

California Medical Leadership Forum for Public Health/Preventive Medicine

39th Meeting (12th using Video)

Tuesday, June 13, 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 at 8:08 am by sharing the agenda for the day beginning with roll call. He noted that we do not have contact numbers for all members and is requesting phone numbers for those that are willing to provide.

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

Roll Call began with name, entity represented and title. Brief news items were invited. Biographical information for attendees was limited to those who were new. If there were more than one present from an 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 the roll call.

California Academy of Preventive Medicine (CAPM)

- **Don Lyman:** Reported that he is working on legislative affairs with most attention in the legislation is currently on the budget act. Ron mentioned that there are some bills that the CAPM is supporting if time permitting, will discuss at end of meeting.
- **Ron Hattis:** Has been Secretary of this Forum, now Acting Chair.
- **Susan Bradshaw:** Past-President, also present.

State Government

California Department of Public Health (CDPH)

- **Jessica Nunez de Ybarra:** CDPH Medical Officer, Community Health

Department of Health Care Services (DHCS)

Health Officers of California:

- **Kat DeBurgh,** Executive Director
 - Included in Chat: Email at deburgh@yourhoac.org. HOAC issues a weekly legislative update on public health-focused bills.

American College of Preventive Medicine:

- **Melissa Ferrari:** Vice President of Membership and Operations. Launched “This is Preventive Medicine” campaign which includes a large number of resources that were posted in the chat.

- <https://www.acpm.org/initiatives/power-of-prevention/this-is-preventive-medicine/>

California Medical Association, CMA:

- **Alecia** (A-lee-si-a) **Sanchez**: Director of Strategic Engagement; Alecia is now our representative to the Forum and is staffing the CMA Council on Science and Public Health.

Osteopathic Physicians and Surgeons of CA (OPSC):

- **Holly Macriss**, Executive Director OSPC; working on Fall Conference in October. Legislatively, bill 765 was of interest and supported by OSPC, however a word in the bill placed by internationally trained osteopaths led to concern. Next year, OSPC will probably work with the Osteopathic Medical Board in creating a stronger statute. A new physician representative to this Forum will be sought to replace Anita Gupta, who is relocating out of state.

Schools of Medicine (Allopathic and Osteopathic)

North:

- Touro University COM: **Traci Stevenson** (Forum Secretary)
- UC San Francisco:
 - **Roz Plotzker**: New to the Forum and introducing a new program. She is Acting Preventive Medicine Program Director at UCSF-Fresno for George Ruthersford while he is on sabbatical in London. She is originally from the East Coast, trained at Mt. Sanai and completed a fellowship in STD and most of her work revolved around sexual health. Contact provided in chat: Rosalyn.plotzker@ucsf.edu.
 - She announced that HRSA funding has been received to expand the UCSF Preventive Medicine Residency program limited up to now to the Bay area to UCSF Fresno. Rais Vohra from Fresno DPH is partnering and will be the site director.
 - Dr. Hattis asked whether physicians who have completed the PGY-1 year would be accepted to the program; Roz and Rais indicated that the preference is for candidates who are already board-certified or eligible in another specialty (Family Medicine, Internal Medicine, Pediatrics, Occupational Medicine, Ob-Gyn or Emergency Medicine).
 - For these, the program can be considered as a fellowship to establish board eligibility in Preventive Medicine The vision is to have a physician both practicing as a clinician and serving as a public health officer; However, they would consider someone with less training who is very committed to the Central Valley.
 - The 2-year program will include a practicum in Fresno to help enrich the capacity of the Central Valley. Experiences in Fresno at the Public Health Department will be included, and an MPH degree which is part of the program could be completed in about 11 months at either Fresno State or UC Berkeley.

UCSF already has a UC Berkeley relationship for residents trained in San Francisco, but as this program is based in Fresno, they will be supportive of candidates staying in Fresno.

