

California Medical Leadership Forum for Public Health/Preventive Medicine

38th Meeting (11th using Video)

MINUTES: Tuesday, March 14, 2023, 8:00-9:30 am PST

This meeting used a Zoom account from CAPM with phone access provided. “Handouts” (i.e., the agenda, last meeting’s minutes, Bylaws amendment) were attached to the email notice. All attendees except those participating by phone could enter information in “Chat.” Web references for agenda topics were embedded in the agenda.

Dr. Hattis began the meeting notifying that he is acting chair due to the unfortunate passing of our Chair, Dr. Mark Horton. Dr. Horton passed away from a malignancy in hospice care, on March 8, 2023.

Ron provided history of some of Dr. Horton’s contributions to public health and CAPM including service as former state Health Officer and Director of the California Department of Public Health.

This Forum was started in 2014, and since then Mark Horton has been our only Chair. The Forum is sponsored by CAPM in effort to create a community of leadership from the schools of medicine and public health, the state departments in charge of public health, HOAC, CMA, OPSC, and CAPM, sometimes with representation from the American College of Preventive Medicine.

An item regarding succession was added to this agenda as the role of Vice-Chair was mostly for chairing meetings that the chair was unable to attend. Only the chair is elected to this office and it is the chair that appoints the vice chair and the secretary. We will need to address the wording to elect a new chair on the agenda today.

The special topic of the day is the continued increase in causes of death resulting in decrease in life expectancy; Public Health has prided itself that life expectancy had been increasing due to public health advances. Now, in California and U.S. we are seeing decrease in life expectancy and increase in certain causes of death. This is not a world -wide phenomena, as only a few other countries experiencing this. One of the causes we know is opioid overdose.

1. Zoom Roll Call by School, Organization, or Agency:

Roll Call began with name, entity represented and title. Biographical information for attendees was not included this time, except for those who were new, who were asked for a brief introduction including entity represented, role, and biography. If there are several representatives from one entity, they were requested to introduce one another so that all can be added to the roll call before moving on. If anyone needed to leave early, they were asked to include their report of any new information during role call, otherwise it was requested to wait until after the presentation.

California Academy of Preventive Medicine (CAPM)

- Don Lyman: present; retired from State Dept of Public Health.

- Ron Hattis: present; has been Secretary, now Acting Chair.

State Government

California Department of Public Health (CDPH)

- Dr. Tomás Aragón: Director and State Health Officer. This was Dr. Aragón's first opportunity to join a Forum meeting. He provided his contact information:
 - Tomás Aragón, MD, DrPH; CDPH Director, State Public Health Officer; tomas.aragon@cdph.ca.gov; 916-837-9035 (work cell)
- Dr. Catrina Taylor: Section Chief for Chronic Disease and Research Unit, have neurodegenerative and cancer registry and administer behavioral risk factor survey.
- Dr. Nana Tufoh: Chronic Disease and Patient Awareness and Prevention of Chronic Disease, includes diabetes, CVD and Stroke program and also focus on long COVID related disease. Dr. Tufoh works with and is representing Lauren Gross.
- Jessica Nunez de Ybarra: with both CAPM and CDPH, where she serves as the Community Health Medical Administrator
- Dr. Samuel will be introduced later during the presentation
- Tiffany Tskuda: new role with research initiatives with academic partners. Tiffany provided her contact information in the Zoom chat;
 - tiffany.tsukuda@cdph.ca.gov

Department of Health Care Services (DHCS)

- Dr. Marlies Perez: Chief of Community Services division at DHCS which oversees state and federal opioid funding and opioid settlement funding.

Osteopathic Physicians and Surgeons of CA (OPSC)

- Dr. Anita Gupta: Anesthesiologist and pain management. Multiple appointments including advisory with the FDA, National Academy of Medicine, National Quality Forum and American Society of Anesthesiologists with the opioid forum. She is happy to be here on behalf of osteopathic physicians and to answer any related opioid questions.

