California Medical Leadership Forum for Public Health/Preventive Medicine
47th Meeting (11th using Video)
June 11th, 2025, 8:00-9:30 am PST
MINUTES (*draft 8/9.25)*

This meeting used a Zoom account from CAPM with phone access provided. "Handouts" (i.e., the agenda, last meeting's minutes,) 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 8:00 a.m. with a welcome and overview of the agenda noting that we will become familiar with the Public Health Institute and new leadership at the California Department of Public Health. Ron stated ~~these~~ the minutes of past meetings are a real resource He noted that the minutes from the last meeting, which ~~was~~ included a primer on Public Health, ~~in general,~~ and how physicians interface with it were not yet up on the website, but they will get uploaded. ~~as we~~ Dr. Jeffery Klausner talked ~~ing~~ about general principles of public health and core values. ~~Regarding last month's minutes he noted that we had~~ Jessica Nunez de Ibarra talk~~ing~~ed about communicating with and establishing understandings with the general public at of great controversy and misinformation. Ron talked about practical political interfaces with public health over the years Don Lyman talked about the spinoffs that public health has had, so that there are now multiple departments in the State Government that relate to health and other issues like traffic safety that have been picked up by non-health departments. ~~These minutes will be posted.~~

Ron then outlined the agenda, the procedure for roll call and ~~highlighted~~ the special topic for today which will be dialogues with Melissa Stafford Jones, President and CEO of the Public Health Institute, and ~~a dialogue~~ with Dr. Erica Pan, who is now both the State health officer and the Director of the Department of Public Health. She will tell us what is going on with her department, and then we have some specific questions that have come up over the years that we wanted to establish a dialogue with her about. Time permitting, we'll ~~talk about some current legislation relating to public health and~~ help come up with ideas for the September meeting.

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1. **Approval of Minutes:**
   Traci requested motion to approve minutes. She also added that she takes notes from recordings captured during the meetings and those videos are posted on our public facing site, suggesting that participants review minutes to be sure they want them published. Ron added that the forum is technically nonpartisan and nonpolitical, but as a practical matter in the situation that we are in with public health funding being cut and certain programs and policies being radically changed, we can't ignore what's happening and we should at least assure the medical leadership in public health are aware. ~~Adding that w~~ We also can exchange how we're coping with some of these changes and that is relevant. He stated that there won't be a delegation from this forum marching ~~and~~ at demonstrations, but we want to stay informed and exchange ideas and let each other know how the changes in Washington are impacting our own programs and how we're dealing with that. Ron asked if that would be a reasonable way to go about it and if there are any objections

to that approach. None were expressed. Ron reminded the group that the minutes were attached to the notice for this meeting. At this point, Sumedh seconded the motion to approve the minutes, and they were approved with no opposition. ~~noted.~~

2. **Special Topic, Part I: The Public Health Institute., presented by Melissa Stafford Jones ~~from~~**

Ron began by introducing Melissa, the CEO and president of the Public Health Institute (PHI) noting the PHI operates in many locations and has many projects, and that any one of them could fill out an entire meeting's agenda. Today we are going to be asking for a very brief and general overview of the scope of what the institute is doing. He added that we know it is headquartered in Oakland, California but wondered how much of its activities are based in the State as opposed to all over the world and how much of budget and staff are going to be cut because of these federal cutbacks? And how is that going to impact work? Ron stated that at the last meeting, we emphasized that there are federal, state, and local governmental components to public health, but there is also a nonprofit and private sector component. However, it's a little complicated, because that private sector and nonprofit component also receives grants from government agencies, so the government and private linkage is rather complex. He then turned it over to Melissa to learn more how this works.

a. Melissa began by sharing that the Public Health Institute last year celebrated their 60th anniversary. It is a very long-standing public health nonprofit organization that has been providing leadership partnership work across many aspects of public health.
b. They are headquartered in California and many program partners do critical work of public health in California, both at the local and state level. Many of the programs also work across multiple states and at the national level. They do global health work in the more recent decades as well.
c. The Public Health Institute is a combination of a think and do tank, working across the intersections of public health programming and practice research, working directly in communities and in partnership with communities and also working on systems and policy change at the local state and national level.
d. One of the assets of the Public Health Institute and the ways in which their work is strengthened is by being very intentional about connecting the dots between work that is happening in communities at the public health practice level with research and with policy and systems change work. They do that work both within their own programs, across programs synergistically, but also with many external partners across the public health, and also the broader health landscape.
    i. PHI works within the traditions of public health, but also across many systems, including healthcare delivery systems and financing, particularly with the Medi-Cal program and Medicaid more broadly.
    ii. Also, with other critical systems that we know relate to the social determinants of health like food systems, they do a lot of work. Melissa noted that she saw Dr. Rudolph (on this call) and obviously under her ~~tremendous~~ leadership, an area of focus for the Public Health Institute is really at the intersection of climate change and public health. They also do that work at the intersection of many other areas that relate to the social

determinants of health and how they can support those from a practice research and policy perspective?

