

CITY OF PHILADELPHIA  
DEPARTMENT OF PUBLIC HEALTH  
MEETING OF THE BOARD OF HEALTH

Thursday, June 8, 2017

The Philadelphia Board of Health held a public meeting on Thursday, June 8, 2017 in the Municipal Services Building, 1401 J.F.K. Boulevard, 14th Floor, Room 1450.

**Board Members Present:** Dr. Tyra Bryant-Stephens, Dr. Ana, Diez-Roux, Dr. Thomas Farley, Dr. Marla J. Gold, Dr. Jennifer Ibrahim, Dr. Amid Ismail, Dr. Scott McNeal, Dr. John Rich

**WELCOME AND INTRODUCTIONS:**

Health Commissioner and Board President Thomas A. Farley, MD, MPH called the meeting to order at 5:37 PM, welcoming the Board and guests. Dr. Farley asked for comments and questions about the minutes from the May 11, 2017 Board of Health Meeting. Hearing none, he entertained a motion to approve the minutes as submitted. It was moved and seconded. Motion passed.

**PRESENTATION ON OPIOID TASK FORCE RECOMMENDATIONS FOR PHILADELPHIA:**

Dr. Farley introduced policy advisor, Dr. Jeffery Hom to discuss opioid updates and recommendations from the Mayor's task force. Dr. Farley emphasized that the Opioids epidemic continues to worsen in an alarming rate and called the attention of the Board to understand the issues and recommendations from the task force.

Dr. Hom provided an overview of the Opioid epidemic in Philadelphia using 2016 data:

- 907 drug overdoses last year, 3 times the number of homicides
- Drug overdoses and homicide rates are diverging in an unprecedented rate
- Overdoses are occurring across the city
- 80% of drug overdoses involve at least one opioid
- 50% of opioid related overdose deaths involve fentanyl

Dr. Hom presented recommendations from the Mayor's task force on combating the Opioid epidemic. The task force co-chaired by Dr. Farley and Arthur C. Evans, Jr. Ph.D. endorsed 18 recommendations divided into 4 areas: prevention and education, treatment, overdose prevention and involvement of the criminal justice system.

Dr. Hom highlighted the following recommendations to provide context and the efforts of the task force:

### **Prevention and Education**

- Conduct a consumer-directed media campaign about opioid risks
- Improve health care professional education
- Establish insurance policies that support safer opioid prescribing and appropriate treatment

### **Overdose Prevention**

- Further explore comprehensive user engagement sites

### **Involvement of the Criminal Justice System**

- Provide substance use disorder assessment and treatment in the Philadelphia Department of Prisons

Dr. Hom concluded that the City should establish high-level substance use surveillance program to monitor opioid epidemic and use real-time data for support and measure actions established by the task force.

Dr. Hom discussed a list of initiatives the Health Department has already implemented or plans to implement based on the recommendations.

- It implemented a direct-to-consumer media campaign – “*Don’t take the risk.*”
- It plans to work on a widespread community distribution of Naloxone via city partners. Although Naloxone is not a solution, it offers an opportunity for individuals who may have overdosed to have another chance to receive treatment.
- Buprenorphine will be distributed for the first time as a medication assistant treatment at Health Center 6 at the end of next month.

Following Dr. Hom’s presentation, Dr. Farley led a discussion and responded to questions from the Board, which presented the following considerations:

1. There is a delay between when someone starts on pharmaceutical opioids and when he/she starts to inject. The decrease in overdoses is likely to occur 2-4 years after the initial reduction in prescriptions. Meanwhile, the number of overdoses will increase based on the trend.
2. We cannot inform the drug users in time about “bad batches”. There is a minimum of 24-48 hour lag by the time we receive our information. The labeling of illicit drugs is not

informative.

3. The arrival of fentanyl on the scene has contributed to a spike in overdoses.
4. It's a very valid point that middle-income whites who are affected by the opioid crisis have changed our society's response. A number of the recommendations from the task force are for improving substance abuse treatment regardless of the substances. This will provide a broader benefit beyond opioids.

Dr. Farley thanked the Board for their feedback and acknowledged that this will be an on-going conversation.

### **PRESENTATION ON NEW EARLY CHILDCARE RECOMMENDATIONS:**

Dr. Farley introduced Cheryl Bettigole, MD, director of the Department of Public Health's Chronic Disease Division (Get Healthy Philly) to present an overview of a proposed recommendation: "Resolution on Chronic Disease prevention in Early Childhood Care". The name of the resolution was later changed to: "Childhood Obesity Prevention in Early Childhood Care".

Dr. Bettigole noted that early childhood care policies can make an impact on young children who spend 36 hours per week on average in this setting. It's a time when children develop their food and beverage preferences and a time when staff can interact with families to influence behavior.

Current Department of Human Services regulations in early childcare settings **do not:**

- Place any limits on sugar, saturated fat, or sodium
- Require that fresh fruit or vegetables or whole grains be served
- Place any limits on sweetened drinks
- Require a certain amount or type of physical activity
- Address screen time
- CACFP does not technically provide reimbursement for sugary drinks, but centers can still purchase on their own and serve to children- there is no standard limiting sugary drinks

The Proposed resolution for all early childcare providers in the city and centers:

- No sweetened beverages in ECE settings
- No fruit juice (including 100% juice) in ECE settings
- Water should be available and easily accessible to children throughout the day and should be offered with meals and snacks

- Limit screen time for children aged 2 years and older to 30 minutes per week
- No screen time for children under age 2 in ECE settings

Proposed rollout:

- PDPH will distribute educational materials to ECE providers about the resolution and the reasons for its components
- PDPH will provide a list of suggested professional development modules on nutrition and physical activity for young children for local ECE providers
- PDPH will work with networks (American Academy of Pediatrics, Southeastern Keys, Penn State Better Kids Care network) to help promote these modules

Dr. Farley stated that the proposed policy is a **resolution** not a **regulation**; effectively these are recommendations and best practices for early childcare centers. It's our goal that once the resolution is adopted by the Board, centers that are currently serving sugary drinks will change their practice. If the resolution has no impact on the centers' practices then we can consider changing the resolution to regulation.

Following Dr. Bettigole's presentation, Dr. Farley led a discussion and responded to questions from the Board, which presented the following considerations:

1. Water should be readily available throughout the day. Milk should be served with meals and not freely available throughout the day because of the impact on teeth.
2. We will survey childcare centers via emails and mails for updates on progress. It's difficult to get information on the families.

Dr. Farley motioned to rename the resolution to "Childhood Obesity Prevention in Early Childhood Care". Motion approved. Motion seconded. Motion passed.

Dr. Farley motioned that the resolution be approved. Motion seconded. Motion passed.

Dr. Farley adjourned the meeting at 6:43 pm.