

Strategic Plan: 2014-2018

2014 Annual Progress Report

Philadelphia Department of Public Health

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Table of Contents

I. Executive Summary.....	3
II. Strategic Priority 1 – Women’s and Infant’s Health	4
Objective 1 – Enhance the reproductive health of women.....	4
Objective 2 – Foster optimal infant health and development.....	5
Objective 3 – Improve immunization rates for young children	7
IV. Strategic Priority 2 – Sexual Health	9
Objective 1 - Decrease STD rates and increase condom use among youth and young adults.....	9
Objective 2 - Reduce new HIV infections and improve linkage to timely, high-quality HIV care	11
V. Strategic Priority 3 – Chronic Diseases Related to Tobacco Use and Obesity .	15
Objective 1 – Decrease rates of youth and adult smoking	15
Objective 2 – Improve nutrition and physical activity to decrease obesity.....	17
VI. Strategic Priority 4 – Environmental health.....	21
Objective 1 – Protect children from environmental health hazards	21
Objective 2 – Promote food safety through education and inspection of food establishments	23

I. Executive Summary

The **mission** of the Philadelphia Department of Public Health (PDPH) is to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable. Our **vision** is of a city in which every resident is able to:

- Live a long, healthy, and productive life;
- Be free of preventable disease and disability; and
- Live, work, learn, shop, and play in environments that promote health

After a year-long planning process, PDPH finalized a five-year Strategic Plan in May 2014. Over the last seven months, PDPH and its partners have been developing, implementing, and evaluating strategies within four focus areas: 1) Women’s and Infants’ Health, 2) Sexual Health, 3) Tobacco Control and Obesity Prevention, and 4) Environmental Health. This report provides a summary of those activities and our progress in achieving the Strategic Plan’s core objectives.

Women’s and infants’ health

- The teen birth rate continued to decline, reaching 48.5 births per 1,000 teens.
- The infant mortality decreased to 9.3 deaths per 1,000 live births—the lowest rate in Philadelphia’s history.
- Over 80% of children 19 to 35 months-of-age were up-to-date on immunizations in 2013.

Sexual health

- Gonorrhea and Chlamydia rates among teens dropped 28% and 16%, respectively, from 2011 to 2013.
- The rate of new HIV diagnoses decreased by 9% from 2011 to 2013.

Tobacco control and obesity prevention

- Youth smoking declined from 9.6% in 2011 to 7.5% in 2013.
- Childhood obesity declined from 20.7% in 2009/10 to 20.3% in 2012/13.

Environmental health

- After a decade of steady increases, the asthma hospitalization rate for children in 2011 and 2012 was lower than in 2010.
- Among children 0 to 5 years, 2.6% had elevated lead levels in 2013.

Further information about PDPH’s Strategic Plan and its other planning and health assessment processes are available at <http://www.phila.gov/health/Commissioner/PHA.html>.

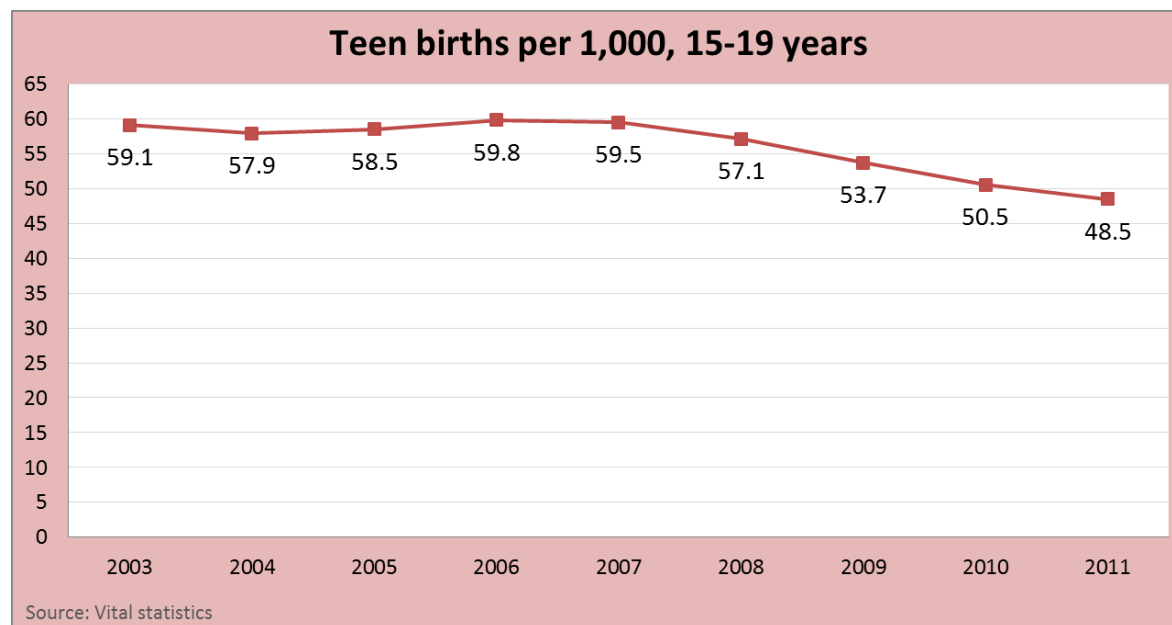
II. Strategic Priority 1 – Women’s and Infant’s Health

Objective 1 – Enhance the reproductive health of women

Key measures

	Baseline	Current	Trend
1) Adolescents who report using contraception at last intercourse ¹	78.8% (2011)	79.2% (2013)	Improved
2) Women who report use of long-acting reversible contraception (LARC)	TBD	TBD	--
3) Birth rate per 1,000 for women age 15 to 19 years ²	52.7 (2010)	48.5 (2011)	Improved
4) Births that are 5 or higher order ²	6.2% (2010)	TBD	--

¹Youth Risk Behavior Survey, Centers for Dis. Control & Prevention; ²PDPH, Philadelphia Vital Statistics



Policy strategies

1. Promote awareness of and access to long-acting reversible contraception (LARC)

- Director of the Division of Maternal, Child and Family Health (MCFH) provided an informational briefing on the benefits of in-hospital, post-delivery LARC to Medicaid managed care organizations.
- Assessed ways to increase rates of post-partum visits while providing in-hospital LARC.

Health promotion strategies

2. Educate the public and engage key community organizations on the importance of pre- and inter-conception health

- MCFH received a federal *Healthy Start* award to build community awareness of pre- and inter-conception health.

- MCFH plans to hire a Community Action Network Coordinator responsible for working with the Promise Zone Initiative in West Philadelphia and the CHOICE Neighborhood in North Philadelphia to promote awareness of and access to women’s health services.