e. They do work across a number of populations and subject matter areas noting she mentioned the intersection of climate change and public health, but they also do a lot of work in the behavioral health space, particularly both in mental health and also in substance use disorder work both in terms of practice and research and policy development.
f. They do a lot of work also in partnership with government and seek to build linkages across different systems. that includes with local, state, federal, governmental public health agencies as well as in their global work.
g. Regarding how those changes affected the Public Health Institute, Melissa shared that the largest impact to date really has been in global health work. They did significant programming work with USAID and some with the State department related to global health. With the elimination of many aspects of foreign aid, that work has just all ended, and that mostly happened in February. The largest impact on the Public Health Institute has been the ending of that Federally government supported partnership work around globe health.
h. Other programs have been impacted by changes at CDC, work with USDA and EPA and NIH, and all of those have had impacts. The most severe and fullness of impacts was in global health work that was funded by USAID. In addition to programmatic work, they do work in the policy and advocacy space. They are navigating, like many other organizations, the changes at the Federal level, both in terms of Federal policy and advocacy.
i. Melissa shared that earlier this morning she was on a virtual meeting with a US Senate office around some advocacy work they are doing, related to the SNAP program and access to healthy food. The SNAP Ed program, which is a part of the SNAP program, is being proposed to be eliminated entirely in the reconciliation. They are doing advocacy around that.
j. They are also beginning to turn attention to the fact that we are going to have a new reality for the public health system and the health system more broadly, with all of the changes that are happening at the federal level. We are going to have to find ways to navigate that new reality and think about how to redesign public health systems in this context of very different funding, different programmatic opportunities, less staff, less federal infrastructure supporting public health.
k. They need to consider, how is it that we develop new partnerships strengthen existing partnerships? Where do we prioritize and preserve what are critical functions of public health? Where is this actually an opportunity to do some reforms where we know the system was not working as well as it could. And where are there some opportunities potentially to innovate? She ~~added that she~~ does not mean to sound overly positive about that, but we have to live with the fact that while we are doing advocacy work there is going to be a new reality. We have to be of two minds right now, in public health, for those of us who work in both the advocacy, space and the space of practice and research.
l. Melissa noted that areas already mentioned around climate change and behavioral health and substance use disorder, are all being impacted in different ways by the

federal actions and has implications for the work of public health with various partners.

i. At the federal level we have already seen, and we will continue to see unfortunately, the elimination and abdication of federal focus and responsibility around the intersection of climate change and health. That work has been ended for the most part and will continue to be cut.
ii. ~~There are~~ ~~In~~ other areas like behavioral health and particularly substance use disorder ~~that we're not at this moment, but she thinks,~~ there is probably some opportunity for forward moving action over time in that arena because there continues to be bipartisan interest in that issue. For example, around the opioid crisis, and that is an area where the Public Health Institute has expertise both in practice and programming, but also in the research arena.
iii. They also do work across a number of other areas, including telehealth, thinking about ways in which we engage and partner with communities and work in multi-sector collaboratives to really support local and regional efforts to improve health status that are important issues to communities. Melissa thinks this is one of the critical areas of work that they and others are really leaning into in this moment, where we have to continue to build trust and credibility with communities and really think about how public health systems, post COVID ~~covid~~ ~~and post all of the changes that are happening~~, including the ~~miss and~~ disinformation that is happening. How do we make sure we are rooting our public health systems in strong, trusted partnerships at the local and community level?
iv. PHI also does a lot of work in the workforce development arena ~~all the way from thinking about, how do we~~ including support for high school students, particularly from historically underserved communities in being interested in public health careers, but also fellowship programs and also leadership development and capacity building for existing leaders in public health. ~~This is a strong area of capacity building and technical assistance that they provide.~~
v. They also work in a number of arenas related to research. They run one of California's cancer registries in partnership with the California Department of Public Health. They also have a partnership with CDPH related to occupational health. Unfortunately, this is being affected by actions at the federal level, but it's one of the areas where we seem to be getting a little bit of traction to make some progress, realizing that (for example) cutting federal funding for the firefighter cancer registry is probably not a wise action.
vi. Another area that PHI has a long history of working in is maternal and child health, both including from a research perspective with a really important longitudinal study, but also specifically working on the issues of health disparities, particularly for black women which is an area of expertise in terms of their programming work.
vii. PHI is doing this breadth of work across public health but also from the local, state, national federal work, and from practice to research to policy and systems change.

viii. Melissa concluded by stating she looks forward to ways to be in partnership with this forum, or any members individually, in the work that we are doing. She noted we can create stronger connections and intersections across our work as we are all going to be collectively called on to think about, how do we ensure that core public health values and functions are being carried forward in this very challenging and complex and changing environment and context. This is going to be our new reality, and we are going to have to find a way to ensure that we are advancing public health.

ix. Melissa noted that for PHI, at the center of everything they do, at the end of the day, is the purpose and mission around improving individual community health, equity, health, and well-being. "That is our north star right now, as we navigate these really challenging times."

x. Ron asked approximately what proportion of the total budget, let's say last year, was made up of federal funding, and will all of it be lost, or are there still some continuing that have not been challenged?

xi. Melissa answered that they've seen the deepest reduction so far, and that, she does not think are coming back, not just for PHI, but across the board is related to global health.