- Dr. Hattis asked Michael Rodriguez if Fresno State was part of the PMH alliance. Michael reported that Fresno State is working with most of the Cal State Universities throughout the state that have undergraduate or graduate Public Health Programs.
- **Rais Vohra:** He will share the flyer via email. They are in a recruitment phase and looking for more candidates.
- Stanford School Of Medicine:
 - **Dean Winslow,** Professor of Medicine: About 5 years ago he started SAFE, Scrubs Addressing Firearm Epidemic. Currently there are chapters in 56 medical schools around the US.
 - Focus is to educate doctors, medical schools, and anyone who interacts with patients about gun violence, including epidemiology, emergency restraining orders, and tools to chip away at gun violence.
 - They have free modules available on-line and would be helpful if this forum could help disseminate this information.
 - A link were listed in the chat:
<https://mededucation.stanford.edu/courses/physicians-and-firearms2020/>
 - Dr. Hattis mentioned this as an example of how doctors, as providers working with the patient, have a special perspective that complements public health. Dr. Hattis mentioned that Dr. Howard Hu suggested that this Forum develop a work group and establish a community among ourselves to consider challenges in public health where physicians have a special perspective and a role in advising government, and promoting legislation, in addition to educating their own patients.
 - **Eleanor Levin,** Preventive Cardiology a Stanford, will contribute to a presentation at this meeting.
 - **Sandra Tsai,** Preventive Cardiology at Stanford

Central and South

- California Health Sciences University: **Sara Goldgraben**
- California University of Science and Medicine: **Elvin Hernandez,** Professor and Director of College Program at CUSM, Colton was here for the first time.
- Kaiser: **Rose Rodriguez,** Director Policy Engagement and Advocacy, is in the office of community engagement and working on infrastructure policies and administrative issues.
 - Contact Information Provided in Chat: Rose A Rodriguez, JD; Director, Policy Engagement and Advocacy; Office of Community Engagement 98 S. Los Robles Ave., Pasadena, CA 91101; email: rose.a.rodriguez@kp.org Work Cell: 626-460-9522

- UCLA: **Jason Napolitano**, Associate Dean, David Geffen School of Medicine, shared that they launched a new curriculum, that includes a Discovery Year. The first 14 students are enrolled and will be able to get either MPH or MPP during their 4th year of this 5-year expanded medical school program.
- Drew (CDU):
 - **Dr. Roberto Vargas**, Assistant Dean for Health Policy and Clinical Partnerships. The inaugural class in the 4-year program will begin in July 10th 2023. Until now, Drew Medical School has been a 2-year program feeding into UCLA. CDU is considering development of a lifestyle medicine fellowship, under Dr. Friedman, Dept Chair. Dr. Vargas will bring further information as updated.
 - CDU is a licensed 4-year medical school as of 2022 while they maintain a strong relationship with colleagues at UCLA and a continued relationship with the CDU focused Discovery Year. They currently have 52 students in the program.
 - Dr. Vargas was invited to add further information about the Discovery Program and related information. Information was provided in chat: <https://www.cdrewu.edu/cdu-md>
 - **Dr. Jean Davis**: Board of A. Integrative Health and Medicine; Chair of their BIPOC committee at CDU, and was recruited to be co-chair of BIPOC at Utica University.
- USC: **Jo Marie Reilly**: Dept of Population and Public Health at USC Med School and Vice Chair Education in Family Medicine at USC. **Phone # 626 272-5300**.
- UCSD (School of Medicine): **Matt Allison**, Dept of Family Medicine in the Division of Preventive Medicine.

Schools of Public Health

- UC Berkeley:
 - **Jared Mazzanti**, School of Public Health, does inter-departmental coordination.
- Loma Linda:
 - **Adam Arechiga**, the recently appointed Dean of School of Public Health. Graduate of Loma Linda with Doctorate in Psychology and Public Health, which at the time was a combined degree.
 - Ron Hattis mentioned that Loma Linda now has an MD/M:PH dual degree program for medical schools.
- UC San Diego:
 - **Linda Hill**, Assistant Dean at the School of Public Health; Dr. Hattis mentioned that Dr. Hill is also an expert on traffic fatalities and will provide a presentation later today, time allowing.