Schools of Medicine (Allopathic and Osteopathic)

North

- Stanford School of Medicine: Dr. Sandra Tsai, Preventive Cardiology Clinic
- UCB/UCSF: Jyothi Marbin, Director of Joint Medical Program
- Touro University COM: Traci Stevenson (Forum Secretary), and Bronwyn Sing, DO

South

- UC San Diego: Christine Thorne, sitting in for Chair for Preventive Medicine in Dept of Family Medicine. Previous medical director for "Be There" San Diego at UCSD. Her

primary appointment is in the school of medicine, with a non-salaried involvement in the School of Public Health. Christine provided her contact information in chat:

o cthorne@health.ucsd.edu ph: 206-234-6610

- USC Keck School of Medicine: Adam Leventhal, Dept. of Population and Public Health Sciences; Clinical psychologist, directs USC Institute for Addiction Science which promotes interdisciplinary research, education, community engagement and clinical services to combat the addiction crisis. Senior advisor at WH Office of National Drug Control Policy and Scientific Editor for Surgeon General reports on smoking with people with mental health problems. Offered to present resources available addressing addiction crisis in US and California.

o Dr. Leventhal provided his contact information in chat:

Adam Leventhal, Ph.D. Director, USC Institute for Addiction Science Professor of Population and Public Health Sciences Norris Comprehensive Cancer Center Keck School of Medicine University of Southern California 1845 N Soto St, SSB-201C Los Angeles, CA 90032 Tel: +1 323-442-8222 ias.usc.edu | heal.usc.edu he/him/his adam.leventhal@usc.edu

Schools of Public Health

- UC Berkeley: Jared Mazzanti, director of Strategic Initiatives in the Dean's office at the School of Public Health
- UC San Diego: Linda Hill, Assistant Dean at the School of Public Health, immediate past director of Preventive Medicine Residency, and Director of Driving Safety, Transportation Center and Medical Asylum Screening and Stabilization Program

Guests

- Climate Health Now: Cynthia Mahoney
- Public Health Institute (PHI): Michael Rodriguez, Executive Director of California Alliance of Academics and Communities for Public Health Equity (the Alliance) a project of PHI

2. Minutes of December 13, 2022 Meeting:

Dr. Hattis asked for approval of the minutes of the last meeting. These are usually distributed to speakers prior to sending out for consensus. Due to time constraints this did not occur and there was request to approve by consensus with no additions or corrections. There were no oppositions and the minutes were approved.

3. Proposed Bylaws Amendment on Succession of Chair: Ron Hattis

Dr. Hattis screen-shared the by-laws at section 8, highlighting the additions in underlined italics and the deletions in strikethrough:

- *The chair ~~may~~ shall designate a Vice-chair, who shall perform all duties of the chair if the chair is not available, and in the event of the death or incapacitation of the Chair, shall act as Chair until an election can be held to fill out the remainder of the Chair's term. The Chair may also designate ~~and~~ a secretary-treasurer, who shall be responsible for recording minutes of meetings and may agree to perform other assigned duties.*

Dr. Hattis also proposed the additional wording changes two sentences later:

- The Chair may designate a recorder for any meeting if no Secretary-Treasurer has been designated, or if the Secretary-Treasurer is not available. *If the forum should acquire any funds, these may be handled by the Secretary or designated for handling by the Treasurer of the sponsoring agency.*
- Action: Dr. Lyman moved and Dr. Hill seconded motion to make these changes in the by-law. There was no opposition, and the amendments were approved. Dr. Hattis explained as this change happened suddenly, he would like time to recruit someone interested in becoming Chair, or if he becomes Chair, we will need to recruit a Vice-Chair;
 - Anyone interested in Chair or Vice-Chair was requested to put information in chat and to email Dr. Hattis.
 - An election for a new Chair, and appointment of another officer if this produces a vacancy, will tentatively occur at the next quarterly meeting in June.
- Dr. Hattis also requested the Secretary to send flowers or a plant in memoriam to Dr. Horton's widow on behalf of the forum. These will be reimbursed by CAPM, our sponsoring organization.

4. **Today's Special Topic: Recent increases in mortality rates, reduction in life expectancy, and what can be done about these**

A. **Guest speaker: Michael Samuel**, Senior Epidemiologist/ Data Scientist with the Office of Policy and Planning at the California Dept. of Public Health provided at talk on today's special topic. He showed where CDPH houses the information related to the questions about mortality rates in California.