1) Last year, about a little under 60% of PHI's funding was from the federal government and the area where we've seen the most distinctive reductions, like many other organizations, is from USAID related to global health.
2) In other areas, they have seen some reductions, but we have not experienced wholesale eliminations for the most part in terms of complete programs. They have programs that may have had a specific federal award that was cut or that was reduced in some way. Adding that there's still a lot of uncertainty, noting that if you're following some of this for organizations that have federal awards right now, you may one week get a notice that it's being stopped, and then the next week it may be restarted. It is very much of a roller coaster, so there's lot of uncertainty.
3) There are very active conversations happening right now related to the federal budget, both in terms of reconciliation, and ultimately the fiscal year '26 budget that the President has proposed. Congress is just beginning work on related to the appropriations process, so she thinks there remains uncertainty. At this point in time they (PHI) will still have significant federal funding going forward and are not expecting to lose all of that funding. But she thinks there are some areas like the intersection of climate change and public health, where they are anticipating that over time most of that federal funding is going to go away. But other areas in terms of a lot of their research work with NIH that right now they may see some reductions in individual awards but are not seeing wholesale eliminations thus far in many areas of their research.
4) Ron asked if they had to lay off staff and Melissa stated that some global health staff that had to be let go. Ron then asked if they were mostly people who live in other countries and Melissa stated that no, they weren't and actually a lot of PHI's global health partnerships with USAID were for folks who were based in the United States. Some of them were staffing

partnerships with USAID, where they were doing a lot of staffing. ~~So, they were working with USAID~~ and would travel to low- and middle-income countries for the work itself. ~~, but they were primarily based in the United States.~~

xii. Sumedh asked Melissa, from her perspective how would she want the different universities to collaborate with PHI? What are points that we could be helpful to PHI, or how some folks on this call can be helpful to the work that PHI is doing? He noted there is a smattering of folks from all different backgrounds and institutions being represented and recognized that we may not be aware of all the potentials of everybody who's here.

xiii. Melissa answered there are a couple of ways to help. PHI is a deeply collaborative and partnership-based organization. So, if in these times, where we really do have to think about, how are we going to engage in new kinds of partnerships to ensure that the core work and functions of public health continue, if there are ways to have those partnerships across PHI programs, with other partnerships that we have with folks on this call in your organizations they obviously want to do that and want to explore that.

xiv. Melissa ~~She~~ said ~~stated~~ to please feel free to reach out and explore what some of those partnerships could be in terms of your own work.
The other thing that she would be interested in is PHI launching a body of work related to this idea of what is it really going to look like? How are we going to approach this idea that we have to redesign key public health systems in this context of so much change? So, either sort of offline individually, or maybe at a future meeting if there was an opportunity do like a key informant interview with the group, to inform that work she would really welcome that opportunity.

xv. Ron noted that ~~added we've got to find alternative collaboration sources to the federal government. In certain areas~~ there are campuses that have robust global health projects going, although we may find out that they're all federally funded, too, and have lost their funding. But we do have talents and capacities to help each other at this challenging time. We should look into helping each other out.

xvi. Melissa put her contact email in chat: Melissa Stafford Jones, President and CEO, Public Health Institute. Mstaffordjones@phi.org.

3. **Roll Call and Roundtable**

Dr. Hattis handed it over to Dr. Sumedh Mankar to start roll call noting that there were currently 23 people on the call. Roll call was split into two sessions, concluding at the end of the meeting, to provide time for Dr. Pan's discussion, but is consolidated here.

<u>California Academy of Preventive Medicine</u>

1. Ronald ~~Dr.~~ Hattis, President, led the meeting.
2. ~~Dr~~. Sumedh Mankar, Vice President facilitated roll call.
3. ~~Dr.~~ Donald Lyman, introduced self as a retired preventive medicine practitioner, trained at both CDC and state health agencies in New York and California. He

works on ~~Also work in~~ legislative policy with California Medical Association and the Academy of Preventive Medicine.

California Department of Public Health

1. Jessica Nunez de Ybarra, with the California Department of Public Health, Office of Policy and Planning. She also served as the designated institutional official for their residency program in preventive medicine adding that she is really proud of our other residency directors on the call today and for staying with us all these years extending appreciation to Dawn and to everyone. ~~It was also~~ Carrie Jones was hired as the new residency director taking the place of former director Caroline Peck who recently retired. Jessica ~~stated we should make a point to~~ will invite Carrie Jones to the next forum meeting.
2. Lisa Bandong, CDPH office of Policy and Planning Academic Partnership Coordinator. Lisa shared that she is in the Office of Policy and Planning with Jessica. She is new in that new office that Dr. Pan was speaking about for strategy and planning. This is the first time they have had this arm for that strategic planning.
    a. Her specific area is in academic partnerships, and she is the academic partnership coordinator and the first actual hire in this area. She added that this has been part of a brainchild from Dr. Aragon and, Dr. Nunez de Ybarra who has been one of the folks ushering it through the director's office to get it to fruition. Right now, they are in the works of building strategic initiatives to keep it going and motivating.
    b. Lisa shard that she is in San Diego and came from academia at Cal State San Marcos. She helped build the MPH program at that university. Her research area of interest has been in lactation and perinatal care.
    c. Ron added that the fact that there is an academic partnership within CDPH is very important because Dr. Lou, the dean at UC Berkeley organized a non-profit group of academics that all the institutions that give MPH degrees and the schools of public health. He stated that we learned from Melissa that this (group)has fallen apart and added that if it can be coordinated, we have a listing of all the preventive medicine residency programs and the MPH programs in California on the website of the California Academy of Preventive Medicine, which is CAPreventiveMed.org. He stated that there has been a tremendous increase ~~explosion~~ in the number of MPH programs and that most of our medical schools now have MPH programs or linkages with other institutions and most of the medical students have the option of a joint degree, MD or DO plus MPH. There is a manpower pool just as the budget for hiring people and giving them jobs in public health has gone down.

