
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

Strategic Plan 2018-2021

DECEMBER 2017



Department of
Public Health

CITY OF PHILADELPHIA

EXECUTIVE SUMMARY

This strategic plan provides a brief background on key health problems facing people in Philadelphia and external factors that may impact their health in the future, and then lists priorities, goals and objectives for the Philadelphia Department of Public Health to achieve by 2021. The priorities describe ongoing work; the goals and objectives specify new activities. The continuing priorities include work to control infectious diseases, create a healthier physical environment, promote healthier behaviors, improve health equity, and provide high-quality primary care to the most vulnerable Philadelphians.

The new objectives include actions to:

- Reduce the spread of influenza and hepatitis C;
- Better prepare for public health emergencies;
- Monitor air quality, reduce asthma, and reduce lead poisoning;
- Lower rates of smoking, obesity, HIV, and syphilis;
- Reduce opioid addiction and overdose deaths;
- Improve the health of young children;
- Improve the quality of chronic disease management in city health centers; and
- Monitor and report on primary care city-wide as a means to improve access to primary care.

1 | BACKGROUND

This document outlines the strategy adopted by the Philadelphia Department of Public Health for January 2018 through June 2021. It translates the agency's unchanging mission – to protect and promote the health of all Philadelphians and provide a safety net for the most vulnerable – into specific priorities and concrete actions. This plan revises the Department's previous strategic plan to reflect new priorities and opportunities as well as new threats.

This strategic plan was developed during the summer and fall of 2017 by staff in all divisions and at all levels of the agency. It reviews key epidemiologic patterns and trends, summarizes external events and factors that may affect health, lists Department strengths and weaknesses, gives an overview of continuing Department priorities, and defines goals and objectives to be met by mid-2021. The objectives include *programmatic objectives* (for example, for prevention of specific diseases or reducing specific health threats) and *administrative and cross-cutting objectives*, which reflect actions to strengthen the department's capabilities to address a variety of health threats. The programmatic objectives are organized into five categories of health determinants, generally following the organizational structure of the Robert Wood Johnson Foundation's County Health Rankings: *Infectious Disease Control, Physical Environment, Social Determinants, Health Behaviors, and Clinical Care*. The administrative and cross-cutting objectives are organized into five categories: *Epidemiology and Information Management, Workforce Development, Communications, Financial Sustainability, and Facilities*.

2 | MISSION, VISION, AND GUIDING PRINCIPLES

Mission

Our mission is to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable.

Vision

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.

Guiding principles

1. Evidence

We develop programs and policies based on the best available science, evaluate them rigorously, and share knowledge broadly within Philadelphia and across the country.

2. Impact

We implement policy, systems, and environmental changes that help to make the healthy choice the easy choice for all Philadelphians.

3. Equity

We promote equity and eliminate disparities in health, including those related to race, ethnicity, nationality, gender, sexual orientation, gender identity, immigration status, language, and disability.

4. Professionalism

We maintain a diverse, well-trained, professional workforce and provide high-quality, consistent services.

5. Collaboration

We foster partnerships with agencies and individuals inside and outside of government to promote the public's health.