Clinical care strategies

3. Enhance capacity to provide effective reproductive health services to adolescents in easily accessible and acceptable venues

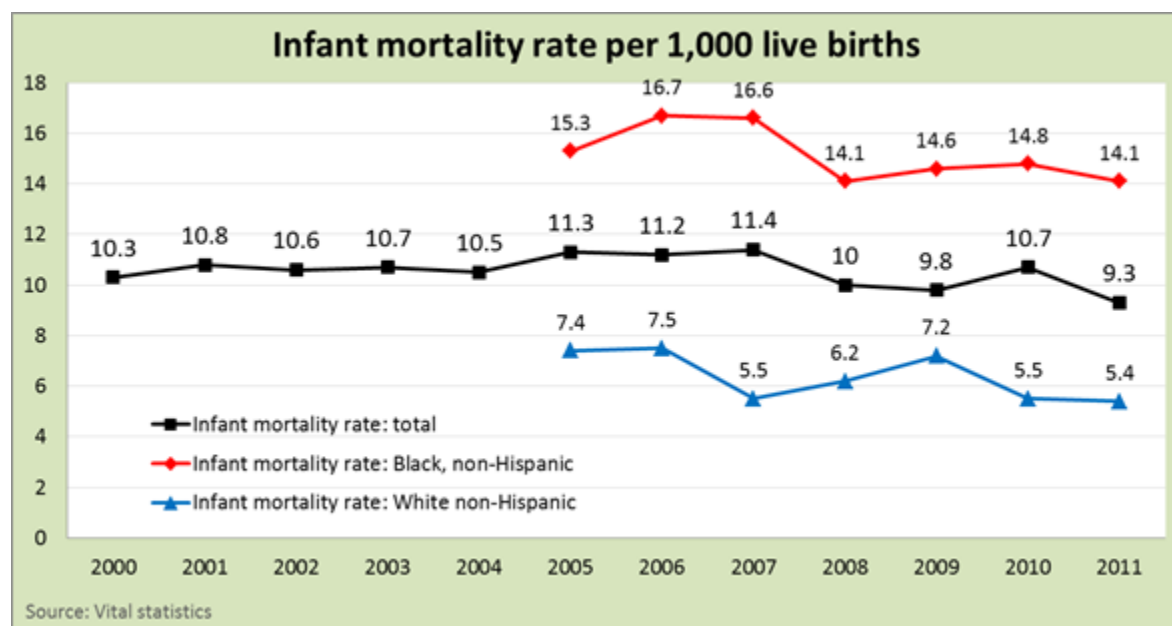
- MCFH is preparing to strengthen teen services at Health Center #5 in North Philadelphia with an Adolescent Health Care Coordinator and Men’s Support Services Coordinator. Partners include Ambulatory Health Services, Division of Disease Control, Access Matters, and the Department of Human Services (DHS).

Objective 2 – Foster optimal infant health and development

Key measures

	Baseline	Current	Trend
1) Infant mortality rate per 1000 live births ¹	10.7 (2010)	9.3 (2011)	Improved
1a) Infant mortality rate per 1000 live births (white, non-Hispanic)	5.5 (2010)	5.4 (2011)	Improved
1b) Infant mortality rate per 1000 live births (black, non-Hispanic)	14.8 (2010)	14.1 (2011)	Improved
2) Pregnant women receiving late or no prenatal care ¹	15.5% (2010)	13.0% (2011)	Improved
3) Breastfeeding initiation ¹	60.4% (2010)	TBD	--
4) Early intervention referral and receipt ²	TBD	In Progress	--

¹PDPH, Philadelphia Vital Statistics; ²MOM Program



Policy strategies

1. Conduct infant fatality reviews to identify actionable policies to reduce the risk of infant death

- MCFH and the Medical Examiner's Office (MEO) are working closely to establish a fetal infant mortality review (FIMR).
- 205 infant deaths reviewed in calendar year 2014 (87 died in 2013, 118 died in 2014)
- Ongoing and improved coordination between MEO and DHS on all hotline-reported infant deaths.
- New partnership established whereby monthly decedent lists of all MEO-known youth are reported to DHS to be cross-checked for DHS involvement within past 16 months to enable further review.
- Next Child Death Review reports will be published in spring 2015.

Health promotion strategies

2. Encourage birth hospitals to support breastfeeding initiation and achieve *Baby Friendly* status

- All 6 delivery hospitals *banned the bag*, meaning that they stopped providing industry-sponsored formula and formula advertising to new mothers after delivery.
- Five of the six hospitals have begun the formal process for achieving *Baby Friendly* designation. Two hospitals are preparing for the final review and certification in 2015.

3. Expand a universal home visiting initiative for newborns and their caregivers

- Over 1,000 families currently served by the MOM Program.
- Conducting detailed evaluation to inform program expansion with a focus on the role of nurse educators, promotion of parenting behaviors that support optimal child development, and access to inter-conception care to promote adequate birth spacing.

Clinical care strategies

4. Improve access to and use of prenatal care services

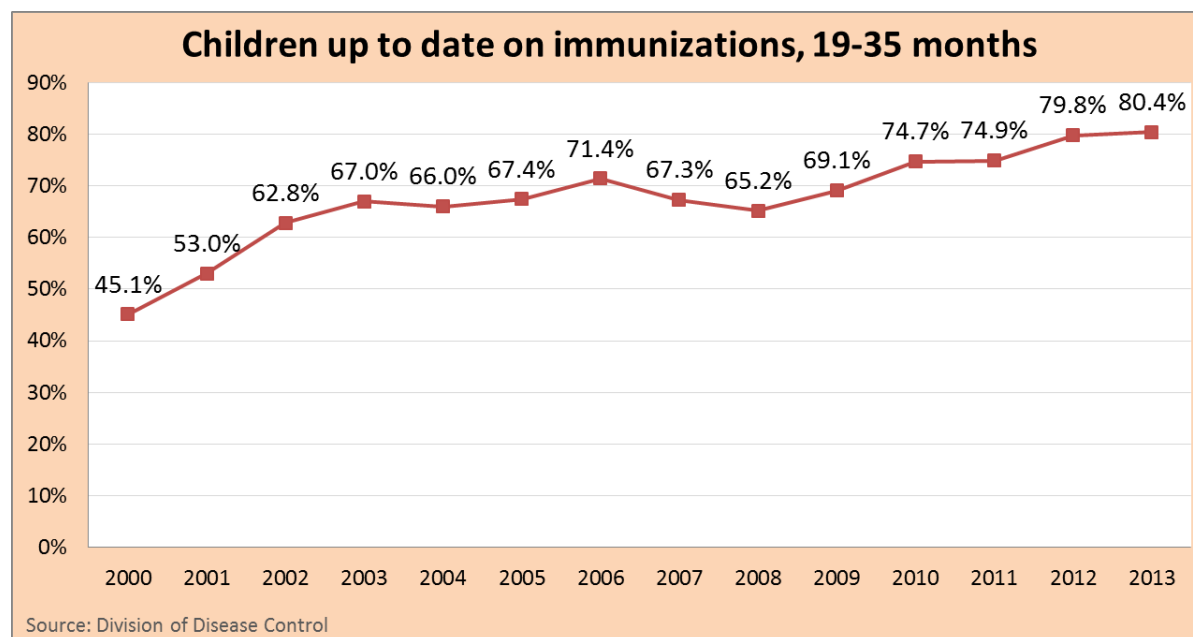
- Health Commissioner and MCFH Director met with the Obstetrical Chairpersons of the six delivery hospitals to review prenatal care utilization data and strategize about potential solutions, including ongoing refinement of triage to decrease wait times for initial appointments.
- With *Healthy Start* funding, MCFH will help support a *Centering Pregnancy* initiative at Health Center #5 to promote health and wellness during pregnancy and prevent premature birth.