California Medical Association

Alecia Sanchez~~, Alecia~~ shared that they're proposing additional changes on top of what had been proposed in the H~~h~~ouse, which would be very devastating to Medi-Cal and Medicaid throughout the country. CMA is looking ~~at all of that, and seeing~~ what else there is to be done to try and educate Congress about what is

happening. It is not a traditional public health discussion, but the impact on the healthcare system would be very significant and would decimate, she thinks, what access people have, and that would be a big public health issue. Ron asked if she was referring to the medical cuts in the so-called big, beautiful bill? Alecia stated she refers to it as HR One.

a. Ron then stated there have been 3 highly qualified preventive medicine physicians that have applied, one of whom is currently the chair, to be on the Council on Science and Public Health, and they are eagerly awaiting the appointments to see how many of these actually make it onto the Council. Ron went on to add this relates as part of the reason for this forum is to support public health and prevention from a medical standpoint, including the interface with the specialty of preventive medicine. The majority of people on this call are not board-certified preventive medicine physicians but he sees us as a community that really understands the medical aspects of public health and prevention. We have a unique perspective because we understand the medical priorities as in particular, so it is important to get ~~getting~~ public health and preventive medicine physicians active on councils of CMA, and of Osteopathic physicians and Surgeons of California (OPSC) and helping to provide input to the State departments like CDPH and Department of Health Care Services. Adding that he thinks all of this fits together kind of loosely and informally, but it's part of our role as a community of physicians and medical organizations associated with the general field of prevention and public health. Ron stated that is his personal philosophy about it.

b. Alecia clarified that the councils work on internal CMA policy such as looking at resolutions that come through and that they have different places where people engage with legislation. The have the Council on Legislation that looks at legislation, but aside from that the councils are internal. She noted that the recommendations from the council on nominations go to the board in July.

<u>Medical Schools</u>

Touro University California, College Osteopathic Medicine

Traci Stevenson, present, forum Secretary. No new updates but added that she has been working with Holly Macriss from OPSC who could not be present and asked her to give an update on her behalf.

a. Traci said they (OPSC) are working on advocacy for the potential cut in federal funding for student loans to attend medical school. And they (Touro) are also working with OPSC on a grant that's addressing nutrition education related to cardio, metabolic and lifestyle health. It is a two-pronged approach in coordination with the library systems throughout California starting in the North Bay in Vallejo, where they will try to provide culinary nutrition classes for children associated with the current library food program that's going on, but almost finished for the summer. It also includes screening for cardiometabolic issues in the underserved population, particularly the unhoused. That is a partnership that OPSC is leading.

b. The second part is trying to increase the current knowledge base of current providers and future healthcare providers in terms of nutrition, lifestyle, and structural determinants of health.
c. Ron stated that he knows that Touro, being located in Solano County in the Vallejo area, is particularly involved with that county's underserved population and combining medical training there with service to the population. He asked if this work is stating that OPSC also is working in our county? Traci noted that OPSC, along with Touro University California got the grant but their main part was to connect it to all of the Osteopathic schools, so that we are in the Central valley, Socal and Northern Cal. And to conduct a pilot, that to see if at some point they could do a train the trainer and connect to as many public libraries that would be interested. Particularly, and hopefully, it continues in their summer lunch program where they are able to provide box lunches to children who come to their library.

UC Davis

Jeffery Hoch, professor of health economics. Jeffery studies value in public health using cost effectiveness analysis and leads the Division of Health Policy and Management at the Department of Public Health in the School of Medicine at UC Davis. He runs a seminar series for the Cal EIS Fellows, California Epidemiologic Investigation Fellows, at CDPH and teaches the Biostats and EPI curriculum throughout the first two years of medical school for UC Davis as well as teaching ~~es~~ a required health administration class for MPH students.

Joint Medical Program

Jyothi Marbin, from the UC Berkeley/UCSF Joint Medical Program that has the first two years of medical school at UC Berkeley and then funnels students to UC San Francisco was present but had to leave prior to roll call,

UC Irvine

Ariana Nelson, anesthesiologist /pain medicine doctor at UC Irvine. Ariana shared that she does not have a public health degree but worked in preventive medicine with NASA, because aerospace medicine is board-certified through preventive medicine. She added that in July she lost her job because of the edict that everyone needed to return to in-person work and she did not want to relocate to Houston and has been very directly impacted by this new administration. The also lost some grant funding as well and she is passionate about public health. She is doing some advocacy work with NASA people and active working groups that work with NASA. ~~The area organizing meetings with government officials and~~ She wonders if there is something similar that they could do here in California through their networks. In the larger group they are targeting key areas like Texas, people that are in states that are purple, or if they have seats that are in jeopardy. She noted that she doesn't have the preventive medicine network that we (forum) all do, but they have been successful with getting meetings with staffers and she could provide a blueprint on how they have been able to do that. ~~not that.~~

