



Budget Office

CITY OF PHILADELPHIA

April 28, 2023

The Honorable Darrell Clarke
City Council President
City Hall, Room 490
Philadelphia, PA 19107

Dear Council President Clarke,

This letter is in response to questions raised by Councilmembers regarding the Proposed FY24 Operating and Capital Budget.

Councilmember Lozada: Provide follow-up on the designation of the MEO in the Police headquarters.

Health has partnered with the Department of Public Property to add a “Philadelphia Department of Public Health” sign to the public entrance of the Medical Examiner’s Office to distinguish the MEO from the Police Department. DPP has agreed to procure the sign and Health will provide the funding.

Questions from CM Brooks:

- Question: How often does Air Management Services inspect air pollution sources in the city?

Response: AMS inspects the City’s 1250 air pollution sources annually and conducts ad hoc surveillance and inspections when receiving public complaints.

- Question: Last year, the Air Pollution Control Board proposed new air toxic standards, and Air Management Services held a public hearing on August 10th. When will the new standard be finalized?

Response: The APCB met on March 27, 2023 to review and plan the response to the comments received during the August 2022 public hearing. A final APCB meeting was held on April 27, 2023 to vote on amending the Air Management Regulation (AMR) VI, which controls emissions of toxic air contaminants. After the regulation is approved by APCB, it will be reviewed by the Law Department and Department of Records for their approval. Once all approvals are obtained, the regulation will go into effect. The Health Department expects this entire process to be finalized by August 1, 2023.

- Question: How is the Health Department responding to public input?



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Response: The Health Department has worked to engage the public by conducting a public hearing in August, where the public provided written and oral testimony in front of the Air Pollution Control Board (APCB). In addition, the public comment period was extended to September of 2022. There were 186 comments and the Health Department worked with the Law Department to create a response to each comment. This document has been finalized and is available for public review. The APCB will be meeting this month to finalize the regulation. The public has been included at every available point in the process.

The Health Department has amended the proposed regulation based on public input in the following ways:

- Background Risks: Consider background concentrations when monitoring risks
 - Review Frequency: Agreed to review U.S Environmental Protection Agency (EPA) regulations every 5 years to change AMS regulation and technical guidance. Additionally, AMS will continue to annually check unit risk factors and reference concentrations for cancer and non-cancer risks to update regulation.
 - Permitting Process: AMS will now require both air and toxic permits starting August 1, 2023. Currently, only air permits, based on federal, state and local regulation, are required.
- Question: Will the health department need more funding to enforce stronger standards?

Response: The health department can always utilize additional funding; however, at this time we are working to fill current vacancies for specialized titles, such as Environmental and Graduate Engineers and Air Pollution Inspectors. These titles have been challenging to fill, but OHR is assisting the Department with recruitment and retention efforts.

- Question: Air Management Services has proposed renewing the permit for SEPTA's gas-fired power plant in Nicetown? Will AMS hold a public hearing about the proposal? If so, when will it take place?

Response: Yes, AMS published a public notice for a hearing the week of April 17th. There will be a 30-day comment period, followed by a public hearing within a month.

- Question: What is Air Management Services doing about air pollution from vehicles? Philly will likely fail the new standard for fine particulate pollution that the federal EPA has proposed. Knowing that Philly residents breathe in an unhealthy amount of particulate matter, and that AMS will likely be required by law to create a plan to bring Philly into compliance with strengthened federal rules, what is AMS doing?

Response: The regulation of mobile sources is a federal (EPA) responsibility; however, AMS has spent the past five years advocating to be delegated some of the responsibility to control



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emissions from mobile sources. AMS has now been delegated responsibility to regulate emissions from mobile sources such as idling vehicles and construction equipment. AMS would like to be delegated responsibility to regulate trucks and buses, however, EPA is unwilling to give that delegation.

- Question: There is a great deal of concern about the impact of air pollution from truck traffic associated with the Bellwether District that Hilco has proposed, as well as other warehouse developments are the city. How is AMS responding?

Response: AMS is not authorized to regulate the air quality and traffic for warehouses with trucks. EPA and the PA Department of Environmental Protection are the entities responsible for regulation. However, AMS recognizes the local impact of this type of air pollution and requested delegation to regulate trucks and buses, which we have not received. AMS currently has a complex source air management regulation (AMR X), that regulates parking garages for warehouses, malls, hospitals, schools and other complex sources. This involves analysis of traffic and air quality around those locations. If the traffic study does not pass our guidelines, the Streets department has the authority to deny permits. If the air quality does not meet AMS's standards, AMS will deny a permit.

- Question: Reducing implicit bias in healthcare service delivery is a critical component of addressing healthcare disparities and improving overall health outcomes. Are there opportunities on the city level to identify funding opportunities for additional training opportunities for healthcare workers?

Response: The Department strives to improve health equity and lessen health disparities for Philadelphia's non-white and distressed populations. Health's Division of Ambulatory Health Services (AHS) provides training to all new hires via Learning Management System (LMS) titled: "AHS Foundations of Implicit Bias Training".

The PDPH Chief Racial Equity Officer presented the following training at our all-staff meeting in November 2022:

- Title: Unifying Community Engagement
- Learning Objectives:
 - Understanding the importance of the intersection of Public Health and Equity
 - Understanding the importance of the use of frameworks when creating public health programming
 - Understanding how to use a "people centered approach" with public health
 - Understanding the difference between Community Engagement and Community Mobilization using the frameworks PDPH will be adopting

Various disciplines, for example our Behavioral Health Counselors, receive additional cultural competency and equity training.

AHS schedules CME and other training sessions monthly for staff to stay abreast of clinical updates and topics related to improving patient care and those we serve.



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- Question: What are the number of individuals trained in naloxone, number of naloxone kits dispensed, number of Fentanyl test strip distributed, and individuals trained?

Response:

- Number of Individuals trained in Naloxone administration- 3,662 individuals
 - Number of Kits Dispensed- 54,036 Doses of Naloxone Distributed
 - Number of FTS Distributed- 115,267
 - Number of individuals trained- 1,693 individuals trained (58 FTS trainings)
- Question: Is there a current plan for providing test strips & wound care for xylazine, the veterinary tranquilizer, which is contaminating the current drug supply?

Response: Xylazine Test- In FY24 SUPHR plans to purchase and distribute Xylazine Test Strips to the community, community-based organizations, treatment centers, and city organizations.

Wound Care- SUPHR's Medical Director and Field Nurse are working with health systems/community-based organizations to create best practices for wound care. This work includes partnering with these organizations to provide them with wound care and harm reduction supplies.