Objective 3 – Improve immunization rates for young children

Key measures

	Baseline	Current	Trend
1) Children aged 19-35 months up-to-date on recommended vaccines ^{1*}	79.8% (2012)	80.4% (2013)	Improved
2) Children who are immunization-delayed and then brought up-to-date through community-based outreach ¹	1,400/26% (2012)	1,600/35% (2013)	Improved
3) Percentage of childhood immunizations reported electronically to the KIDS registry ^{1**}	20% (2012)	28% (2013)	Improved

¹PDPH, Division of Disease Control; *4:3:1:3 vaccine series (DTaP, Polio, MMR, Hib); **HL7 interface



Policy strategies

1. Educate and enforce immunization requirements at childcare settings

- Audit of 43 day care centers revealed that Up-To-Date (UTD) rates for most vaccines were comparable to citywide rates for this age group. The vaccines (rotavirus, influenza, and hepatitis A) with much lower rates were those missing from the child health data collection form used by the day care centers.
- All day care centers registered with the PA Department of Human Services were mailed the updated child health form and a laminated child immunization schedule.
- Childcare center immunization rates will be audited again in 2015.

2. Assure community-wide access to vaccines and regulatory compliance of pediatric care providers through the Vaccines for Children (VFC) federal entitlement

- In 2013, PDPH began transitioning VFC providers to a CDC-developed, on-line ordering system (*Vaccine Tracking System* or VTrckS), obviating the need for mail-based paper orders for VFC vaccines. PDPH fully integrated VTrckS with the KIDS Plus Immunization

Registry to provide an integrated, one-stop website to electronically order VFC vaccine, search patient immunization records, and access the latest vaccination guidelines.

- By mid-2014, 176 (86%) VFC providers had fully transitioned to ordering all VFC vaccine through the VTrckS/KIDS Plus website.

Health promotion strategies

3. Identify and outreach to communities and families with low rates of childhood immunization

- Geocoding of residential addresses was added to KIDS PLUS Immunization database in 2014. The Immunization Program is evaluating use of the geocoded data for initiating immunization outreach referrals (in place of using ZIP code).

Clinical care strategies

4. Improve electronic reporting of immunizations (HL7) from provider EHRs into citywide Immunization Information System, known as KIDS Plus registry

- In 2013, KIDS Plus completed a software upgrade enabling HL7 reporting at current national standards (HL7 2.5.1) and real-time immunization reporting capacity.
- By mid-2014, KIDS Plus received daily batch HL7 reporting from 93 provider sites in Philadelphia, accounting for approximately 30% of all data reported to KIDS Plus.
- On average, vaccines were recorded in KIDS Plus within 2 days of administration.
- HL7 data reported in 2013 was significantly more complete than other reporting methods for both patient demographic and vaccine administration information.

5. Prevent perinatal transmission of Hepatitis B Virus (HBV) by assuring complete prophylaxis and follow-up of child

- A capture-recapture technique was used to analyze perinatal hepatitis B data appearing in different source databases, including birth certificates, surveillance data, and medical records. The results allowed detection of an additional 25% of mother-infant pairs at risk of perinatal transmission.
- Completed a chart audit of birth records among a random sample of mothers delivering at each of Philadelphia's obstetrical hospitals. Analyses will be completed in 2015.

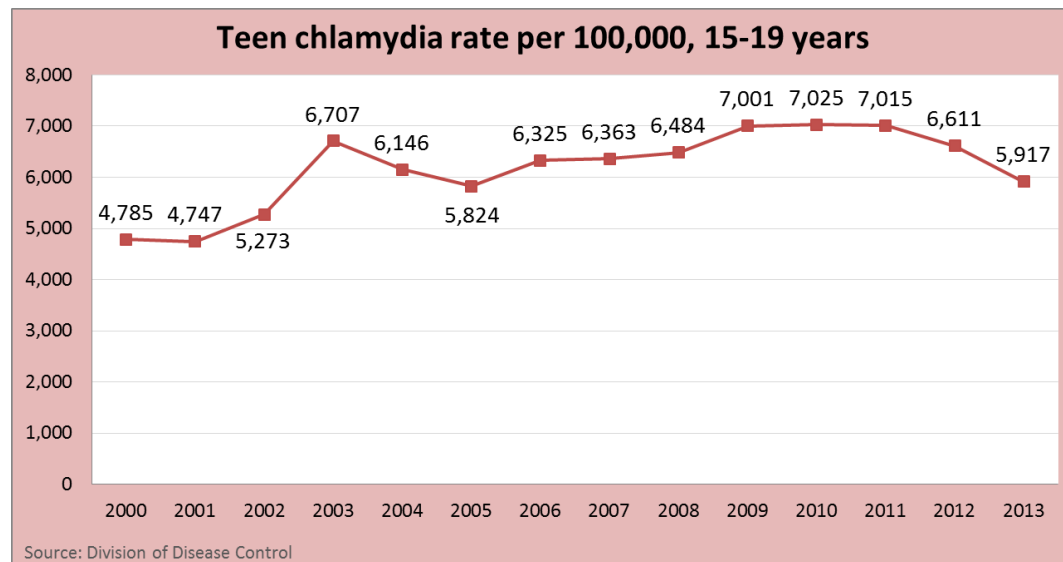
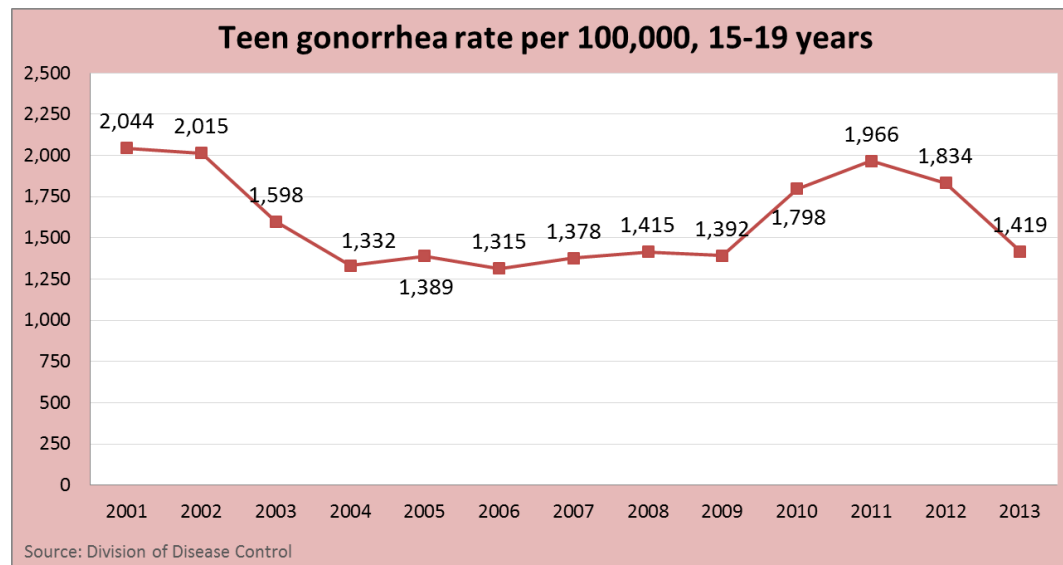
IV. Strategic Priority 2 – Sexual Health