UC Berkeley

Jared Mazanti, Director of Strategic Initiatives in the Dean's Office at the School of Public Health. Jared stated that we have already addressed a lot of the health challenge and that they have the same things in terms of grant cancellations,

payment funding delays, so forth. He added that he thinks that public universities in particular have a unique position, because we have the public health side, but they ~~we~~ also have education-related issues. He stated this is sometimes a source of joy sharing that they had a bumper crop of students who just graduated. They had a very successful year in terms of admissions which are encouraging signs, but they also have things that other people have not mentioned thus far ~~in terms of what other universities deal with~~, for example, ~~in terms of~~ international student enrollment which are ~~very much~~ workforce issues. Jared added that ~~beyond the traditional public health side of things they also have the education component, which opens up a whole other box of challenges that people have not raised yet noting that~~ as a public institution they also have constraints on what they are able to do in terms of lobbying and ~~what is within their power to tell the stories that they have available to us through the work that we do but also~~ telling the stories about the work that they do, because of ~~respecting the~~ rules and regulations ~~on that particular piece of the puzzle, is something~~ that they are trying to navigate. ~~He notes, that in addition to the public health issues that we also share, unfortunately, they also have a handful of other things that are particularly unique to their situation both from a joyful perspective but also from a uniquely challenge perspective.~~

Stanford

1. Sandra Tsai, preventive medicine specialist in cardiology, present but needed to leave prior to conclusion of roll call.
2. Eleanor Levin, present but needed to leave prior to conclusion of roll call.

Western University of Health Sciences

Isabel Nguyen, DO/MPH 2027, third-year osteopathic medical student MPH candidate through Western University of Health Sciences. Isabel states she was mostly observing today and aside from medical education she helps ~~wrangle~~ organize medical students ~~and organize medicine and~~ for advocacy through the California Medical Association as well as the American Medical Association. She noted that Dr. Pumerance and Dr. Othman are her ~~my~~ mentors in public health and community health and she is happy to be here.

Loma Linda University

April Wilson, general preventive medicine public health physician with additional trainings in obesity medicine and lifestyle medicine. April gave a shout out to Sumed, noting they used to get to work together when he was in training, so it's fun to see him here, and of course, Dr. Hattis, as well, has had a faculty position for years. April is the immediate past chair of the Department of Preventive Medicine at Loma Linda noting that she has spent most of her life working in academic medicine. She is a preventive medicine public health physician with additional trainings in obesity medicine and lifestyle medicine. Since stepping aside from being the chair, she is doing more teaching, more academics, and really enjoying being directly involved teaching the medical students. April shared that she helped substantially during~~,~~ the COVID pandemic with her institution's response, including at ~~and~~ employee health and has gotten pretty deep into that side of public health, ~~things~~ which is not something she had

anticipated when started her career. She is representing the new chair, Dr. Karen Studer, who is not able to be here today.

UCLA

Priyanka Fernandes, program director of the UCLA Preventive Medicine Program. Priyanka shard that they have two new ~~things~~ projects starting and noted that they had issues with HRSA funding, but that came through for this academic year.

California Health Sciences University (CHSU)

Sara Goldgraben, assistant professor of specialty medicine. Sara~~h~~ shared that her background is in preventive medicine and public health. At CHSU, they had their second graduating class this past May and are interviewing for the next incoming class. Ron gave a 'shout out' as CHSU being the only medical school in the central valley, although UCSF has ~~some~~ connections with Fresno.

University Southern California (USC)

1. Amie Hwang, clinical professor at the Department of Population and Public Health Science formally called Preventive Medicine at the Keck School of Medicine at USC. Amie directs the MPH program and was here on behalf of their chair, Ricky Bluth~~m~~enthal, noting they have a dual degree program with the medical school at Keck. Amie shared that she wears multiple hats. Her expertise is in the area of public health education and workforce development as the director of MPH. ~~And, research is also~~ She also is involved in cancer research, ~~and~~ cancer surveillance, and cancer registry, and work~~s~~ very closely with community engagement.
2. Jo Marie Reilly, present but had to leave prior to completion of roll call.

UC San Diego

Christine Thorne, preventive medicine physician at UCSD in the School of Medicine and the School of Public Health. Ron commented that he was glad that preventive medicine didn't get dropped ~~completely~~ from the School of Medicine as the School of Public Health opened up, and that he used to be a member of that department. Christine stated that she sees patients in the Department of Family Medicine, which still has preventive medicine in it as well.

<u>Schools of Public Health</u>

UC San Diego

Jill Waalen, program director of the Preventive Medicine Residency that also has connections to San Diego State and the public health schools of public health at both UC San Diego and San Diego State. She is also on the board of the American College of Preventive Medicine. Jill said ~~noting~~ that she really appreciated Melissa's earlier characterization of what's going on at the federal level as they are dealing with immediate funding emergencies and looking at the long-term graduate medical education (GME) funding. She added that preventive medicine has always been out of the mainstream of GME funding and they apply for grants from HRSA while everybody else gets the Medicare money that flows through hospitals. They are working the angle from the need to train some physicians outside of the hospitals if we want to keep people out of the hospital which seems to resonate with non-medical people ~~that aren't really medical people~~.

She noted s that there is a lot of work to do but it is great to have this group to share pain and the opportunities as well.

Special Guests

Cynthia Mahoney, present but needed to leave prior to conclusion of roll call. Cynthia is with Voting for Climate and Health.