Dr. Samuel showed a google doc with hyperlinks to the information. He provided this information by posting the URL to a list of four documents in the Zoom chat, as noted below:

- https://drive.google.com/drive/folders/1VjWDXhAs4qvjL7ofhubBYh2_zjiQONb?usp=share_link

Dr. Samuel prepared an additional special file for this group, full of other Web links, some of the same and some additional, including data sources referred to in his presentation:

- <https://docs.google.com/document/d/1e8irI-SoCxJpnJMumjWq8y3fDWJLTAu3OMLZJ6EuZM/edit>

Preliminary Data for 2022 can be found at: Cal HHS open data portal. This includes updated data on deaths and provides multiple different data sets. He generated some of these data sets into a table and demonstrated during the presentation that 2021 had the highest overall deaths.

and that 2022 deaths decreased somewhat from 2021. He demonstrated how assessments and trends can be found and showed an example of increase in homicides during 2021 with a slight decrease appearing in 2022. Accidental deaths similarly peaked in 2021 and showed a slight decrease in 2022. Diabetes-related deaths increased in 2020 and have not dropped since. Causes of death that continued to rise somewhat in 2022 over 2021 included drug overdoses, Alzheimer's, pneumonia/influenza (some of which may actually have been due to COVID), renal diseases, and hypertension-related diseases. In 2021, the conditions contributing the most deaths were COVID-19 at the top of the list, then ischemic heart disease and Alzheimer's disease.

- 2) California State Health Assessment Core Module 2023 Update was just posted a few weeks ago; it contains some preliminary 2022 data thru the 3rd quarter. He pointed out the trends by month of COVID and other patterns. Data can also be seen by race and ethnicities and leading causes of death in 2022 are shown as well as the leading cause of years of life lost. The years of life lost is a different way to look at the data and drug use was the leading cause of years of life lost.
- 3) California Community Burden of Disease Engine is area to look specifically at trends in causes of death. He demonstrated how to look at trends as well as specific causes such as diabetes, which increased during the early part of COVID, decreased in 2021 but is not back to a 'baseline' rate. Dr. Samuel pointed out the striking data on drug overdose. All of the data can be looked at by age-group, race, race and ethnicity. These data can also be viewed on logarithmic scales. The data can be looked at by region, such as county. In some cases, data may be missing or limited due to data identification guidelines.
- 4) Data Brief: 2020 and 2021 Increases in California, this will be updated soon. The first quarter of 2021 appeared to have the highest overall death rate of any recent quarter, reflecting COVID and other factors associated with the pandemic. This data includes further detail on these deaths including race and ethnicities.
- 5) Life expectancy trends are inversely related to overall death rates. Longterm increases converted to decreases during the pandemic. For every racial/ethnic group, women live longer on average than men, and in addition there are significant racial/ethnic disparities. The hierarchy of life expectancy in 2021 from longest to shortest, taken from one of the slides, was as follows:
 - Asian females (usually in high 80s; took a dip in 2020 but remained highest, and improved slightly in 2021).
 - Latina and white females (Latinas usually higher than white females, but during the pandemic there was a decrease and the two rates are almost the same). White females appear to have had the mildest drop during the pandemic.
 - Black females and white males (usually very close; in 2020 black female life expectancy took a larger dip but has recovered slightly to again catch up with white males).

- Latino males (usually higher than both black females and white males, but took a large dip in 2020 and continued to decrease slightly in 2021).
 - Black males (lowest and the only group with a life expectancy under 70; took a large dip in 2020 and continue to decrease slightly in 2021) .
- 6) Core Module (as referenced above) and CCB (California Community Burden of Disease) enable this information to be looked at in a variety of ways. Dr. Samuel demonstrated various data (death, years of life lost, conditions where deaths during hospitalizations were highest, etc.) that can be found on these sites. By putting all of this information together, they determine where the needs are greatest and how to utilize resources. This also includes data on disease that allow people to live but also have largest amounts of disability. This information is available for all counties in California and provides valuable information on areas to target. This includes trends including looking at aggregates of various data and measures.
- a. The most recent update includes new data on underlying cause of death (rather than only ‘primary’ cause of death). For example, COVID may be included as an underlying cause of death and can be looked at as related to primary causes of death. This includes a modification of how ICD codes are utilized to determine data. Because of this, now seeing disorders that were not previously separated out. This is leading to attention to what are the best mapping systems to utilize.
 - b. The folder included in the resources provides information how the mapping system is used by public health in California.