Objective 1 - Decrease STD rates and increase condom use among youth and young adults

Key measures

	Baseline	Current	Trend
1) Gonorrhea cases per 100,000 15 to 19 year-olds ¹	1,834 (2012)	1,418 (2013)	Improved
2) Chlamydia cases per 100,000 15 to 19 year-olds ¹	6,611 (2012)	5,916 (2013)	Improved
3) Condom use with last sexual encounter among 9 th to 12 th graders ²	60% (2011)	57.8% (2013)	Worsened
4) Completion of 3-dose HPV vaccination series among 13 to 17 year-old girls ¹	21% (2011)	41% (2013)	Improved

¹PDPH, Division of Disease Control; ²Youth Risk Behavior Survey, Centers for Dis. Control and Prevention



Policy strategies

1. Make free condoms readily available in all public high schools

- Venues for condom distribution include teen-friendly businesses (eg, sneaker stores), adolescent health-focused clinics, and through the popular *Mail-Me* condom program.
- Since the program launch in 2011, over 200,000 condoms were mailed to adolescents living in Philadelphia, including over 56,000 in 2014 to date.
- In 2014, condoms were available in nearly 25% of Philadelphia's public high schools.

2. Assist in implementing evidence-based sexual education in all public middle and high schools

- PDPH met with the School District to discuss the STD education/prevention curriculum. Issues that were identified include: 1) STD curriculum is offered too late in educational process (usually in 11th or 12th grade); 2) Curriculum is delivered by person with no special expertise (often PE teachers); 3) STD content is not standardized across schools.
- Potential strategies for improvement will be explored in 2015.

3. Pursue expedited partner therapy (EPT) policy for teens receiving services in PDPH clinical settings

- Legal and policy options reviewed by Division of Disease Control and Philadelphia Law Department.

Health promotion strategies

4. Utilize social media to (re)normalize condom use

- In 2014, the Take Control Philly website received over 120,000 page views fueled by social media strategies.
- The Take Control Philly facebook page has more than 16,700 followers, 95% of whom are 13-24 year olds living in Philadelphia. The page's fan base continued to grow, gaining over 3,600 new followers in 2014.
- Supported two facebook advertising campaigns 2014 – the *Condom Variety* campaign and the *Back To School* campaign.
- The Take Control Philly initiative has been expanded into other social media platforms – Twitter, Instagram, Youtube, and Ask.fm.

5. Offer STD screening, treatment, and prevention services in all public high schools funded through public health and clinical sources

- Operated the STD screening program in 57 Philadelphia high schools in 2014, performing tests on 10,287 students. 498 students (4.8%) were positive for chlamydia, gonorrhea, or both, and at least 95% of infected students were medically treated.
- Approximately \$130,000 was generated in revenue by the program through billing of Medicaid managed care organizations.

Clinical care strategies

6. Offer timely treatment to sexual partners of those diagnosed with an STD through disease reporting and partner services interventions

- In April 2013, the AIDS Activity Coordinating Office (AACO) and STD Control consolidated all Partner Services under STD Control.
- In 2014, AACO and STD Control began matching all reported gonorrhea cases to the HIV surveillance database (eHARS) to identify persons in need of Partner Services
- The number of clients increased over 3 years: 509 (2012), 626 (2013), 945 (2014 to date).

7. Engage and train clinical providers—particularly family planning and primary care providers—to increase STD screening, decrease time between STD diagnosis and treatment, and enhance prevention through enhanced motivational interviewing

- In July 2014, the STD Control Program issued a health alert about Chlamydia screening guidelines for women aged 15-24, reaching almost 2,500 providers.
- Reviewed Chlamydia screening HEDIS measures for 5 Medicaid managed care plans, which ranged from 47% to 79% of women 16-24 years screened at least annually.
- STD Control Program and AACO collaborated to begin monitoring of rectal gonorrhea screening and to improve syphilis screening among MSM seen in high volume HIV care settings. Providers with the lowest syphilis screening rates were part of a quality improvement program conducted by AACO.
- Increase in the proportion of people treated appropriately per CDC guidelines for gonorrhea and Chlamydia from 92% to 93%.

8. Educate parents, teens, and clinical providers on importance of initiating and completing HPV vaccination

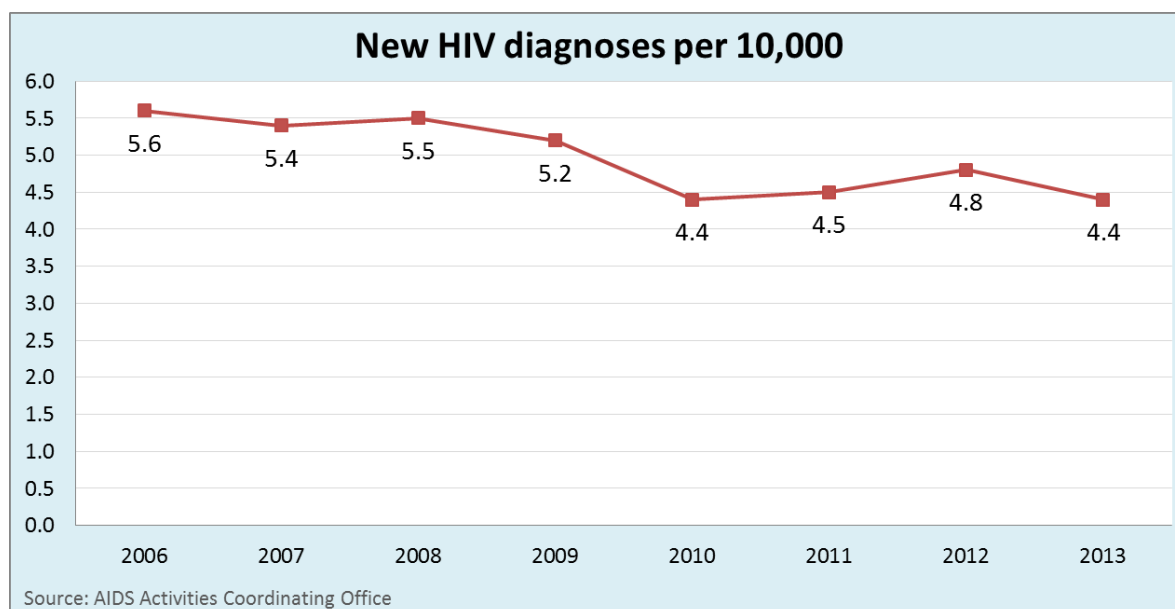
- Conducted a multi-faceted initiative to increase HPV initiation and completion, consisting of reminder-recall, media strategies, and provider education activities.
- Evaluation to be completed in 2015.