4. **Special Topics II: Dialogue with the Director of CDPH and State Health Officer, Erica Pan.**

Jessica introduced Dr. Erica Pan from the California Department of Public Health to present our second special topic. Jessica expressed how amazing it is with this recent transition in the last few months of this calendar year to have Dr. Pan leading our California Department of Public Health noting that she was ~~she's~~ formerly the Deputy Director ~~of our~~ leading the Center for Infectious Disease, is a clinician, is faculty at UCSF and was at the forefront of protecting our state from the COVID pandemic that affected us all. Jessica added that this group represents an informal network of leaders, for many years, mainly in public health and preventive medicine. She noted that we have academic partners and representatives. ~~from the majority of the MPH programs in the state.~~ Jessica shared that this is a group that has specialty understanding and can provide scientific guidance at any point should one be needed. She noted that we also have PHI on the line, CMA, and others that are also eager to hear needs. She stated this group is willing to roll up their sleeves and support, and that this is all in kind, nobody's paid to be here. Jessica added that ~~even~~ Ron volunteers his time to put this together. The meeting is hosted by the California Academy of Preventive Medicine in collaboration with all these wonderful university, organizational, and government partners that we have.

a. Dr. Pan began by thanking the group noting that she participated ~~may have come~~ ~~on~~ a couple times in the past in her prior role as the state epidemiologist. She sees lots of familiar faces noting it is great to see colleagues and friends as well. She then noted that there were some items requested for discussion, and she would walk through those a little bit.
b. Dr. Pan stated she's been with the department for about 5 years in July noting that she jumped in the middle of the pandemic in July 2020. She added that it's an honor to become our state health officer and director trying to fill Tomas Aragon's big shoes, who she has worked with throughout her career, noting that it has ~~it's~~ been really nice to be able to do that, and stay in touch with him, and to carry on a lot of his important legacy.
c. Dr. Pan noted that one of the questions for her was regarding what some of her personal goals and priorities for department of public health are. She noted a large topic of conversation in general is navigating this unprecedented time in public health, with all the federal transitions and that it feels like there are attempts to basically dismantle our entire field, so it's a really, really tough time.
d. They have been looking at strategic priorities and the top one is to reimagine public health. Considering what can we do to really prioritize, what are the core things that are uniquely public health, that have the highest impact? What are the minimum viable services? They are starting to just come up with a framework and work on that, to think about how we prioritize, and then also, how do we optimize. How can we, at a minimum, try to preserve the huge progress we made throughout the pandemic with data

modernization and that can help make us more effective and more efficient as well? They have been considering strengthening partnerships, which is where working with stakeholders (groups such as the forum) comes in. They have been working on formalizing and improving and increasing partnerships noting that it is great to see Melissa and PHI on this meeting, and she looks forward to circling back with them.

e. Erica noted we can be stronger when we work together, and that CDPH is working not only with local health departments, but a lot of partners like all of us and a lot of our community-based partners. ~~Regarding how we strengthen these partnerships to be stronger together is to think about areas we can divide and conquer a bit. Noting that~~ If we lose certain resources ~~that others are preserving~~, how can we work together to "divide and conquer" to preserve ~~and still utilize~~ some of those~~, or vice versa~~? And, looking for other lean methodologies or other efficiencies and other quality improvements to help us optimize with whatever we can preserve depending on how the federal funding environment evolves ~~adding that she would talk more about what our federal funding dependencies are.~~ Erica noted it is important to continue development and support of our people during this challenging time, making sure we have a lot of effort ongoing for our workforce development and support, and of course, equitably promoting healthy communities.

f. Erica noted that we are seeing a lot of premature deaths and early lives lost, so we want to make some impacts there. And strengthening communications is a huge priority. Erica reflected that part of why we're here today is maybe we haven't really shifted with the times to improve our communications, wondering how do we get good information out there, how do we get feedback loops so that we understand what information people need to hear and understand to help promote their own health and the lives of their loved ones, and how do we counter all that misinformation and disinformation? And, back to partnerships, formalizing those so we can not only do even better at getting information out, but hearing back from our partners about what ~~they~~ are hearing about ~~is~~ what are our communities need.

g. ~~She added that just dealing with all the emerging issues, whether it's the federal policies that start to impact us,~~ Dismantling the ACIP has been top of mind recently as well as all of the other policies around equity, which is core to what we do in public health. ~~And any~~ Other public health emergencies ~~that we know~~ will continue to come our way. ~~are a lot of their top priorities.~~

h. Regarding how dependent they are on federal funding, Erica noted that about 40-45% of our state budget is federal. Of the CDC's budget, 80% of that goes out to state and local~~s~~ agencies, ~~-~~so they only keep about 20%. This means pretty much that state and locals would be halved. She added that we are lucky in California that we are not as dependent as many other state health departments, and certainly many local health departments, too. She has heard the range anywhere from 40% to 80% or 90% of public health funding is based on federal funding, so federal budget cuts are ~~it's~~ a huge threat that we are facing. ~~as we see what happens with the federal budget.~~

i. Regarding the needs of their department as far as ~~people and~~ the value of ~~primary~~ preventive medicine residency and or an MPH. she ~~? S~~he thinks developing and supporting our people is incredibly important. She shared that in her first post-infectious disease and first public health role (she is a pediatric infectious disease specialist) they had transformed the preventive medicine residency funding to be what they called a