Guests

- **Cynthia Mohoney**: mentioned appreciated effort to recognize environmental determinants of health as part of social determinants of health. Discussion of lobbying CMA via website to address inclusion of environment into Social Determinants of Health ensued. Cynthia indicated would like to see further discussion of environmental issues at future meetings.
- **Michael Rodriguez**: Director of California Alliance of Academic and Communities for Health Equity and Professor Emeritus, UCLA was welcomed to the group.
 - Dr. Rodriguez shared mission of the Alliance is to advance health equity by catalyzing the collective power of California academic public health leaders working out of the

schools and programs of public health in partnerships with the communities they serve. Overall priority is to strengthen community collaboration, policy advocacy and public health training and practice. His own areas of focus are workforce, environmental health and violence prevention. The CaFPM is pleased and honored to have the alliance involved in the Forum.

- Ron Hattis proposed that the Alliance become a full official member of the Medical Leadership Forum.

Action: There was unanimous support with no objection. The Alliance will be a full member of the Forum from now on.

- Michael provided his contact information in the chat: Michael Rodriguez, MD, MPH. Executive Director, California Alliance of Academics and Communities for Public Health, mrodriguez@phi.org. Cell: 310-435-5064 <https://www.phequityalliance.org/>
- Dean Winslow and Raise Vohra also have the status of guests but had already been introduced.

2. Today's Special Topic, Some Selected Important Increased Causes of Death:

Ron Hattis mentioned non-COVID increases in mortality over last couple of years, associated with recently decreased life expectancy in California and the U.S., after many years of previous steady increases attributed in part to public health. Dr. Hattis added that this Forum rarely takes positions, however a letter was written to CDPH, asking that extra money be devoted to increased causes of death. Dr. Hattis reported that the CDPH requested suggestions on what to focus on and invited recommendations. Our Forum has been reviewing some of these mortality increases to better understand them and what corrective measures can be applied.

At this meeting, two of the recently increased causes of death were on the agenda, traffic fatalities and heart disease. The most rapidly rising cause of mortality, opiate overdoses, will tentatively be discussed in further detail at the next meeting.

Our first presenter was introduced early in the program because would need to leave early.

Selected Important Increased Causes of Death

Part A: Traffic Fatalities:

Linda L. Hill, Forum representative and Assistant Dean from UCSD School of Public Health, discussed recently increased traffic fatalities.

Dr. Hill confirmed displayed graphs showing that rates of motor vehicle fatalities per 100 million miles driven have increased from 2020-2022.

- There was a lower plateau approximately 2009-2015 with a modest rise 2016-2019 and a sharper rise since the pandemic. The highest rate was around 1971.

- This recent increase in in spite of safer cars, as fatality rate per 10,000 motor vehicles on the road has continued a gradual decline.
- Linda said that the fatality increase is an under-appreciated Public Health crisis; The leading causes of MV crashes are predictable, preventable, and amenable to PH intervention.
 - 95% of crashes are due to driver behavior: speeding and reckless and drunk driving are the leading causes; This is followed by distraction, drowsiness, prescription drugs, and reckless driving, with dementia somewhat less significant. Vehicular failures such as stuck accelerator pedals and other environmental factors cause a much smaller number of deaths.
 - We are not doing well in reducing modifiable behaviors. Alcohol-related deaths decreased about 10 years ago but this has been on the rise again. Speeding-related crashes have also risen.
 - Like many public health issues, we can have a multi-pronged approach. This group could present the evidence to help change the laws. We know that lowering the alcohol limit would help, currently 0.08 is the limit but people are impaired at 0.05.
 - Lowering speed limits and increasing enforcement would help. Red light cameras and technology would not require more law enforcement officers and provide technological solutions. Increase the consequences of driving badly including increasing points, jail time and loss of license.
 - It is acknowledged there are some problems with increased consequences such as jail time but use of education, change of cultural norms, utilizing social media, public health and law enforcement officers as agents of change with evidence based education.
 - Smarter and safer cars, disabling social media in the cars and utilizing feedback and accountability in fleets, for example.
 - There is an opportunity for the member organizations of this Forum to engage with legislation and public. For example, there is a law that all physicians in the state of California must report lapses in consciousness. This includes dementia. Dr. Hill does education for physicians in California and has found that many physicians are unaware of these laws and are not reporting to the DMV. They have partnered with CA Medical Board to get the word out. There may be some action to remove this law or to weaken the requirement. Dr. Hill feels this would be a mistake as it allows physicians to state they are a mandated reporter and must work with the DMV.
 - The statistics shown in the graphs were national statistics.
 - Dr. Hill reports that since the pandemic all behaviors are getting worse including driving as well as how people treat each other and violence. She adds during the pandemic the roads were less crowded, which may have encouraged increased speeding, which has since been incorporated into behavior patterns.
 - Roz asked the role of phone use in drivers and was wondering if there are good data. Dr. Hill reported they have a lot of data including a study at how long they could detect impairment in a simulator after a simple text “do you like pickles?”.