3 | KEY EPIDEMIOLOGIC PATTERNS AND TRENDS

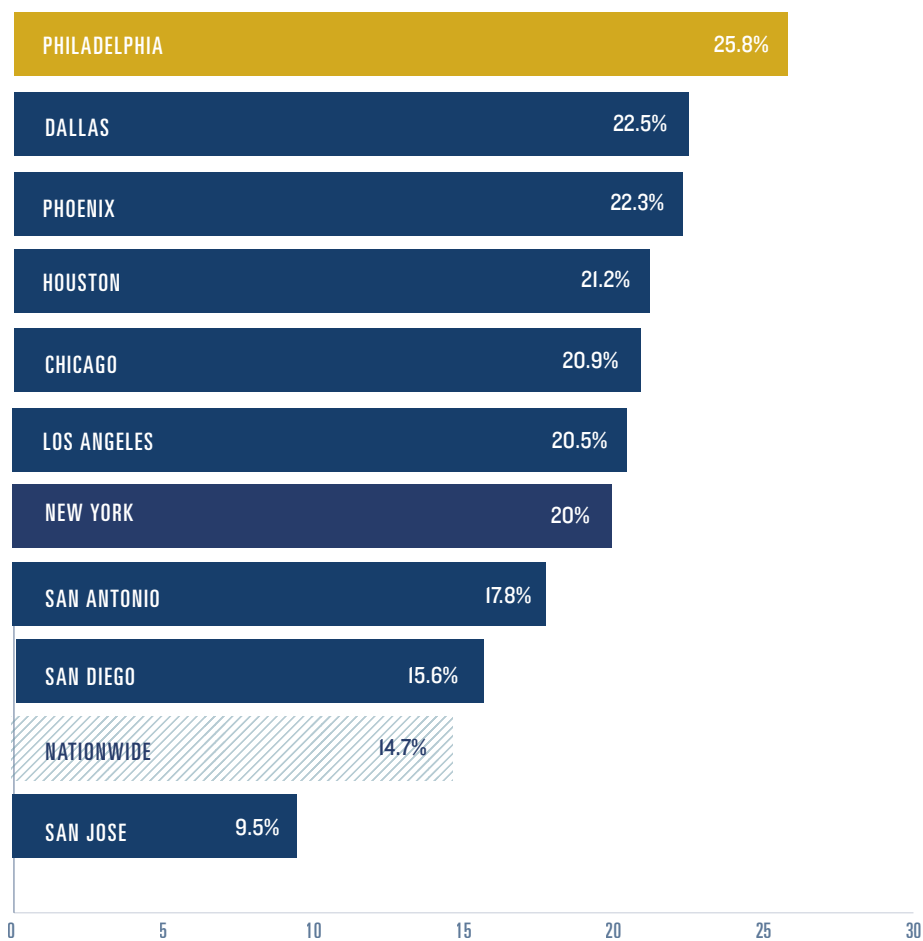
Philadelphia is a city with 1.56 million inhabitants that is remarkably diverse - with 41% of residents being non-Hispanic black, 35% non-Hispanic white, 14% Hispanic or Latino, and 7% Asian. Nearly 200,000 of the city's residents are immigrants to the United States. The city has suffered economically in recent decades, leading to high rates of poverty. These demographic factors greatly influence the public health problems that the Department of Public Health addresses and their solutions.

Data on key health conditions, behaviors and other factors influencing health in Philadelphia are used to develop the department's strategic priorities, as well as for planning and evaluating programs. The Health of the City report provides an in-depth review of epidemiologic patterns and trends in Philadelphia, and it was used in developing this strategic plan. In general, most health indicators are improving, but some indicators—particularly those related to opioid use—are worsening.

Key epidemiologic patterns and trends include:

- In 2015, approximately one-fourth of Philadelphians lived in a household with an income below 100% of the federal poverty level-more than any other major city in the U.S.

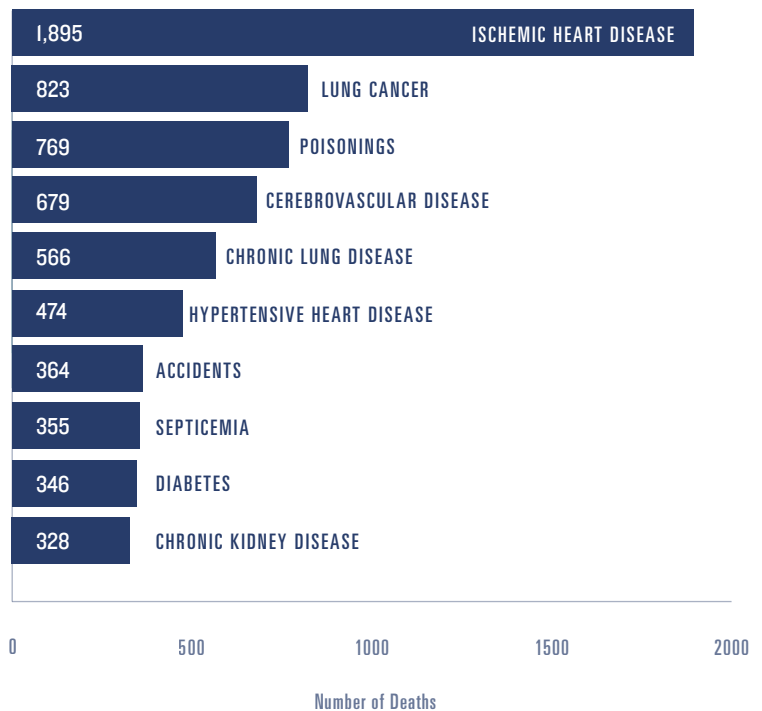
2015 | People Living in Poverty Nationwide and City Comparison