Objective 2 - Reduce new HIV infections and improve linkage to timely, high-quality HIV care

Key measures

	Baseline	Current	Trend
1) New HIV diagnoses per 10,000 residents ¹	4.5 (2011)	4.4 (2013)	Improved
2) HIV incidence in adults and adolescents ¹	872 (2011)	761 (2012)	Improved
3) Linkage to HIV care within 90 days ^{1*}	82% (2011)	78% (2013)	Worsened
4) Retention in HIV care within last year ^{1**}	44% (2011)	45% (2013)	Improved
5) Viral Suppression ^{1***}	42% (2011)	45% (2013)	Improved

¹PDPH, AIDS Activity Coordinating Office; *Percentage of persons diagnosed with HIV in the previous year who were linked to HIV care within 90 days following diagnosis; **Percentage of persons living with diagnosed HIV having had 2 or more CD4 or viral load test results, at least 3 months apart, during a 12 month period; *** Percentage of persons diagnosed living with HIV, who were alive at yearend, and had a viral load ≤ 200 at most recent test



Policy strategies

1. Promote adoption of opt-out HIV testing among clinical providers citywide

- Transitioned healthcare providers to a testing coordination model that promotes routine HIV testing. Partners include the Family Practice and Counseling Network, Einstein Medical Center, St. Christopher’s Hospital for Children, The Children’s Hospital of Philadelphia, and Presbyterian Hospital.
- Exploring use of new CDC/AHRQ performance measure for routine HIV screening among locally funded provider agencies.
- In collaboration with the University of Pennsylvania, AACO worked with three outpatient medical clinics to implement routine HIV screening programs.

Health promotion strategies

2. Offer community-based HIV screening and education, particularly among MSM, high-risk heterosexuals, and IV drug users

- HIV testing was provided at 230 non-healthcare sites in 2014.
- Provided intensive capacity building and technical assistance to community-based organizations to promote highly-targeted HIV testing in the community settings. Strategies included:
 - Reviewing and benchmarking past performance
 - Increasing ability to participate in system-wide Continuous Quality Improvement
 - Developing a process to review and approve all new testing sites

3. Offer prison-based HIV screening and education

- In the first 6 months of 2014, 92.5% of persons admitted in the Philadelphia Prison System received an HIV test. There were 53 new positive results (based on self-report).

4. Support syringe access services

- Funding for syringe exchange was increased in 2014, enabling the creation of additional sites and expanded hours at existing sites.

Clinical care strategies

5. Improve linkage to care for HIV positive persons

- Providing training and technical assistance to four HIV providers using the Anti-Retroviral Treatment and Access to Services (ARTAS) model—an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result.
- In partnership with the University of Pennsylvania, developing best practices summary and workflow template to maximize linkage to care, which will be distributed to all AACO-funded clinical providers.

6. Improve retention in care and quality of care for HIV positive persons, including achievement of viral suppression

- Implemented HRSA Core Measures for both medical case management and outpatient/ambulatory medical care (O/AMC) providers in early 2014 to monitor continuum of care performance. Providers submit reports every two months on the following measures: Prescription of ART, HIV Medical Visit Frequency, Gap in HIV Medical Visits, Adherence Assessment and Counseling, and Viral Load Suppression.
- All community-based organizations funded for medical case management are currently completing quality improvement projects targeting retention in care.
- Developed and disseminated a Viral Load Suppression Analysis tool to identify patterns among clients who are not virally suppressed in order to improve outcomes.
- Implemented the use of anonymous callers to identify barriers for new patients seeking to engage in care at Ryan White-funded O/AMC programs.
- Developed protocols for surveillance-enhanced re-engagement activities, which were piloted at the first provider agencies in late November 2014.
- Received CDC funding for a randomized trial of field investigation vs. standard of care for re-engagement of persons lost to HIV medical care.

7. Offer timely screening and linkage to care for sexual partners of those diagnosed with HIV through disease reporting and partner services interventions

- The HIV cases referred to Partner Services over 3 years: 509 (2012), 626 (2013), 945 (2014 to date).
- In 2014, over 700 cases have been interviewed and 29 new positives have been identified from 235 contacts tested.
- All HIV+ patients co-infected with syphilis or gonorrhea are now being investigated by Partner Services.

- Increased funding to support 3 additional FTEs to ensure the ability to meet increasing Partner Services activities.

8. Coordinate citywide provision of pre-exposure prophylaxis (PrEP)

- Developing a PrEP implementation including the following key strategies:
 - Increase number of referral sites by training and supporting medical providers interested in providing PrEP
 - Increase understanding of PrEP in Prevention workforce and increase referrals to PrEP
 - Increase community awareness of PrEP
 - Develop evaluation measures for PrEP implementation
- Offered a PrEP training for clinicians in December 2014.

V. Strategic Priority 3 – Chronic Diseases Related to Tobacco Use and Obesity

Objective 1 – Decrease rates of youth and adult smoking

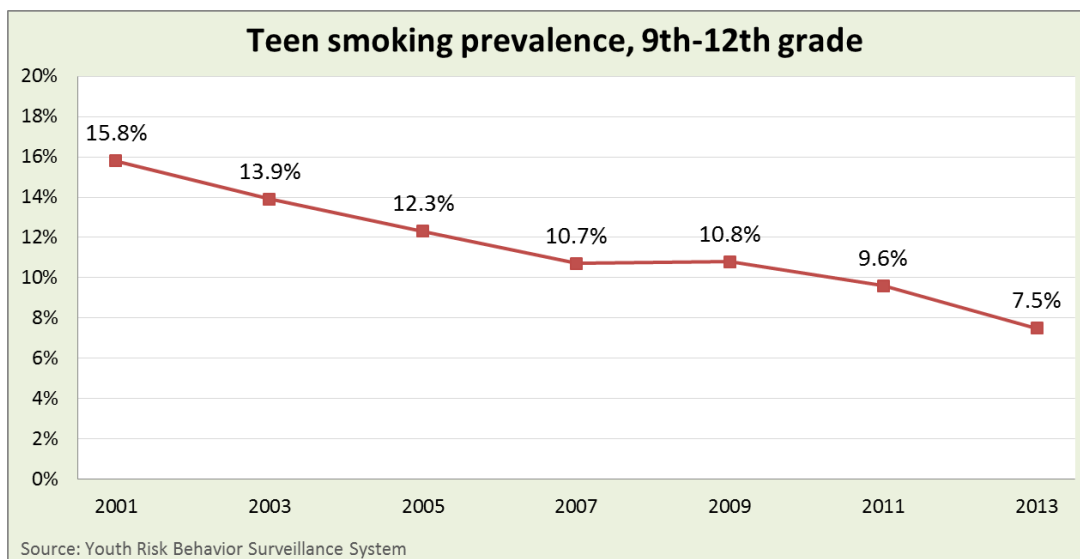
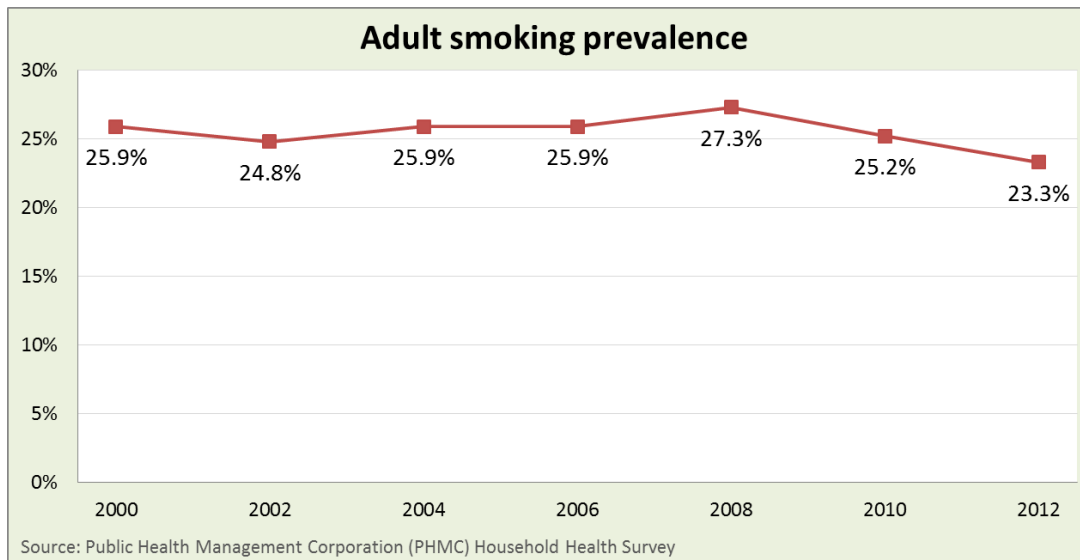
Key measures

