

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

Thursday, October 10, 2019

The Philadelphia Board of Health held a public meeting on Thursday, October 10, 2019 in the Municipal Services Building, 1401 John F Kennedy Boulevard, 14th Floor, Room 1450.

Board Members Present

Tyra Bryant-Stephens, MD, Ana Diez-Roux, MD, PhD, MPH, Thomas Farley, MD, MPH, Marla Gold, MD, Jennifer Ibrahim, PhD, MPH (via phone), Scott McNeal, DO, John Rich, MD, MPH.

Attendees

Cheryl Bettigole, MD, James Garrow, Jeffrey Hom, MD, Josh Roper, Raynard Washington, PhD.

WELCOME AND INTRODUCTIONS

Health Commissioner and Board President Thomas Farley, MD called the meeting to order at 5:34 p.m. Dr. Farley asked for comments and questions about the minutes of the meeting of the Board of Health held on July 9, 2019.

Dr. Gold motioned to approve minutes. Motion seconded.

Motion passed.

HOMICIDE DEATH REVIEW COMMITTEE

Dr. Cheryl Bettigole presented on the state of homicide in Philadelphia. The city has a high rate of gun homicide and this rate has been rising in recent years. Most victims and perpetrators are young, African American and Latino men. History of violence victimization, drug and alcohol abuse, exposure to violence, low parental income, parental substance abuse, parental incarceration, community environment and lax gun laws are risk factors for homicides. She notes that gun violence is complex, and it is often difficult to untangle causes. Gun violence tends to cluster in poor neighborhoods.

Homicide case reviews permit a greater understanding of the context of homicides. They also can identify specific “touchpoints” for interventions and highlight system changes that could prevent future deaths. Dr. Bettigole noted that Milwaukee has had a homicide review committee for a number of years.

Dr. Bettigole detailed the City’s efforts to develop a Homicide Death Review Committee, with representation from:

- Health Department Chronic Disease and Injury Prevention Division
- Health Department Maternal, Child, and Family Health Division
- Philadelphia Department of Human Services
- Philadelphia Police Department
- Philadelphia District Attorney’s Office
- Philadelphia Prisons Department
- Delaware Valley Intelligence Center
- Probation and Parole
- Philadelphia Office of Violence Prevention
- Philadelphia CeaseFire
- Drexel University Healing Hurt People
- Temple University CeaseFire
- Children’s Hospital of Philadelphia
- Defender’s Association of Philadelphia
- Philadelphia Office of Criminal Justice and Public Safety

The Review Committee would be managed by the Health Department. It would be charged with investigating the circumstances of firearm-related deaths and investigating involvement of decedents with social services agencies and with the criminal justice system. It would provide “safe harbor” under HIPAA for healthcare institutions that provide information to the Review Committee. It would meet quarterly, reviewing up to six cases during each meeting. Case preparation would be coordinated by the Health Department, with each agency submitting information on the particular case. The case information would be kept confidential, with confidentiality statements signed by all attendees. The proposed regulation would provide the legal mechanism for healthcare institutions to disclose confidential information to the Review Committee.

DISCUSSION

- **What do you mean when you say “policymakers should be in the room?”**
 - The representative from each agency should be someone with the authority to make changes.
- **Is there capacity to expand the scope to include firearm-related injuries?**
 - Yes, this committee would cover homicide by firearm and firearm-related injuries. This makes it easier to do reviews, because live victims can give consent to review their cases. This also potentially expands the number of potential cases, as there are approximately four times the number of firearm-related injuries than there are homicides.
- **What will be the selection criteria for choosing cases?**
 - It has not been defined yet. One primary factor is the existence of data, as not all cases will have that.
- **How will we know if the Committee is identifying meaningful action items; will it be placed in context with other quantitative studies?**
 - This committee is modeled after the best practices found in other Philadelphia death review committees. The group will include quantitative information in these

review meetings. Other review committees, including that in Milwaukee, have been able to demonstrate that this process has spurred improvement. Qualitative data can be useful for identifying typologies. Due to the large number of potential cases, choosing the right sample is important to ensure representativeness.

Board member motioned to pass the regulation. Motion seconded.

Motion passed.

NEW BUSINESS

Dr. Bettigole provided updated information on e-cigarettes. Philadelphia teens saw a drop in e-cigarette use, until the introduction of JUUL e-cigarettes. At that point, use rose substantially. Today, more than 25% of twelfth graders in the U.S. are using them. And it's expected that these are undercounts.

JUUL appears to be the driver of this trend. JUUL uses nicotine salts which allow them to have higher nicotine levels. JUULs have about three times the amount of nicotine as older devices, and about three times the nicotine allowed in Europe. Coupled with sweet flavors and lack of a noticeable plume of vapor, this encouraged use by teens.

Cases of severe lung injury caused by e-cigarettes, in retrospect, started to be seen in 2011, but incidence has risen sharply in the past few months. At this time, more than 1,000 cases have been identified. We expect the number of cases to continue to rise, partially due to an increase in awareness, but also due to an increase in vaping. There is ongoing investigation into the cause of the illness. The population of injured vapers mirrors the population of vapers. So far nine cases have been reported in Philadelphia, and 106 cases have been reported in Pennsylvania, with two deaths.

The Health Department and some volunteer pulmonologists are doing outreach to students. A new webpage with vaping information has been created, and a new vaping paid media campaign is starting soon. The Health Department is also looking into policy responses as well.

A number of states are implementing bans on e-cigarettes and flavoring in an effort to combat this. Nicotine salts have not been targeted policy-wise at this time. Dr. Bettigole feels that restricting the sale of nicotine salts might help limit the rise in use by teens.

The FDA has had the authority to act on e-cigarettes since 2009, but has not done anything until September of this year, when they announced they would ban flavored e-cigarettes until they are certified.

ADJOURNMENT

Dr. Farley adjourned the meeting at 6:23 p.m.