Sources: US Census Bureau, American Survey

- Heart disease and other chronic health conditions remain the leading causes of death in Philadelphia.

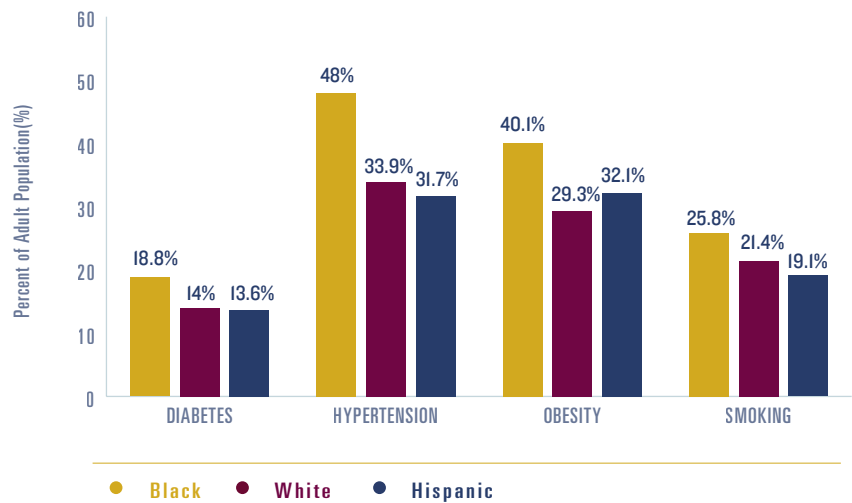
2016 | Leading Causes of Death, Philadelphia



Sources: 2016 Preliminary Vital Statistics, Philadelphia Department of Public Health

- There is a high prevalence of risk factors for cardiovascular disease.
 - » Approximately 22 percent of Philadelphia adults report cigarette smoking. Despite modest improvements over the past 5 years, this is the highest rate among major cities in the U.S.
 - » The number of children with obesity has slowly declined, particularly among younger children. However, these improvements have not been observed among adults, as obesity rates, affecting approximately one-third of Philadelphians, continue trending upward, particularly among non-Hispanic blacks and Hispanics.
 - » The obesity epidemic is leading to very high rates of diabetes in all racial and ethnic groups, but particularly high rates in non-Hispanic Blacks, in which the prevalence is nearly 20% of adults. Non-Hispanic Blacks also have significantly higher rates of hypertension.

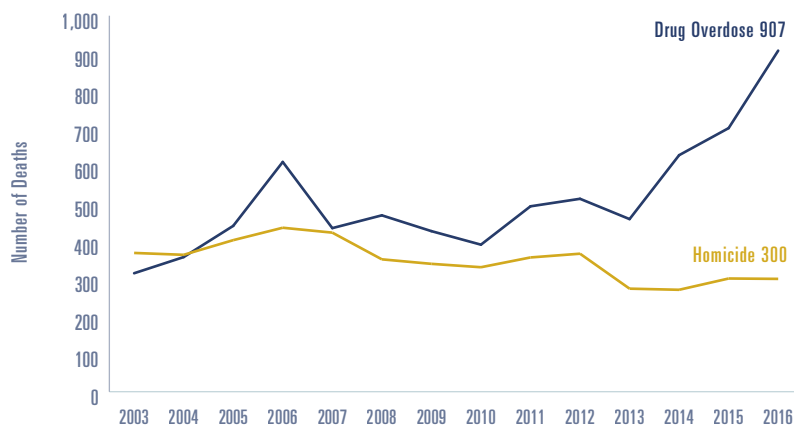
2015 | Prevalence of Chronic Conditions and Smoking by Race, Philadelphia



Sources: 2015 Public Health Management Corporation (PHMC) Household Health Survey

- The use of pharmaceutical and illicit opioids has created a public health crisis. Poisonings, which include unintentional drug overdoses, are now the leading cause of death for individuals ages 25 to 44. In 2016, the number of fatal drug overdoses more than doubled that of previous years, and is 3 times higher than homicides.