Questions and Discussion about Dr. Samuel’s Presentation:

- 1) Dr. Hattis asked if, in terms of the whole composite, life expectancy is recovering or increasing. Overall, it appears that 2022 data will show a slight improvement for some causes of death over 2021, but they may not recover to levels of 2019 before the pandemic. Analysis is not complete, and the expected timeframe for posting will be in July 2023. Dr. Samuel added that he personally feels that COVID isn’t a great short-term metric but the most important information in life expectancy is long term trends and improvement in health and well-being.
- 2) Dr. Leventhal followed up stating they would be happy to participate in updating the ICD codes for data collection regarding education and mental health.
- 3) Dr. Hattis shared his personal perspective that we need to do more to move toward a long-term downward trend in deaths. Regarding opioids, he added, we have naloxone and medical assisted therapy but we need to get to the root of why people use opioids. He would like to stimulate discussion on ‘what more’ can be done.

- 4) Dr. Hattis added that in 2020 and 2021 heart failure had some increases in deaths despite advances in treatment and that we need to look whether the medical community is delivering the latest treatment measures. Dr. Samuel agreed, noting that there was also an alarming increase in ischemic disease deaths during the pandemic. There was some improvement in 2022, but not yet to levels of 2019 and earlier. Research is being done regarding access to health care versus other physiologic factors. The causes are not clear. He added that most nationwide public health data tend to ‘lump’ all CVD together, but there may be important different risks and prevention factors among the types. CVD can be broken down by a number of categories including hypertensive heart disease, ischemic heart disease, and heart failure. He cited the example of using statins for prevention of ischemic heart disease but anti-hypertensive drugs for hypertensive CVD. The term ‘cardiac arrest’ was added to the data but the numbers are small typically due to the method of coding deaths. There is also summary information on individual conditions. He noted differences among types of cancer are also very significant.
- 5) Dr. Nunez de Ybarra shared that in the new CDPH Office of Policy and Planning there are efforts underway to look at leveraging data exchange frameworks and looping into healthcare provider data for referrals for evidence-based interventions, as well as population health management and ways to align assessments of threat and risk within communities by health departments, hospitals and providers. The Health Care Access and Information Office in California (formerly OSHPD) will also be looking at data. Workflows of how to utilize these data are being determined. She said that Dr. Samuel’s information is very helpful and will be utilized. They will also be looking into how to pay for the interventions. In the next quarter they will work with health officers and executives as well as reaching out to academic partners and also health plans to integrate information. The first area of focus will be youth upstream prevention, behavioral health services as well as focus on rural health child screenings and school-based health care. By 2024, every health plan in California will be required to have some form of school-based health reimbursement. Also, there will be foci on teen suicide prevention and expansion of home visitations for high-risk pregnant women.
- a. Dr. Hattis responded these are great goals for normal times, but that they are not entirely in line with the recently increased causes of death. He asked if in regards to funding should the plans be changed and a portion of recently increased public health funding be utilized to emphasize primary prevention of increased causes of mortality that have not yet ‘normalized’ from the pandemic. Dr. Nunez de Ybarra agreed that this is an important consideration and is being looked at, and that CDPH is accepting input on priorities.
- b. Dr. Hattis asked Dr. Samuel for more information on trends in opioid death rates. Dr. Samuel hasn’t looked specifically at all of the data on this issue but the trend

appears to be a continued increase in deaths. They will be adding the 2022 data later this year and he will provide a chart with data they know so far in 2022.