	Baseline	Current	Trend
1) Adult smoking ¹	23.3% (2012)	TBD	--
2) Youth smoking ²	9.6% (2011)	7.5% (2013)	Improved
3) Smoking-related deaths ³	2,175 (2010)	2,297 (2011)	Worsened

¹ Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation

² Youth Risk Behavior Survey, U.S. Centers for Disease Control and Prevention

³ Philadelphia Vital Statistics



Policy Strategies

1. Promote smoke-free policies for City parks, universities, and large employers

- Mayoral Executive Order 2-14 enacted on April 29, 2014, making [12,000 acres of City parks, recreation, playgrounds, and pools smoke-free](#).
- Conducted baseline evaluation of smoke-free parks policy in April 2014, demonstrating that nine out of ten littered items were tobacco-related.
- Supported two additional universities in becoming smoke-free: Thomas Jefferson University and University of the Sciences.

2. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

- In partnership with the Drexel School of Public Health, conducted a second round of air quality assessments in four public housing communities demonstrating that 85% (23/27) of public indoor spaces had detectable levels of nicotine due to secondhand smoke infiltration.
- Provided support to PHA leadership in the development of a smoke-free policy and implementation plan.
- Offered quit-smoking informational sessions at eleven public housing communities.

3. Foster changes in the pricing, placement, and promotion of tobacco products in retail settings

- Supported passage and enactment of a \$2 per pack cigarette tax in Philadelphia—the single largest local tobacco tax increase in the U.S.
 - The number of callers to the PA Free Quitline were twice as high in October (the first month of the tax) than in September
 - The tax generated \$15 million in revenue for the School District of Philadelphia in its first two months
- Helped to pass and implement two e-cigarette ordinances in April 2014: one restricting sales to minors and the other prohibiting indoor use in workplaces, bars, and restaurants.
- In November 2014, held a Mayoral press conference to recognize [seven Philadelphia small businesses that voluntarily stopped sales of tobacco products](#).

Health promotion strategies

4. Implement social marketing campaigns regarding quitting, the health effects of smoking and secondhand smoke, and tobacco de-normalization

- Supported a radio and public transit campaign from April to June 2014, highlighting the new smoke-free parks policy: *The Butts Stops Here! Keep your parks and rec centers smoke-free*.
- Launched two rounds of [anti-smoking television ads](#) (January-March; October-December), which were adapted from CDC's *Tips from a Former Smoker* campaign.
- Developed a television ad featuring [Susan McTamney](#), a City of Philadelphia employee who died of lung cancer.

- Received the National Association of Government Communicators Blue Pencil & Gold Screen Award for the *Ex-Smokers Hall of Fame* Campaign, highlighting municipal employees who have quit smoking.

5. Engage neighborhood organizations, community leaders, and youth to be local tobacco control champions

- Empowered hundreds of youth to be tobacco control leaders at the [HYPE](#) Youth Summit in November 2014.
- Trained representatives from 20 community-based organizations to provide brief smoking cessation interventions to their clients and staff.
- Developed a partnership with the United Way’s 2-1-1 system so that every caller from Southeastern PA is screened and advised about their tobacco use.

Clinical care strategies

6. Support clinical providers to integrate tobacco use dependence treatment into routine care

- In partnership with Community Behavioral Health (CBH), convened a learning collaborative with 12 behavioral health providers to develop and implement tobacco control strategies, including smoke-free policies and high-quality tobacco dependence treatment.
- Hosted a citywide training with Dr. Jill Williams for behavioral health providers and created an [online resource for addressing tobacco in behavioral health settings](#).
- Provided public health detailing services to 200 behavioral health providers and medical specialists to improve their treatment of tobacco dependence.
- Updated the tobacco treatment guidelines and created a full-time position to support tobacco cessation in City health centers.
- Distributed *Tips from a Former Smoker* posters to over 500 medical practices in Philadelphia.

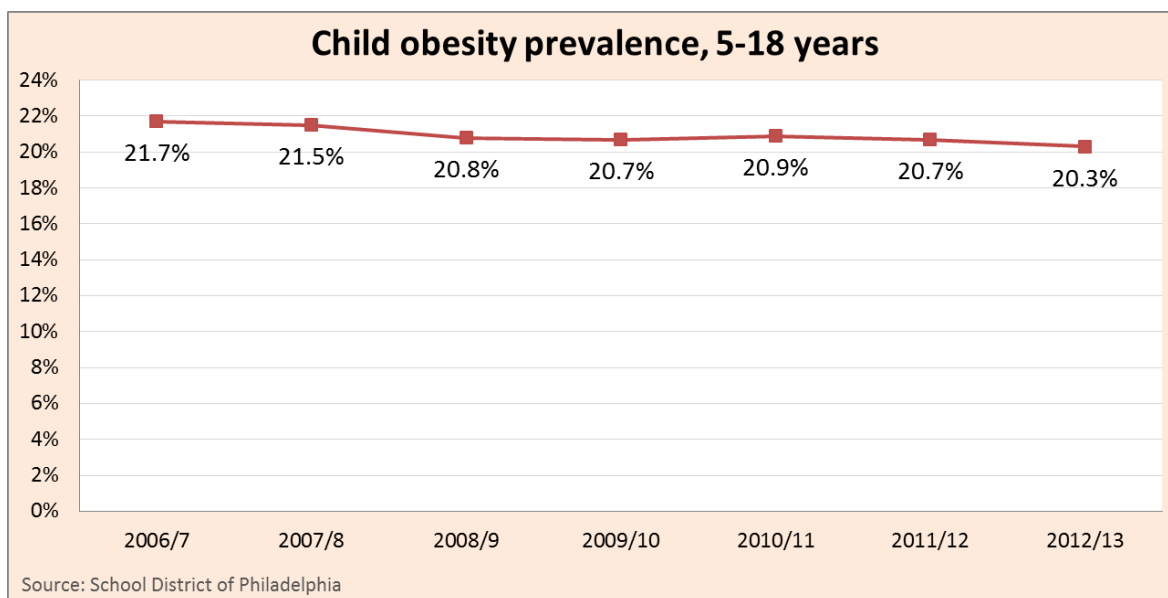
Objective 2 – Improve nutrition and physical activity to decrease obesity