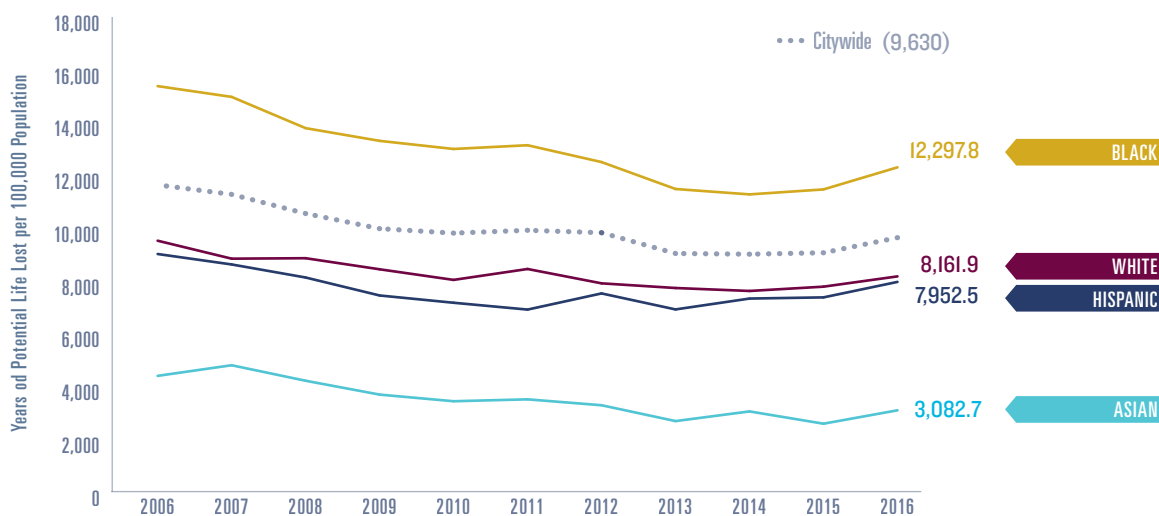
2003-2016 | Drug Overdose and Homicide Deaths Occuring in Philadelphia



Sources: 2003-2016 Vital Statistics, Philadelphia Department of Public Health

- In recent years, declining trends in premature mortality (measured as years of potential life lost before age 75) began to reverse. The increase is likely related to increasing rates of fatal drug overdoses among younger adults.

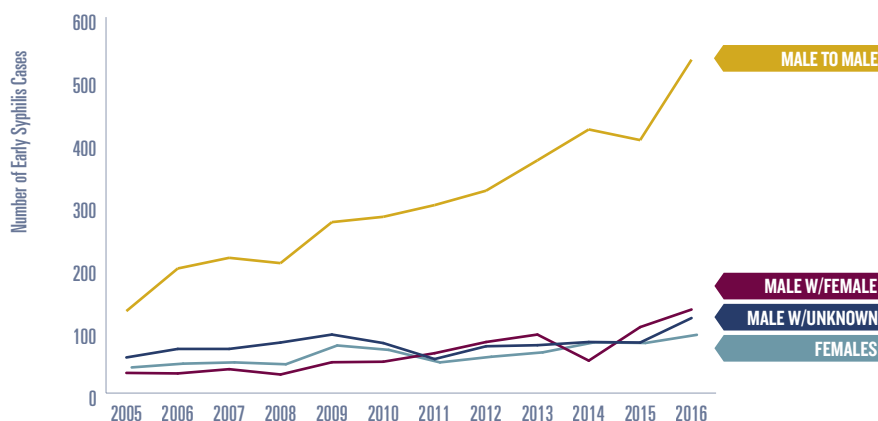
2006-2016 | Years of Potential Life Lost Before Age 75 by Race/Ethnicity, Philadelphia