They were able to measure impairment for 25 seconds after this text indicating how distraction affects our brains.

- Roz asked if we should be focusing on phone use to decrease accidents and fatalities; This is listed under distractions. It is not as dangerous as drinking and speeding but an important area to address.
 - Dr. Hattis asked about the likely effects on safety of self-driving cars. Dr. Hill reported we are at least 15 years away from widespread use of such technology.
 - Related chat discussion included the following information:
- SB 357 (Portantino) Vehicles: Physician and Surgeon Reporting would authorize physicians to report directly to the DMV when they diagnose a condition that may impair the safe operation of a vehicle, rather than mandated reporting to the local health officer. SB 357 was referred to Assembly Transportation and Assembly Judiciary Committees.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB357

3. Minutes of March, 14 2023 Meeting:

Dr. Hattis reported he sent minutes out and found an error under 4a where he listed a link to a duplicate document; He will delete the redundant link. Dr. Hattis also indicated he asked for any extra informational links from the last meeting's speaker and requested flexibility to add any additional links to the minutes. There were no objections to approving the minutes as corrected.

Action: Approval was verbalized by Forum members on the chat and audio. There was no opposition. Minutes were approved.

4. Succession of Chair:

Dr. Hattis discussed the need to fill position of the chair. He suggested that as this is a medical forum and includes preventive medicine that would like to see a physician with experience in preventive medicine or certification. Dr. Hattis said he would be willing to take this position to complete the term if no other qualified volunteers stepped forward but would like to see a candidate with more 'stellar' qualifications take the position. Dr. Hattis mentioned that he approached Dr. Hu for this position but it was declined. Dr. Hattis asked if there was anyone else interested in taking over Forum leadership until 2025.

- The Secretary, Traci Stevenson, temporarily took over the meeting for an election of a new Chair.
- Jessica Nunez appreciated willingness of Ron Hattis to step up in this unanticipated change, and nominated him for the Chair Position. Elenaor Levin seconded the nomination There were no other nominations.
- Traci called for a vote via chat on the nomination of Dr. Hattis. There were only "agree" comments on the chat and none to "disagree." Hand gestures were also allowed as option to show agreement, and similarly all the votes were to "agree."
- Dr. Hattis thanked the group and accepted the position of Chair to fill out the term that would have been served by the late Mark Horton, until June 2025. He pointed out he just turned 80 and he is interested in developing longer term leadership including younger

leaders. He noted that between Traci and himself we have diversity of a MD and DO, male and female and northern and southern California regions. He will seek and appoint a Vice-Chair, but not during this meeting as more time is needed to find a willing and qualified candidate.

5. Today's Special Topic: Some Selected Important Increased Causes of Death, Continued:

Part B: Heart Disease and Diabetes

Ronald Hattis, a CAPM Forum representative and newly elected Chair

Dr. Hattis discussed difficulties in differentiating specific causes of death related to heart disease, due to various forms of disease with differing though overlapping risk factors traditionally being combined into one category (a point made by Michael Samuel at the last meeting). He provided a summary from Dr. Samuel's work at CDPH regarding the striking mortality increases in 2020, particularly in Latinos who experienced a 34% overall increase in death rate. There were decreases in 2021, however not back to previous rates. Because heart diseases (lumped together as one cause of death) is listed as the top cause of death, even slight increases in rates can produce large numbers of excess deaths.

