

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

Thursday, October 5, 2023

The Philadelphia Board of Health held a public meeting on Thursday, October 5, 2023. The meeting was held in the 16th floor conference room in the Municipal Services Building.

Board Members Present

Dr. Cheryl Bettigole, Dr. Usama Bilal, Dr. Ana Diez-Roux, Dr. Marla Gold, Dr. Jennifer Ibrahim, Dr. Amid Ismail, Dr. Scott McNeal

WELCOME AND INTRODUCTIONS

Health Commissioner and Board President Cheryl Bettigole, MD, MPH called the meeting to order at 6:41 PM.

MINUTES

Dr. Bettigole asked if the Board had reviewed the minutes from the previous meeting.

Dr. Bettigole asked if there was a desire to approve the minutes.

Dr. Ismail moved; Dr. Gold seconded.

Motion for approval of the minutes was approved unanimously.

PRESENTATION ON HEALTH DEPARTMENT STRATEGIC PLAN

Dr. Bettigole notified the Board that no Regulations would be voted on at this meeting. She then gave a presentation on the Health Department's Strategic Plan.

Dr. Bettigole reviewed the strategic priorities of the Health Department: centering equity in all that we do, improving workplace wellbeing, strategies to ease administrative barriers, preparing for future public health emergencies, improving the health of Philadelphia's children, ensuring access to primary care, using data informed strategies for the major causes of early death and disability, achieving accreditation and improving public trust in the Medical Examiner's Office.

In pursuit of centering equity in everything we do, the team working for the Chief Racial Equity Officer has developed a framework within which equity can be addressed, including coordinating community engagement, data equity and how we can utilize data on racial demographics consistently across the department, workforce development, communications and making sure that all of our communications are available to everyone including those who don't speak English, use social media, or need ASL translation, and finally public health ethics and how to balance autonomy vs the public health good of our actions.

Dr. Bettigole reviewed the Surgeon General's framework on workplace wellbeing. Dr. Gold asked to clarify how this would apply in hybrid vs. remote workplaces. Dr. Bettigole noted that many Health Department staff are, and have been, working in-person throughout the pandemic.

Dr. Bettigole reviewed many of the new initiatives begun to help support workplace wellness, many as a result of an annual staff survey. In addition to leadership and other training opportunities, the Health Department is now holding regular Public Health 101 classes and town hall meetings and issuing monthly internal newsletters. The Health Department is working to develop a mentorship program and a pipeline internship program with Esperanza. In the longer term, the Health Department is also working to develop a Public Health Academy, which could be a week-long intensive training about working in the Health Department, opportunities to work in other divisions, more training opportunities, and working to move contract employees into civil service positions.

Dr. Ibrahim asked about Dr. Bettigole's comment that they'd seen some improvement in the annual staff survey. While she wished for bigger positive changes, improvement wasn't the same across all divisions. In particular, communications has improved considerably, but only about 60% of people were satisfied.

Dr. Gold asked if other health departments were doing the same things and experiencing the same things. Dr. Bettigole mentioned that the Health Department's vacancy rate is about 20% while Chicago is reporting a 50% vacancy rate.

Regarding easing administrative burdens, Dr. Bettigole said that the Health Department is working to make new connections between like things, like getting community engagement staff together, establishing a new functional needs access group, all epidemiologists are now working together and communications is working closer together. In terms of money, the City uses software from the 80s, which means that everyone who works in fiscal must be taught how to use that software. To help facilitate that, we have hired a new training officer to help smooth that process. We also have a workforce director who is working to coordinate strategic workforce issues.

Preparedness is another priority that has grown in importance recently. Dr. Bettigole noted an upcoming exercise with federal agencies to plan for internationally displaced persons. The Health Department is also planning a mass medical countermeasures tabletop exercise to plan for distributing medication to the city. The Health Department is also working to develop executive summaries for all emergency response plans, as opposed to 200-page planning documents. In addition, communications have been templated and approved to help speed warnings.

Dr. Gold asked about preparedness communications, wanted to know if the software tools the Health Department is using are the same as other departments. Dr. Bettigole noted that the Office of Emergency Management manages those networks.

Dr. Bettigole noted that the Public Health Laboratory is moving into a new facility in the next few weeks. She also noted that the Health Department is developing an internal emergency response corps with extra training to help with emergency staffing.

Dr. Bettigole then turned to environmental and children's health strategies. In 2019 City Council passed a lead certification law. It was implemented in 2020 and lead levels are falling by up to 40%. Dr. Bettigole and the Health Department believes that the decrease is likely a real thing based on the data. Dr. Bilal noted that discrepancies in screening rates, especially in the Hispanic community, could be due to a lack of access to primary care. The Health Department is expanding access to remediation services from those with BLLs of 10ug/L to 3.5ug/L. The goal is to get into 75% of houses that have a child with an elevated BLL.

The City has also passed an update to AMR VI, which will be implemented in January, will help to make the air cleaner.

The Health Department also held the first meeting of the asthma strategy advisory group, which is a citywide advisory group and it went very well. The Health Department is also looking to expand messaging about quitting tobacco, especially in the postpartum period.