Sources: 2016 Preliminary Vital Statistics, Philadelphia Department of Public Health

- In 2016, the infant mortality rate was 8.3 per 1,000 live births, a 25% reduction from 11.2 per 1,000 live births in 2006. Nonetheless, the infant mortality rate in Philadelphia is high compared to the national rate, and it remains 2 to 3 times higher among non-Hispanic blacks than other racial and ethnic groups.
- Teen birth rates continue to decline for all racial ethnic groups and are highest among Hispanics.
- The number of new cases of HIV has fallen over the past decade, particularly among heterosexuals and injection drug users. Men who have sex with men continue to have much higher rates of HIV incidence.
- In the past 10 years, there has been a resurgence of syphilis in men who have sex with men.

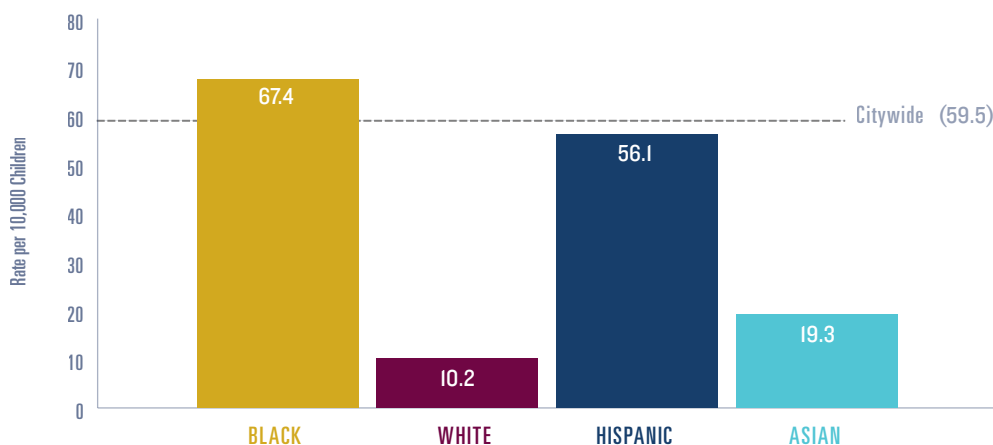
2005-2016 | Early Syphilis Cases by Year and Risk Group, Philadelphia



Sources: Division of Disease Control, Philadelphia Department of Public Health

- Rates of lead exposure in children have declined over the last decade. In 2016, 342 children (0.9% of those tested) had venous blood lead levels above 10 µg/dL and 1,310 children (3.4% of those tested) had venous blood lead levels between 5 and 10 µg/dL. Children in certain low-income neighborhoods, particularly in North Philadelphia and some parts of West and Southwest Philadelphia, continued to have higher rates of lead exposure than children in other parts of the city.
- Non-Hispanic black and Hispanic children have rates of hospitalization for asthma 5 to 7 times that of non-Hispanic white children.
- The number of days with unhealthy air quality is declining and days with good air quality is increasing in Philadelphia. In 2016, Philadelphians experienced nearly an equal number of days with good and moderate air quality, and only 9 days with unhealthy air quality.

2015 | Asthma Hospitalization Rate per 10,000 Children, Philadelphia



Sources: Pennsylvania Health Care Cost Containment Council, 2015

4 | EXTERNAL TRENDS, EVENTS AND FACTORS THAT MAY IMPACT HEALTH

Various economic, political, and environmental changes could impact health positively or negatively in the next four years. Some potentially influential changes include:

- **Health care system**
Actions by the federal government to reduce health insurance coverage may lead to reduced access to and utilization of primary care.
- **Homelessness and housing instability**
The continued problem of housing affordability may lead to greater housing instability and homelessness, which can exacerbate public health problems.
- **Extreme weather events**
Human-caused climate change appears to be leading to more extreme weather events. Philadelphia anticipates more and longer heat waves and severe storms in the future, with public health impacts.
- **Opioid addiction and use**
Years of high levels of prescribing of pharmaceutical opioids, combined with illicit marketing of heroin and fentanyl, has caused a crisis in opioid use, addiction, and overdose death. Widespread use of legal and illegal opioids has in turn exacerbated many existing social and public health problems, including homelessness, family disintegration, child maltreatment, and hepatitis C virus infection; and created the potential of increased transmission of HIV through needle sharing.
- **Marketing of tobacco products**
As cigarette smoking has declined, the tobacco industry has developed alternative products to deliver nicotine, ranging from inexpensive small cigars (that circumvent cigarette taxes) to electronic nicotine-delivery devices. At the same time, the FDA has announced plans to regulate nicotine levels in combustible tobacco products to reduce use – although it is unclear how successful the agency will be in doing this. This combination of changes is likely to lead to continued use of tobacco products, but changes in the specific products used are difficult to predict.
- **HIV risk**
The continued risky sexual behavior among some MSM, combined with a potential epidemic of syphilis, may increase HIV transmission in this group. However, the steadily-improving system of treatment of HIV infection and availability of pre-exposure prophylaxis (PrEP) may reduce HIV transmission.
- **Infectious disease epidemics**
In recent decades, globalization has led to periodic epidemics and pandemics of new or newly-recognized infectious diseases, from HIV to Ebola virus infection. It is likely that one or more novel epidemics will be seen before 2021. And the risk of emergence of a new strain of influenza, with severe consequences, is always present.
- **Hepatitis C virus**
The increase in opioid injection appears to be leading to increased transmission of hepatitis C, particularly among young adults. At the same time, the availability of drugs that cure hepatitis C after weeks of treatment will provide a new opportunity to respond to this infection and prevent chronic liver disease and liver cancer.

5 | DEPARTMENT STRENGTHS AND WEAKNESSES

Important factors to consider during the strategic planning process have been identified through a S.W.O.T. analysis (Strengths, Weaknesses, Opportunities, and Threats). Throughout the month of June 2017, input from PDPH leadership, staff, and community partners was obtained.

Two in-person meetings were organized and facilitated by the PDPH Performance Management Unit. PDPH leadership staff, including division directors, deputy commissioners, chief of staff, Health Commissioner's Office staff, and the health commissioner, participated in the first meeting. The second meeting included staff representing various job positions (e.g., clerical staff, field staff, managers, and supervisors). Participants were given an opportunity to share their thoughts on the strengths, weaknesses, opportunities, and threats of the Department anonymously. In addition, staff members were able to share their thoughts in an open forum setting if they wished. Input from community partners was gathered through an anonymous online survey. The survey was sent to 60 individuals from 51 community agencies. Of those asked to participate, 22 individuals responded to the survey.

The results from leadership, staff and community partners were collected and analyzed by the PDPH Performance Management Unit. The following pages represent a summary of all input collected.



STRENGTHS

ACCESS TO CARE

- » Committed to providing access to clinical care for all at low or no-cost
- » Operational locations are strategically located within the City to serve citizens most in need of services

COMMUNITY LEADER

- » Convene people from multiple sectors who do not typically interact

DATA AND INFORMATION SHARING

- » High quality collection or access to data to synthesize, use and map it for reporting

INTERNATIONAL COMMUNICATION

- » Divisions' internal units and programs have strong communication

LEADERSHIP

- » Leaders use effective strategies, have strong political management, are creative with many big picture ideas, and have a commitment to public health

LOCAL AND NATIONAL PRESENCE

- » Ability and support for use of press and media
- » Reputable, trusted, and respected source for a vast array of high quality services
- » Progressive health policies are pursued and implemented with support from City Council and/or the Board of Health
- » Resources available to receive recommendations from vast network of reputable external partners (e.g., American Public Health Association, Centers for Disease Control and Prevention)

SERVICES

- » Ability to adapt and respond to unexpected changes in public health (i.e., opioid crisis, Zika)
- » Focus on addressing current community crises and health issues that are often ignored
- » Health of residents is regularly promoted through effective marketing of public health messages

WORKFORCE

- » Staff is diverse, highly qualified, knowledgeable, mission-driven, and true public health advocates
- » Specialists and experts are sought out and employed