Key measures

	Baseline	Current	Trend
1) Adult obesity ¹	31.9% (2012)	TBD	--
2) Child obesity ²	20.7% (2009-10)	20.3% (2012-13)	Improved
3) High blood pressure ¹	37.5% (2012)	TBD	--
4) Diabetes ¹	16% (2012)	TBD	--

¹ Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation

² School District of Philadelphia



Policy strategies

1. Implement nutrition standards for all food procured by City agencies and other institutional purchasers

- [Mayoral Executive Order 4-14](#) enacted on June 11, 2014, setting nutrition standards for all foods purchased, served, or prepared by City agencies.
 - Sets targets for calories, sodium, fat, and carbs while also promoting healthier food categories, such as fresh fruits and vegetables, whole grains, low-fat dairy
- Early highlights of implementation include:
 - Reduced calories and sodium in meals at Philadelphia Prison System and Riverview Home
 - More whole grain and fresh fruit and vegetables at Juvenile Justice Center
 - Sheriff's Office bid modified to procure healthier sandwiches
 - Hosted a forum in July 2014 for 20+ potential food vendors, showcasing the new standards and providing information on how to do business with City agencies.
- Received a CDC grant to increase technical assistance to City agencies and develop nutrition standards for 6 area hospitals.
- Via healthy vending changes, 26% increase in sales of healthier beverages and 400% increase in sales of healthier snacks.

2. Leverage federal food programs to improve nutritional offerings in schools, afterschool settings, and childcare

- Randolph Technical High School won the [inaugural Culinary Voice competition](#), creating a delicious and healthy meal aligning with the national school lunch standards that is now featured in School District of Philadelphia cafeterias. The winning recipe was for Soul Food Chicken Wraps with Roasted Broccoli and Cheddar Cheese and was added to the school lunch menu in October 2014 for over 80 schools serving 60,000 students. Chefs Kevin Sbraga, Nathan Lingle, and Delilah Winder served as judges.

- Supported outreach and promotion of summer meal sites, including mapping and signage for more than 1,200 locations serving over 2 million meals annually.
- Philadelphia's [Community Health Improvement Plan](#) (CHIP) includes *development of nutrition standards for childcare programs* as a key strategy under the Healthy Eating and Active Living priority area.

3. Advocate for minute-based PE requirements for schools

- Empowered hundreds of youth to become wellness leaders in their schools and communities through the [HYPE](#) Youth Summit in November 2014.
- Trained summer and afterschool program staff in promoting and tracking physical activity, aligning with the [nutrition and physical activity guidelines for Parks and Recreation](#) and the new REACH program standards.
- Supported 37 schools in Safe Routes to School initiatives, including bicycle and pedestrian safety lessons, walking school bus programs, and walkability audits.
- Philadelphia's CHIP includes *development of physical activity standards for childcare programs* as a key strategy under the Healthy Eating and Active Living priority area.

Health promotion strategies

4. Enhance the availability, affordability, and promotion of healthy foods in retail settings through retailer and manufacturer/distributor engagement

- Provided training and technical assistance to 25 corner stores to achieve *certification*, which requires increased inventory in seven healthy food/beverage categories and greater promotion of healthy items in stores.
- Redeemed \$78,637 in Philly Food Bucks, which provide \$2 of free fruits and vegetables for every \$5 of SNAP benefits spent at 30 farmers' markets in Philadelphia.
- Opened three new farmers' markets: Christian Street YMCA, 1724 Christian Street; Devereux United Methodist Church, 2527 Allegheny Avenue; and Rodeph Shalom, Broad and Mount Vernon Streets.
- Supported 200 Chinese take-out restaurants in implementing low salt cooking techniques, resulting in a 30% reduction in the sodium content of two popular meals.

5. Implement social marketing campaigns to promote healthier eating and physical activity

- In June, launched the city's [first-ever media campaign to raise awareness about the harms of excess salt consumption](#). The campaign highlights the risks of high blood pressure and stroke, particularly for African Americans. Ads were placed in buses and subways and on the radio.
- Began a counter-marketing campaign in 55 corner stores, highlighting the physical activity equivalents of sugary drinks: *Did you know it takes 50 minutes of playing basketball to work off a bottle of sports drink?*
- Developed a new [Instagram](#) account and maintained a presence on Facebook and Twitter.
- Created youth-generated health and wellness messaging through the first Get Healthy Philly Youth Council and HYPE school engagement.

6. Promote greater and safer physical activity through bicycle, pedestrian, and open space initiatives

- In partnership with the Mayor’s Office of Transportation and Utilities (MOTU), supported 300 pedestrian and bike safety improvement projects.
- MOTU announced that [Philly Bike Share](#) would be launched in spring 2015 with 60 stations across the city.
- In partnership with the [Philadelphia City Planning Commission](#), began to develop district plans to promote walkability, transit-oriented design, and open space access in Lower Northwest, South, and the River Wards.
- The City of Philadelphia created 7.5 miles of new trails as part of the *Philadelphia Trail Master Plan*.

Clinical care strategies

7. Enhance surveillance system for obesity and related chronic diseases

- Analyzed seven years (2006/07 – 2012/13) of height and weight data from the School District of Philadelphia, demonstrating a 6.3% reduction in obesity and a 13.5% reduction in severe obesity.
- In partnership with the University of Pennsylvania, analyzed Medicaid data to determine hypertension prevalence, morbidity, and control among low-income Philadelphians.
- Received an \$11.2 million CDC grant to monitor and improve the quality of care for hypertension and diabetes in 40 practices with 350,000 patients.

8. Advance health-promoting policies in hospitals

- Received a CDC grant to develop, implement, and evaluate comprehensive nutrition standards for six hospitals’ food services programs serving patients, staff, and communities.
- All 6 delivery hospitals *banned the bag*, meaning that they stopped providing industry-sponsored formula and formula advertising to new mothers after delivery.
- Five of the six hospitals have begun the formal process for achieving *Baby Friendly* designation. Two hospitals are preparing for final review and certification in 2015.