Ron Hattis recognized that a return to traditional reductions in death curves is a major public health need. Comparing recent increases in mortality rates, opioid deaths has been rising most rapidly. It has caused the most deaths in whites, but since 2018 the highest rates of death were in Blacks, Native Americans, and Native Alaskans. In 2020, mortality increased in all racial groups including Asian who typically have the longest life expectancy. He pointed out Black typically at bottom with highest death rates and lowest life expectancy. The slides shown were from Dr. Samuel at CDPH.

After reporting on general cause of death statistics, Ron Hattis focused on heart disease and diabetes. Large numbers of premature death have been occurring despite improved treatment regimens. Slides utilized for this portion were borrowed from several CME lectures sponsored by NACE, the National Association for Continuing Education. Links to the presentation and slides were made available.

As with motor vehicle fatalities, population behavior patterns were most important. Ron noted that we can't 'treat our way out' of these problems. Mass behavior change to healthier patterns of the past is also needed. Nevertheless, he added that what physicians do can have an important impact including using new regimens for both heart disease and diabetes. Some improvements in mortality rates could therefore be achieved by educating more physicians to utilize new medications with improved and more preventive effects.

Ron reviewed some complications of diabetes, noting that life expectancy is 15% shorter with twice the risk for ASCVD. Another common diabetes complication is renal failure. More attention is being paid to drugs that not only lower blood sugar but also help protect the heart and kidneys. He emphasized the impact of two classes of drugs, the GLP-1 ra's (glucagon-like

peptide 1 receptor agonists) which are usually administered as a weekly injection, and the SGLT-2 i's (sodium-glucose transport protein 2 inhibitors) which are given orally, are having on weight loss, glucose control, and reduction of hospitalizations and deaths from heart failure. They were originally approved only for diabetic patients, for whom GLP-1 ra's are known to help prevent coronary heart disease, and SGLT-2 i's are known to have protective effects for both heart and kidneys. However, GLP-1 ra's are now approved for weight loss regardless of diabetes, and SGLT-2 i's are indicated for heart failure, also regardless of diabetes.

Ron Hattis next briefly discussed the impact and trends for heart failure, which affects about 6.7 million Americans, and causes about 1.25 million hospitalizations annually. Mortality and hospitalizations for both older (≥ 75) and younger (15-44) patients were lowest in about 2012 and have risen since, even before the pandemic, but more rapidly since it began. Ron presented new standards of care for medical management of heart failure, utilizing four drugs, which can reduce hospitalizations and deaths. These should include an SGLT-2 inhibitor, which can benefit the disease through several mechanisms. New recommendations suggest that this should be combined with an angiotensin receptor/neprilysin inhibitor (ARNI, of which only one is currently available), a mineralocorticoid receptor antagonist (MRA), and a beta blocker (BB), with a diuretic added if there is congestion. SGLT-2 i's help regardless of whether ejection fraction is reduced, whereas there is not good evidence that beta blockers help if it is preserved. Another advance in the management of heart failure is the use of natriuretic peptides, and elevated levels of these are now one of the criteria for diagnosis.

Eleanor Levin, Preventive Cardiology, Stanford University School of Medicine, added commentary on preventing heart disease through nutritional and behavioral measures.

The American Heart Association (AHA) promotes the “Life’s Essential 8” <https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8> (called the “Healthy 8” at Stanford).

- Healthy diet
- Exercise, at least 30 minutes per day
- Quit tobacco (Dr. Levin would add avoidance of other inhaled substances as they are also dangerous).
- Get adequate sleep
- Manage weight
- Control cholesterol
- Manage blood sugar
- Control blood pressure

Eleanor proposed that the healthiest diet for the heart is the DASH diet rather than the Mediterranean diet (even though the DASH was developed for hypertension rather than overall heart health), because the Mediterranean includes alcohol and higher amounts of salt. <https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/dash-diet/art-20048456> However, her colleague **Sandra Tsai** noted that there are a number of

studies showing beneficial effects from the Mediterranean diet. The World Heart Federation now recommends no alcohol at all for optimal heart health <https://www.prevention.com/food-nutrition/a38884334/no-alcohol-good-for-heart-health/>, and this is a good recommendation especially if a patient already has heart disease. At Stanford documentation of the 8 essentials has been included in the EHR. They have also been included as “vital signs” at Kaiser-Permanente.