WORK PRACTICES

- » Administrative divisions are supportive and responsive
- » Communication and assistance to outside partners is effective, timely, and done without hesitation
- » Develop and implement policy in an organized manner
- » Innovative and forward-thinking approaches are used
- » Integrated into the City's management structure
- » Planning and evaluating programs
- » Working with a sense of purpose toward clear objectives under the guidance of strong leadership



WEAKNESSES

ADMINISTRATIVE AND INTERNAL PROCESSES

- » Institutional Review Board meets too infrequently to support research and evaluation timelines
- » Lack of safety measures to protect staff from hostile patients or employees
- » Procurement mechanisms to purchase necessary supplies limits ability to save time and money

DATA AND INFORMATION SHARING

- » Varying sophistication in and support of data management across divisions
- » Accessing and sharing local data
- » Successes, accomplishments, services, and needs of PDPH are not promoted

HUMAN RESOURCES

- » Overreliance on contract workers breeds resentment
- » Consistency is hard due to staff turnover
- » Hard to attract new candidates because of salary competition
- » Lack of awareness and clarity on HR processes delays staff hiring and evaluations, and causes miscommunications
- » Staff shortages in key service areas makes it difficult to meet the demand

LEADERSHIP

- » Divide between upper management and lower staff
- » Infrequent visits and interactions between leadership and divisions shows lack of interest in work being done

PHYSICAL INFRASTRUCTURE AND RESOURCES

- » Facilities are in poor condition, outdated, and limited in space
- » Outdated technology, equipment, and absence of wireless technology
- » Poor quality vehicles impacts staff safety and reliability

PROGRAM PLANNING AND EVALUATIONS

- » Limited time and resources inhibit program development

SERVICES

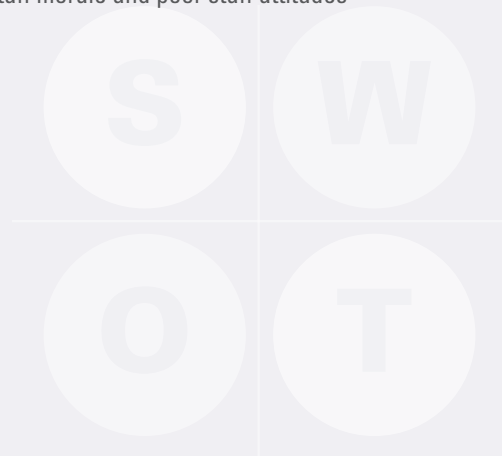
- » Lack of regulatory authority and enforcement due to dependence on other agencies for enforcement and implementation

SILOED AGENCY EFFORTS

- » Decentralized and siloed agency efforts remain because leadership does not ensure cross-divisional collaboration or understand the individual needs of divisions
- » Limited opportunities for staff feedback

WORKFORCE DEVELOPMENT

- » Limited support and encouragement for professional development and advancement (i.e., tuition reimbursement, conference attendance, trainings)
- » Low staff morale and poor staff attitudes



OPPORTUNITIES

ADMINISTRATIVE AND INTERNAL PROCESSES

- » Conduct internal audits and utilize lean analysis
- » Integrate policies and procedures and ensure these, along with the vision and goals, are clear to all staff
- » Integrate divisions, centrally locate staff, and support inter-division coordination and collaboration
- » Increase transparency
- » Implement safety measures to protect field staff

COLLABORATION

- » Attain financial support from health-related foundations to reduce dependency on federal grants
- » Increase collaboration and relationships with City departments, City Council, and external groups
- » Form stronger ties with institutions of higher education
- » Publicly acknowledge partners' contributions

COMMUNITY OUTREACH

- » Communicate more harm reduction messages
- » Enhance communication and education to regulatory agencies
- » Ensure staff is present at more community gatherings
- » Provide additional outreach to the public, especially those without computer access, with timely and free publicity of health statistics

DATA AND INFORMATION SHARING

- » Document and share research efforts to become a leader in public health research
- » Ensure electronic data transfer from the field sites to PDPH offices and to clients