B. Adam Leventhal from USC provided supplementary information, particularly on opiates. USC has some prevention experts with evidence-based programs and would be happy to work with CDPH on those programs. He also added they have some slides prepared and information regarding the addiction and behavioral health ‘epidemics’ have escalated over decades and that we will need combination of end-stage, tertiary, secondary and primary prevention to address. He added when we put together the range of illness related to addiction it is a large cause of death requiring multiple approaches. Dr. Hattis suggested Dr. Leventhal or Dr. Howard Hu could be a presenter at the next meeting to continue the discussion on prevention of opioid overdoses.

1. Dr. Leventhal added that the Nemesis Non-Scale Opioid Overdose Surveillance Dashboard has real time data that lags by about one month. It also provides non-fatal overdose data. Dr. Leventhal provided a screen share of the site which includes state level data. To find, google NEMESIS opioid dashboard.
 - o <https://nemsis.org/opioid-overdose-tracker/>
2. Another resource is the Understanding America Study which includes national and California sub-sample of data that can be obtained.
3. Dr. Leventhal added opioids cause most of the deaths, but they frequently also involve a stimulant drug. Of note, in Philadelphia, a tranquilizer, xylazine, is commonly being added to fentanyl and is associated with upticks in overdoses and co-morbidities.
4. He demonstrated data from the Understanding America site pointing out that longitudinal data are included, rather than just snap shots, allowing recognition of trajectories. They are looking to see if the trajectories that occurred during the pandemic will continue.
5. Dr. Leventhal shared what has been done at USC, including Street Medicine with people going out into underserved communities and bringing addiction medicine to people who are unhoused. This addresses a number of medical needs including opioid and substance use disorder. This includes a continuous management program, an evidenced based behavioral program where people earn incentives for reducing and sustaining from drug use. These programs that go out, rather than waiting for patients to come to them, especially for those with high over-dose use is important. Incentives are given for abstinence. He added that education on fentanyl is important as they are seeing more pills on the street being sold as Xanax or other drugs that can have amounts of fentanyl that to a novice could cause overdose and death.

- a. Dr. Perez provided a brief update on work that is being done at DHCS in They are overseeing about 1.4 billion in spending responding to these addiction and overdose issues. A current concern is DEA data indicating 6 out of 10 pills may have fentanyl in them as well as concern for xylazine as it moves across the nation. Their work is through a lens of equity with a tremendous amount of work being done. The biggest challenge is getting the messaging out; they do have contingency management and looking at a mobile crisis benefit with large amounts of systems involved.
- b. Dr. Hattis commented on the statement regarding pills containing other substances despite looking like the original pill. He also wondered if CalAIM has been able to make any progress. Dr. Perez stated the document is updated and they have added new benefits such as contingency management, new peer services, looking at housing and number of behavioral health services with tremendous amounts of resources being poured into California. The link with this information was provided in chat (see below)
 - o https://californiamat.org/wp-content/uploads/2020/05/MAT_Flyers_DHCS_Opioid_Crisis.pdf

Additional References:

- CDPH Fusion Center report on increased deaths in California, 2020 and 2021 (higher than previous years):
https://skylab.cdph.ca.gov/communityBurden/w_19f1b248/xMDA/2020_Excess_Mortality-FINAL.pdf
- Harvard Health: <https://www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835>
- CDC press release on U.S. life expectancy dropping for second year in a row in 2021:
https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm
- World Economic Forum: <https://www.weforum.org/agenda/2020/01/us-life-expectancy-decline/>
- FDA proposed rule to allow initiation of buprenorphine by telemedicine without prior in-person visit:
 - o <https://www.govinfo.gov/content/pkg/FR-2023-03-01/pdf/2023-04248.pdf>

5. Reports on Recent Activity from Participating Entities (call for any new, quick reports by organization):

No new reports other than the information above.

6. Next Virtual Meeting: Tentatively June 13, 2023

Dr. Hattis discussed need for a focus on enhancing prevention of the increased causes of death. Special thanks were expressed to Michael Samuel and Adam Leventhal who provided important information today. The meeting was adjourned.

Minutes submitted by Secretary Traci Stevenson with editing by Ron Hattis
Approved at meeting of 6/13/23