- Regarding the guidelines for heart failure, she said a PharmD/RN program that helps titrate medications for heart failure is a resource at Stanford. A barrier to use for heart failure is for many county and Medicaid insurances GLP-1 ra’s are not yet approved for obesity, nor SGLT-2i’s for heart failure, in non-diabetics.
- It would be important for employers to play a larger role as stress from work plays a large role in adherence and health issues.
- There was a question about how much of the increased mortality in CA can be attributed to the PASC (post-acute sequelae of COVID, or “long COVID,” but not attributed to COVID on death certificates? Cardiovascular, mental health, neurologic, diabetes have been reported to all be increased with single infection (30-50%) and markedly increased with each reinfection (up to 3 times higher with third infection). Reference: Nature Medicine : Acute and post-acute sequelae associated with SARS-CoV-2 reinfection Ziyad Al-Aly <https://www.nature.com/articles/s41591-022-02051-3>

5. Reports on Legislative Bills:

- Don Lyman reported that CAPM is following 13 bills with 12 still moving ahead; They will continue to follow these bills. The status was updated in a “handout,” and several bills were discussed. The bill that is ‘dead’ (AB 315, Bauer-Kahan) would have penalized false advertising by so-called pregnancy centers that oppose abortion.
- One bill (AB 85, Weber) would require insurance reimbursement for screening for social determinants of health (SDOH). CAPM’s letter encouraged the addition of environmental determinants, and extra reimbursement for the screening if carried out during a visit motivated by a patient complaint.
- Another bill (AB1057, Flora) would codify home visitation programs as official service of state public health with grants given to selected counties; Currently it is administratively created program but not officially required.
- Another bill (AB 1089, Gipson) would restrict 3D printing of firearms.
- Liability would be eliminated (AB 1066, Baines) for non-medical person to administer naloxone spray.
- Kat DeBurgh mentioned a bill no longer active, but the governor is trying to add it to the budget bill. This would remove the requirement for a physician to head Cal EMSA (Emergency Medical Services Authority). Currently, the director is required to be a physician but the Governor wants to remove that requirement and have a Chief Medical Officer (CMO) who is not the director. They have tried to persuade the governor to, at least, invest the CMO with more authority, but there has been little response. As this is a budget issue the bill is discussed ‘behind the scenes’ and has been discouraging. Kat provided link for further information on this issue.
- Alesia Sanchez said that CMA appreciates the support for a co-sponsored bill (AB 571, Petrie-Norris) prohibiting raising malpractice insurance rates or denying coverage for reproduction healthcare and abortion providers.

- There is a bill (SB 257, Portantino) eliminating co-pays for recommended follow up breast imaging following mammography.
 - One environmental bill (SB 252, (Gonzalez, Wiener, Stern) would divest state retirement systems from top 200 fossil fuel stocks.
 - Another environmental bill (SB253, Wiener, Gonzalez, Stern) would require companies with \$1 billion or greater annual revenue to disclose their greenhouse emissions, including by suppliers.
6. **CMA Resolutions Related to Public Health:** Ron Hattis briefly described 3 resolutions that CAPM has submitted to CMA. These include:
- For CMA to address Social AND Environmental Determinants of Health
 - The next would encourage CMA to collaborate with schools and organizations to develop patient health questionnaires that include Social and Environmental Determinants of Health, and to encourage physicians to address these during clinical encounters.
 - Encouraging reform of EHR's to easily link to reporting of immunizations, communicable disease reporting, and CURES, and to provide more prompts for preventive measures.
7. **Next Virtual Meeting:** Tentatively September, 2023.
Special Topic will tentatively be a further look at the opioid crisis.

Submitted by Traci Stevenson, Secretary, with edits by Ron Hattis
Approved at meeting of 9/12/23.