://sustainability.ucsf.edu/3.966>
- Highlights: “Climate Change is the greatest threat to global health in the 21st Century”, World Health Organization. Increasing need for Climate Change in Medical Curriculum; in survey, 8/10 students consider it important to be in the curriculum.
- The Climate Health and Sustainability Education (CHASE) Initiative Team, CHASE Initiative, is a student-driven initiative that has developed over last 3 years a curriculum map with relevant objectives. They contacted course directors with proposal, worked collaboratively to implement; provided objectives and slides to faculty; looked at climate change and equity as part of social determinants.
 - To be successful: collaborate, be flexible, use existing resources
 - Allan shared the following resources in chat:

- A helpful resource bank for anyone aiming to incorporate climate content at their schools: <https://climatehealthd.org/>
- **Discussion:** Ron Hattis asked how many hours are proposed for al 4 years. Alan replied he is currently working on the pre-clinical curriculum and have developed about 3 hours that has been implemented; depends on faculty and amount of time available in curriculum;
 - It was noted that as schools struggle to integrate material into curriculum, they can consider the interface between topics such as climate change and social determinants of health.
 - Karen Studer noted in chat that LLU SOM covers this in 4th year Preventive Medicine Clerkship

9. **COVID-19 and Other Emerging Infectious Diseases**

Ron Hattis stated there was no presenter for the last topic which was about how are we teaching medical students about new emerging diseases such as monkeypox, coronavirus, etc. Allan Ndovu (MS4) answered on behalf of UCSF. He stated that from the student side this appeared to be interest groups or electives partially because there are not a lot of data initially, and the material does not get tested on board exams. (Students often “board oriented”).

- Karen Studer said that LLU has the County Public Health Officer speak to students.
- Paul Chung admitted that efforts tend to be “scattershot,” depending in part on guest speakers.
- It was noted that trying to update topics into a curriculum at times seems integrated but also haphazard; it takes time to develop a smooth plan.

III. PLANS FOR NEXT MEETING

- Next meeting could consider following up on some of these topics in more detail. Recognize that all schools have a full curriculum and faculty, one question is what has to “give” to introduce new material. Jason Napolitano commented that some content would need to be ‘taken away’ and when try to standardize a curriculum across the country or globally it is found medical schools have their own needs so that is an important issue. Ron Hattis suggested discussing “balance” addressing how to combine the old with the new at the next or a future meeting.
- Karen included in the chat that ACGME is having a forum on September 19th to discuss UME competencies, and suggested attending and advocacy for more preventive medicine and public health! Look on the ACGME website
- Approval of the minutes of the June 2022 meeting was omitted and will be done at the next meeting.
- Priyanka Fernandes commented in the chat: It would be good to approach medicine more holistically, including other members of society (public health, community health, etc.).
- Meeting was adjourned at 9:43 am. Next meeting will tentatively be 2nd Tuesday of December, the 13th.

Submitted by Traci Stevenson, with editing contributed by Ron Hattis
Approved at the meeting of December 13, 2022