

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

Thursday, June 16, 2022

The Philadelphia Board of Health held a public meeting on Thursday, June 16, 2022. The meeting was held virtually using the Zoom platform in order to facilitate access by the public via computer or other device and via a toll-free phone number.

Board Members Present

Dr. Cheryl Bettigole, Dr. Tyra Bryant-Stephens, Dr. Marla Gold, Dr. Scott McNeal

WELCOME AND INTRODUCTIONS

Health Commissioner and Board President Cheryl Bettigole, MD, MPH called the meeting to order at 6:37 PM and performed a roll-call.

Dr. Gold called the Board's attention to a comment left in each participant's chat window. The message was not publicly posted so there was no concern about the City's liability.

Mr. Benjamin Hartung of the Philadelphia Department of Public Health reviewed the public comment process.

MINUTES

Dr. Gold moved; Dr. McNeal seconded.

The Board unanimously approved the minutes from April 21, 2022.

REGULATION RELATING TO DATA COLLECTION ABOUT FIREARM INJURY SURVIVORS IN VIOLENCE PREVENTION AND INTERVENTION PROGRAMS

Mr. Hartung provided the Board with a presentation on Hospital-based Firearm Violence Response that was developed by Dr. Ruth Abaya, Injury Prevention Program Manager with the Health Department.

The presentation showcased data showing that firearm violence is a chronic problem that is reaching all-time highs in Philadelphia. Dr. Bryant-Stephens noted the seasonality of the rise in the number of fatal and nonfatal shootings, with counts rising much more quickly in the summer months than in the winter. Mr. Hartung showed maps housed on the City's Injury Prevention dashboard that compared poverty and count of fatal and nonfatal shooting victims by Census tract. This was an example of negative social determinants of health being correlated with negative health outcomes, including gun violence. Mr. Hartung then demonstrated that the vast majority of shooting victims, including nonfatal shooting victims, are Non-Hispanic Black and

male. The majority of shooting victims do not die and 84% of them are seen at a Level 1 trauma center, providing access to hospital-based violence intervention programs (HVIPs).

The HVIP model seeks to engage with victims of gun violence in the emergency department or at the hospital bedside. After discharge, victims will be provided with intensive, long-term community-based care management services and then access to follow-up services. HVIPs work to elevate the issues while building partnerships in the community.

Mr. Hartung then reviews what this Regulation will do. The purpose is to establish an Injury Prevention Registry, that will review known points of contact for all gun violence victims with violence prevention and response organizations, including HVIPs, Cure Violence model programs, and other victim service agencies. The goal of this Registry is to look at the people who are injured by gun violence and see where they connect with these programs. Furthermore, this Registry will hope to follow those who have worked with these programs over time.

Dr. Bryant-Stephens asked if the programs mentioned are evidence-based. Dr. Bettigole noted that the purpose of this Registry would be to compare evidence of success across programs. Dr. Bryant-Stephens asked if there were benchmarks that programs would need to meet. Dr. Bettigole mentioned that there are possible data points to track, but until we see the data, it's impossible to say what success looks like.

Dr. Gold asked for further clarification about the need for additional evidence on evidence-based programs. Dr. Bettigole noted that while the programs are evidence-based, there is no good data on how many people are offered the services in these programs, or how accessible they are to be enrolled in.

Dr. Gold questioned the need for a registry, when it could highlight internal problems in hospitals and programs that lower the potential success rate, but are not indicative of the success of the program. Dr. Bettigole responded that all HVIPs are part of a collaborative and would be able to use these data to see what the best practices are across the city. The registry also allows for tracking individuals who are integrated into programs at different hospitals and in the City.

Mr. Hartung's presentation continued. The goals of the coalition include understanding how the public is recruited into these programs, the ability to defined relevant shared outcomes, and tracking barriers to recruitment into programs. This coalition would also be able to identify the best sources of support, including local, state and federal resources.

The Regulation would permit the sharing of data between HVIPs and other violence intervention programs and the Health Department. Dr. Gold asked for clarification on the types of data that will be asked for, and how it differs from what is currently required. Mr. Hartung noted that doctors are currently required to report victims of gun violence to the City. This Regulation would not be an additional burden place on doctors, but instead it would be the responsibility of the program administrators to submit data.

Mr. Hartung provided the Board with a few examples of questions that could be answered with the registry.

Mr. Hartung reviewed the text of the Regulation. The second and fifth Whereas clauses will be updated to remove the “or osteopath” clause, as the language is out of date and duplicative.

Dr. Bettigole asked if there was a desire to update the language of these Whereas clauses.

Dr. Scott moved; Dr. Bryant-Stephens seconded.

Motion for the change in language approved unanimously.

The data being collected as part of this Regulation includes:

- Name
- Date of birth
- Date participant enrolled in the program
- Date participant provided program services
- Description of type of services provided (excluding any information concerning mental health and substance use treatment history collected by the provider
- Date participant exited the program

The Regulation’s Statement of Purpose notes that the Health Department will use the data collected to help in the formulation and review of municipal programs for the reduction of gun violence.

The Health Department will issue written requests to providers for the data listed above.

The Regulation lists a number of confidentiality standards and safeguards.

Dr. Bryant-Stephens asked about the process for programs to submit data to the Health Department. Dr. Bettigole replied that there are a number of secure digital upload methods that programs could be utilized.

Dr. McNeal asked for clarification of how the data would be utilized, if it would be in realtime as a victim of gun violence enters a hospital. Dr. Bettigole replied that the primary use of these data would be entered after-the-fact and would be used in non-real-time situations.

Mr. Hartung noted that no comments on the Regulation were received from the public.

Dr. Bettigole asked if there was a desire to move on this Regulation.

Dr. Bryant-Stephens moved; Dr. McNeal seconded.

Motion for approval of the Regulation approved unanimously.

ADJOURNMENT

Dr. Bettigole adjourned the meeting at 7:39 PM.