‘medical- epi’ traineeship and she an Dr. Sandra Huang, helped put together a mini -EIS experience in San Francisco. She got under Sandra’s mentorship to do some outbreak investigation and then teaching at the disease investigations and it's incredibly important. She added that we're hearing a lot of concerns of young grads and young people coming in and ~~(consider) how do~~ we do our best with the resources we do have to retain~~,~~ our great people, and also continue to develop them and continue to encourage the public health workforce, ~~noting it is~~ certainly a challenge right now.

j. As far as the value of an MPH, of course, it's very valuable, but she thinks on-the-job public health experience is also incredibly important, ~~and~~ with equity in mind, too. ~~noting that~~ People can be very successful with on-the-job and or lived experience. A master's in public health and ~~parent~~ preventive medicine residency is helpful, but as we try to diversify our workforce we should also look for those other kinds of skills as well.

k. Regarding questions about the future of public health funding and initiatives at both the state and local public health departments she reminded people that they got a Future Public Health investment from our state legislature, about 3 years ago. $200 million went out to the local health departments and $100 million stayed at the state level. There's been about an 8% reduction as the state budget started looking worse, but they have done a lot of different things across the department trying to bolster those gaps. In the last recession, in around 2008, is when public health got cut dramatically over time, and not really restored, it just kept getting whittled away, ~~at~~ and the Future of Public Health funding was to help restore some of that infrastructure and address those critical gaps. They have been emphasizing workforce and also trying to improve our public health emergency preparedness. They had some major categories that are pretty similar to the priorities previously mentioned, ~~but again, their workforce and people,~~ emerging issues and emergency preparedness and response, data modernization, communications, partnerships, and community health improvement were categories they put a lot funding and time into. They are working very hard right now to do even better job of describing key areas or outcomes and impacts that this has had, both at the local and state level.

l. She noted there are also simple things, like the health department didn't even have an Office of Policy and Planning before this. Now, they have an Office of Policy and Planning and that's the umbrella that Jessica sits under as they think about continuing and strengthening academic partnerships with all of you and others. In her prior center they created an Office of Infectious Disease Preparedness and Response at the leadership level to help bridge our subject matter experts with all the coordination that has to happen. For example, with H5N1 over the last year, it was incredibly helpful to have more people whose role was to coordinate across that one health spectrum with the food and drug branch, with environmental health teams, with the Department of Food and Ag partners along with infectious disease group and occupational health. A lot of that coordination and helping lead and provide situational awareness and support plans were all things that they helped invest in with the Future of Public Health. It is a big variety, and they will have ongoing updates on some of the specific impacts. Now they are trying to come up with metrics over time that they can show improvements.

m. She said that even with this she feels like they will have to take a pause on what investments they had intended and where they are. Once they see what happens with the

federal budget, they are going to have to ~~see what happens with the state federal budget~~ ~~and~~ look really closely at any ~~the one~~ place we have a little bit of flexibility. ~~there.~~

n. Ron ~~asked if Dr. Pan could cover three areas. He~~ added that the relationship between this forum and the leadership of CDPH~~,~~ has at times been very strong but it's been kind of sporadic because it's informal. He stated, for example, that we have had presentations from Michael Samuel about mortality rates that were going up unexpectedly, even though they weren't directly from COVID. ~~That~~ we have we focused on maternal mortality with Paula Krokoyak and that Jessica, herself, has participated in the last meeting when we had several speakers covering the basics of public health and prevention and how they relate to physician training. He went on to add that some past directors, including Dr. Tomas Aragon, have attended and we hope that Dr. Pan will be a regular participant as schedule permits, because there are so many issues. Ron asked Erica about three specific issues of interest to the forum:

   i. The forum wrote a letter to CDPH leadership asking the department to ~~was these other mortality causes we hope that the department would also~~ focus on the increases causes of mortality, because ~~it~~ they were ~~was raising,~~ reducing the life expectancy after many, many years of increase, and he hopes that this does get some attention if the trends continue. As far as life expectancy, she stated that it was striking for the first time, ~~(~~life expectancy decreased~~).~~ She noted this was 2023 data, but in her first State of Public Health report it was sad that we had that huge decrease in life expectancy, and now we are relatively caught up. The biggest areas of premature lives lost is related to either overdose, suicide, behavioral and mental health issues, gun violence and injury prevention, which are the top causes of young and premature death. They are working for and getting Proposition 1. They just released the guidance for that this week and that first phase. Then they will be getting some prevention mental health monies in July 2026 and this summer work on the second phase of that guidance on how that will get distributed. They are really trying to work closely with the behavioral health departments across the state and the Department of Healthcare Services, and they are trying as a state to do a behavioral health transformation and better integrate. 96% of that funding went to the downstream things, but they did get 4% to do prevention and she is working on that a

   ii. ~~She noted Ron interjected asking~~ ~~Rn added that~~ we also do not want the 'messenger to be shot' but there are a couple of things where CDPH could probably do a little better job such as when new public health legislation passes that requires, for example, primary care providers to screen for something like HIV, viral hepatitis and most recently, in AB 2132, tuberculosis in high-risk people, it requires some outreach from somebody, preferably within CDPH, to the providers to explain what their responsibilities are. He stated this hasn't been done very well with HIV and hepatitis adding that he has been trying to work to help assure that the TB will get some attention, and ~~people~~ ~~providers will be aware of the new law it, know who the high risk~~ patients are ~~is~~, and what should be done. This forum could provide input on ways to notify providers about AB 2132 and to provide guidelines for compliance.