In order to help expand access to primary care, the Health Department is currently working to establish two new City health centers in the Northeast. There has been some pushback about the Friends Hospital site. Those new centers will see about 47,000 new patients per year. In addition to new health centers, the City has also been investing in improving the existing City health centers. Most of those improvements have been in the patient areas, but some have been in the staff areas like new lunchrooms. The Health Department has also published and is maintaining a primary care finder at phila.gov/primarycare.

In terms of gun violence, the Injury Prevention Program Manager, Dr. Ruth Abaya, has taken a national role, which is a loss. Pilar Ocampo is now filling in as Acting Manager. The City continues to utilize the Homicide Death Review and is reviewing the recommendations that came out of that report and making sure that they've been addressed and implemented. We are also putting together data for the Hospital-based Violence Interruption Programs collaborative. While gun violence deaths are down about 18%, there is much more work to do.

Overdose deaths showed a rise in stimulant-related deaths, and now 70% are now considered stimulant-related, even though opioids continue to be part of the problem. Other cities are seeing the same rise and are attributing it to meth use. This is also leading to an increase in Black deaths, and older deaths. It is being found that not all cities are defining overdose deaths the same, it is hoped that academia to start to look into that. The Health Department has also worked to expand their overdose bereavement team which, in addition to being a nice thing, is also an intervention, because overdose deaths tend to follow other overdose deaths.

Other initiatives include "water as a human right" to try to improve access to water and prevent shut-offs. Dr. Bilal asked about trust after the spill into the Delaware earlier this year. Dr. Bettigole noted that lots of people were frustrated by the response. It lead to lots of discussions about when to warn the public.

The Health Department is also working towards starting the Philly Joy Bank, which is almost fully funded. A doula program for people with substance use disorder has been expanded, and

the Department is also working towards implementing a universal home-visiting program for all infants born at Einstein.

Regarding the Ending the HIV Epidemic work, the Health Department is looking to expand access to testing via pharmacies and mail programs.

Dr. Ismail described a thought about developing a comprehensive definition of healthy communities and how that might help with many of these problems which could be linked. Dr. Bettigole noted that much of that thinking is currently taking place in academia, and the Health Department is working to do something similar with the Health of the City report. The biggest problem is that the data needed for this, at an actionable level, is very difficult to come by.

Dr. McNeal noted that while harm reduction strategies work to help reduce overdose deaths, it seems like they're focused on one area, when overdoses seem to be just about everywhere. How do we deal with that, he asked. Dr. Bettigole noted that outreach is now taking place in areas in North Philadelphia, in addition to Kensington. Dr. McNeal wondered if doctor's offices and clinics could also serve as places for information and harm reduction materials distribution. Dr. Bettigole felt that, during her time in primary care, not many people would suggest needing help with that to their doctor and questioned the utility of that. Dr. McNeal felt that some doctors can learn how to do that. Dr. Bettigole offered to help get harm reduction materials to FQHCs. The resulting discussion found that just making those resources available in all healthcare settings could help with loved ones of those with substance use disorders could be a target audience as well.

Dr. Bilal asked about the Health Department's role in larger discussions of topics that affect health. Dr. Bettigole noted that the Health Department is working on being included in those discussions, as evidenced by the Health of the City dashboard including information on poverty and joblessness.

In order to collect more data on the situation, the City's OD Stat group works similarly to the Homicide Death Review to identify circumstances that lead to overdoses, in the hopes of informing policy choices. However, these data are hampered by the fact that the people that we need to interview the most are those who have died.

Dr. McNeal compared the tainted drug supply problem to a similar one from the 90s when marijuana was being tainted with cocaine.

Dr. Ibrahim asked Dr. Bettigole to clarify a comment that she made earlier, saying that we were ahead of where New York City is. Dr. Bettigole replied that we are among the first jurisdictions to take on the stimulant overdose increase and we are among the first to have a bereavement program that has been running for a few years but is only being piloted in other places, and we are testing novel means of distributing naloxone and testing strips that other places aren't. However, she noted, drug overdose deaths are still rising. The Health Department is looking into a program to distribute naloxone door-to-door in neighborhoods. Dr. Bilal asked in response to Dr. Bettigole's statement that deaths are still rising, if they are rising more quickly in Philadelphia than other cities. Dr. Bettigole said it seems very place dependent.

Dr. Gold asked besides test strips, what else are we doing? Dr. Bettigole mentioned the work in bereavement, and noted that the previous problem: white people using opioids leading to overdose deaths, is going down. This is a wholly new problem: Black people using a mix of stimulants and opioids. Dr. McNeal noted that education can really help with this situation, and that needs to be increased. Dr. Gold asked if our current response to the situation is tailored to a white audience and that's why Black deaths are increasing. Dr. Bettigole noted that many of these things are exactly what the Health Department is exploring right now, with the goal of informing the response going forward.

Dr. Gold asked how much overlap there is between gun violence and drug overdose. Dr. Bettigole says there is not much good data to connect them. Dr. Ibrahim asked if, in the aftermath of a gun death, do areas see an increase in drug overdoses. Dr. Bettigole says that data isn't available.

ADJOURNMENT

Dr. Bettigole adjourned the meeting at 7:50 PM.