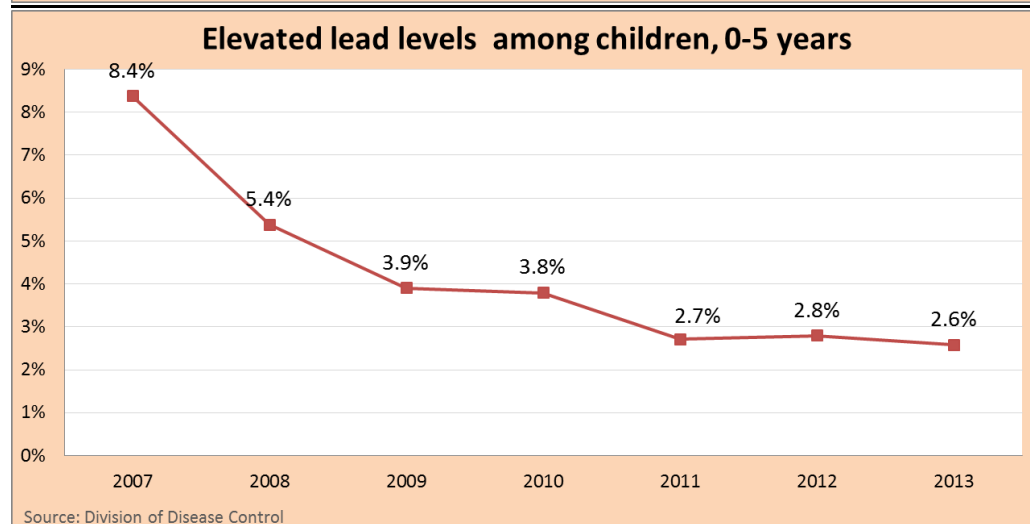
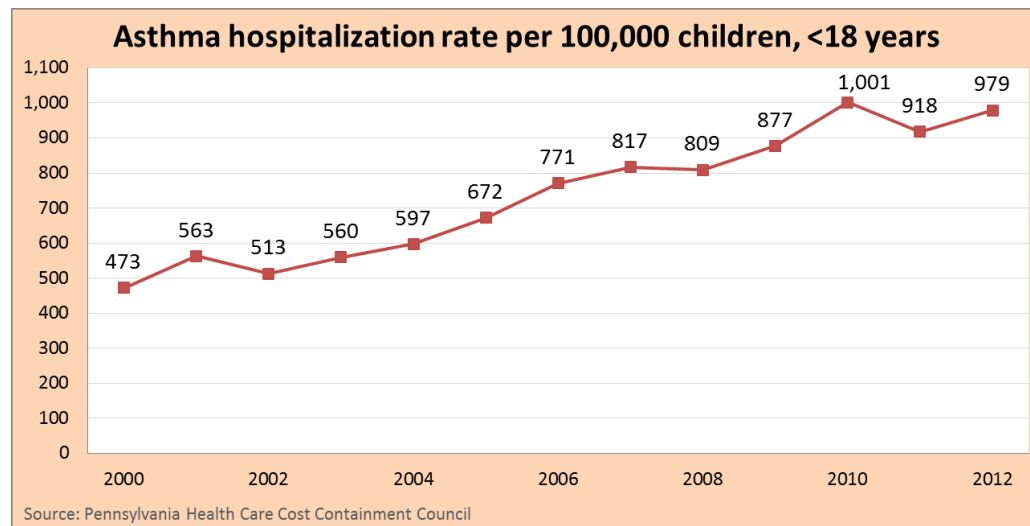
VI. Strategic Priority 4 – Environmental health

Objective 1 – Protect children from environmental health hazards

Key measures

	Baseline	Current	Trend
1) Children and adults exposed to secondhand smoke in the home ¹	11.1% (2012)	TBD	--
2) Asthma hospitalization rate per 100,000 children ²	1,001 (2010)	979 (2012)	Improved
3) Number of days with good air quality ³	147 (2012)	173 (2013)	Improved
4) Rat complaints per 10,000 residents ⁴	18.9 (2011)	TBD	--
5) Elevated blood levels in children 0 to 5 years ⁴	2.8% (2012)	2.6% (2013)	Improved

¹Southeastern Pennsylvania Household Health Survey, PHMC; ²Pennsylvania Health Care Cost Containment Council; ³PDPH, Air Management Services; ⁴PDPH, Environmental Health Services



Policy strategies

1. Meet the National Ambient Air Quality Standards (NAAQS) for particulate matter, ozone, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead, and reduce exposure to air toxics using regulatory activities

- The Philadelphia area met the NAAQS for all criteria pollutants except for the 2006 24-hr standard for PM_{2.5} and the 2008 8-hr ozone standard.
- Air Management Services (AMS) is working with other City agencies on enforcement of Mayor's Executive Order 1-07, which requires all public works and demolition contracts to use clean diesel technology. This program is expected to significantly reduce particulate matter, hydrocarbons, and carbon monoxide from diesel vehicles, resulting in \$6,000,000 in annual health benefits.
- Of 105 dry cleaning facilities in Philadelphia, 80 have transitioned from perchloroethylene—a probable carcinogen—to hydrocarbon or renewable solvents.
- On July 15, 2014, the Mayor signed Bill No. 140510, which lowered the allowable sulfur content in commercial fuel oil, leading to a reduction of annual sulfur dioxide emissions by 831 tons.

2. Reduce health and safety hazards in low-income housing, with an emphasis on lead poisoning prevention by improving property owner awareness of compliance with the Philadelphia Property Code and Health Code

- Environmental Health Services (EHS) provided a training to Law Department staff on the links between housing and health and strategies to mitigate harm from indoor environmental exposures.
- Developed a comprehensive presentation on the *Impact of Housing Conditions on Children's Health in Philadelphia* and delivered it to area housing agencies, community development corporations, medical schools, and the Board of Health.
- Strengthened the process of ordering fines in Lead Court to enhance compliance.

3. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

- In partnership with the Drexel School of Public Health, conducted a second round of air quality assessments in four public housing communities demonstrating that 85% (23/27) of public indoor spaces had detectable levels of nicotine.
- Provided support to PHA leadership in the development of a smoke-free policy and implementation plan.
- Offered quit-smoking informational sessions at eleven public housing communities.

Health promotion strategies

4. Reduce health and safety hazards, including asthma triggers, through Healthy Homes and Lead Poisoning Prevention programming

- Fully integrated the Healthy Homes and Lead Poisoning Prevention Programs.
- Created a new integrated database for PDPH home-based environmental health programs and expanded epidemiologic capacity.

- Received a CDC grant to provide integrated home environmental health services to 105 families.

5. Implement periodic neighborhood-focused rodent, pest, and home safety survey and educational activities

- Conducted a pilot assessment of 40 homes in North Philadelphia (19121) in spring 2014:
 - 76% of home had mold/moisture problems; 60% had roaches; 54% had mice; 46% had clutter; 8% had bed bugs
 - 33 homes provided integrated pest management
 - 21 homes provided with smoke/CO detectors
 - 16 homes referred for basic systems repairs
- Received a CDC grant to provide integrated home environmental health services to 105 families.

Clinical care strategies

6. Improve children’s clinical providers’ knowledge, counseling, and referral to reduce the risk of lead poisoning, increase lead screening, and reduce environmental triggers of asthma

- Engaged Philadelphia’s Medicaid managed care plans to coordinate training and resources for improved pediatric asthma care.
- Developed a plan to expand the Healthy Homes program to Health Center #5 in North Philadelphia.

Objective 2 – Promote food safety through education and inspection of food establishments

	Baseline	Current	Trend
1) Food establishments in compliance with food safety regulations at initial inspection ¹	39% (2012)	TBD	--
2) Food establishments inspected within the past year ¹	75% (2012)	TBD	--

¹PDPH, Environmental Health Services

Policy strategies

1. Ensure routine annual inspections of food establishments, re-inspection within 30 days, and pre-court inspections of all court cases

- Refined tools for track initial inspections and re-inspections.
- Retrained inspectional staff on re-inspection protocols.

Health promotion strategies

2. Develop and disseminate resources on starting various types of food businesses

- Completed and disseminated the [Mobile Food Business manual](#).
- Planning a revision of the Special Events manual.

3. Develop and disseminate resources for food vendors on how to prepare for a successful food safety inspection

- Have begun to implement *Enhanced Uniformity* training for all food safety inspection staff, which will be completed by April 2015.
- Developing an online resource for to help businesses understand the food inspection report.

4. Provide online availability for all food business-related applications and fees

- All food business-related fees are now payable [online](#).
- Businesses can now apply for a Food Safety Certification online.