iii. ~~He added that~~ The CDPH website ~~itself~~ is not easy to negotiate and that ~~the CDPH website,~~ critical documents and new policies and forms ~~forums and~~ that the medical community needs to use or be aware of should be easy to find. He added that we'd like to work with (CDPH) over time to get in touch with IT staff and, if she agrees with us, we can perhaps get some improvements in those areas. Ron expressed that not everybody in CDPH has been as positive as Dr. Pan and we have sometimes tried to point certain things out and gotten a very negative response. Ron stated he is hoping to be as diplomatic as possible but nevertheless work on bringing areas to CDPH attention. Dr. Pan stated that she agrees they could do a lot of improvements on our website. There's some constraints around ADA compliance and other things, but that's the other thing she created in her center and was part of the outcomes of the pandemic was an Office of Guidance and Policy to focus on pulling together and doing a better job as a center, and hopefully as a department, to combine a lot of that outreach, so we are not hearing from a lot of different programs about overlapping things that aren't necessarily coordinated. She added that you can sign up for not only our health advisories and California Health Alert Network, but also there was a bill during the pandemic about signing up for any time we do have a new policy as providers they try to reach out to the California Medical Board and with CMA doing combined Grand Rounds and other things. But she does think trying to talk to our teams about the user and the outreach, and to be more user-oriented rather than program-oriented. She thinks historically they have had a department that's quite program-oriented adding that she carries on that mantra of Dr. Aragon of 'becoming the best at getting better' and they want to do that. Some ongoing constraints that are going to potentially make some of that harder, but ~~I~~ they want to do a better job.

o. Ron then took ~~added that he didn't want to lose~~ the opportunity to give a shout out to the osteopathic community that often gets forgotten when state efforts are made to notify physicians or providers~~. adding that~~ In this forum we have three osteopathic medical schools in California. One is in the Central Valley, and the only medical school that he is aware of in the Central Valley and plays a very important role in that underserved area. Ron added that Osteopathic Physicians and Surgeons of California (OPSC) is a full member, and they've been trying to get in touch with Dr. Pan/CDPH because CDPH gave a very valuable webinar to CMA, but most of their physicians belong to (AOA/OPSC) and they were hoping to arrange something. He also added that there have been a number of other new medical schools that have popped up but are not well known. They are also theoretically part of this forum although don't always attend.

p. Jessica noted that Dr. Pan needed to get to her next call and that we will send additional questions that the group has thanking her for taking the time to speak with us. Dr. Pan stated that she looks forward to hearing more about the medical schools. She noted that she saw Christine's question in the chat about how we are coordinating nationally about data, vaccines, universal vaccine purchasing stating that she is happy to come at a future time and or help communicate via Jessica and others about efforts. She noted that a lot of work happening in that space.

q. Jessica stated it would be appreciated if communications went to thru her (Jessica). She can work with Lisa, their coordinator for Academic Partnerships, and then they we can get answers to questions. They can do that in written form or offline. Jessica wants the group to know that our director is very impressive and wanting to hear from all of us. She is typically quadruple booked so it doesn't mean that she isn't interested, it is just that she is going from meeting to meeting. Jessica wants the group to appreciate the fact that in this unprecedented time Erica is currently filling multiple roles. For instance, her successor as Deputy Director for the Center for Infectious Disease has not yet been hired and she has an acting individual in that role. She also has to recruit a new state epidemiologist that has not yet been hired, and she is looking for a chief data officer, which has not yet been hired. In this current administration in California, the agency secretary is not a physician, so she is serving as the highest-ranking physician leader in the administration for the state of California. In the past, we had an agency secretary director that was also a physician. She also has to lean into being a representative for states and organizations who are trying to confront, again, the dismantling of public health, the dismantling of scientific experts and partners she used to have have been contacting her to say they have lost their jobs and are no longer in those positions. Jessica added that we can only imagine the reason she is quadruple booked every minute and how lucky this group is, and how she really depends on us. Jessica wanted to thank the group for taking the time to give her, to speak to us and to know that she will take questions, and she will take your needs seriously and incorporate them into her efforts moving forward. Jessica ~~does not want anybody to feel~~ said that issues ~~anything~~ we talk about today will ~~won't~~ be communicated to her, and any urgent needs we can work on together because ~~you essentially~~ this group is part of the public health foundation that we're going to depend on in the coming weeks and months and years adding that this new public health reality, as Melissa also stated, is pretty dreadful, and we're really holding onto partnerships such as all on the call. ~~,~~ ~~thank you so much.~~ Ron added if you have questions for Dr. Pan, please contact Jessica. Jessica provided her contact information in chat: Jessica.NunezdeYbarra2@cdph.ca.gov

6. **Topics For Next Meeting and Conclusion**: In the interest of time the legislative topic was skipped today, and Ron concluded the meeting with an invitation for those interested to stay on the call to discuss topics for the next meeting with Ron, Sumedh and Traci. ~~There were no additional participants and t~~ The meeting formally concluded at 9:28.

Minutes submitted by Traci Stevenson with assistance from Ron Hattis.