- » Facilitate and streamline data systems and processes for data collection, sharing, and review
- » Improve collection and sharing of data on opioid addiction, treatment, and fatalities
- » Research and implement new ways to use and promote data on treatment and progress

INFORMATION TECHNOLOGY

- » Upgrade and maintain existing software contracts
- » Ensure all staff have access to email and the Intranet
- » Provide technical support for the PDPH SharePoint site

PHYSICAL INFRASTRUCTURE AND RESOURCES

- » Improve the outward, cosmetic image of PDPH facilities

PUBLIC RELATIONS

- » Develop a consumer relationship portal
- » Focus on PDPH's public relations efforts
- » Enhance digital communication capabilities
- » Make leadership and agency more visible to community

WORKFORCE DEVELOPMENT

- » Utilize experienced and seasoned staff members in new ways, but also recruit young public health professionals
- » Hire outside grant writers to reduce burden on PDPH
- » Provide more training on management techniques
- » Provide more training opportunities for staff development

THREATS

EMERGING HEALTH ISSUES

- » Emerging health crisis may impact a large percent of the population and move too fast to respond to
- » Emerging terrorism targeted at food supplies and other mass destruction methods
- » Extreme weather may harm and kill large numbers of the City's vulnerable populations
- » Increased disease rates from lack of emphasis on preventive health screenings for men
- » Increased rates of infectious disease related to opioid epidemic
- » Increase or re-emergence in vaccine preventable diseases in adults after changes to the ACA

FUNDING AND POLICY

- » Funding cuts to federal agencies and to the City because of sanctuary city status
- » Pension challenges strain General Fund investments
- » Uncertainty of whether Beverage Tax will sustain
- » State policies and preemption bills threaten work and ability to apply for federal funding opportunities

HUMAN RESOURCES

- » Clinical staff and direct care providers are not trained in behavior modification techniques
- » Employee dissatisfaction from lack of training and support for continuing education
- » Less qualified staff are filling key positions
- » Managers and supervisors are retiring without backup
- » Staff vacancies remain for too long
- » Unsafe environment from lack of safety measures against patients (i.e., communicable disease or aggressive behavior)

INFORMATION TECHNOLOGY

- » Malware and computer viruses
- » Many systems will need to be replaced or upgraded at the same time with insufficient funding to do so
- » New technology is acquired without staff skilled to utilize it
- » Outdated and cumbersome systems must be used (i.e., FAMIS, ADPICS)

INTERNAL COMMUNICATION, COLLABORATION AND UNITY

- » Broken or ineffective channels of communication
- » Internal cultural resistance impeding process improvement
- » Key issues are not effectively communicated to all staff

PHYSICAL INFRASTRUCTURE AND RESOURCES

- » External partners may exclude PDPH as a partner due to weak technical and collaboration capabilities
- » Overall infrastructure (i.e. buildings, equipment, vehicles)

POLITICAL AND SOCIAL CLIMATE

- » Changing federal landscape may increase vulnerable populations and cause local turmoil
- » Consolidation of agencies at the State level make communication difficult during the transition



6 | STRATEGIC PRIORITIES

The priorities identified below represent a summary of activities that the Philadelphia Department of Public Health currently undertakes and that, given their importance to health, will continue through 2021.

Infectious Disease Control

The Department of Public Health protects Philadelphians from communicable diseases and from public health emergencies of all kinds.

The Division of Disease Control

- Builds relationships with health care providers and other partners to improve recognition and reporting of communicable diseases, investigate cases and identify contacts, and implement control measures to limit disease transmission
- Improves access to vaccines and boosts immunization rates of children and adults
- Diagnoses and treats sexually transmitted diseases
- Controls tuberculosis through directly observed treatment and contact tracing
- Analyzes epidemiologic patterns of disease to drive program improvements
- Works with healthcare facilities, schools and daycare settings to prevent disease transmission and maintain worker safety
- Prepares to respond to new and emerging threats to public health, including rare outbreaks with severe consequences, importation or emergence of novel infectious pathogens, health risks to displaced populations, and environmental disasters such as severe heat and prolonged power outages

The Division of Environmental Health

- Inspects and enforces regulations on food service establishments, swimming pools, tattoo parlors, and other facilities to reduce the spread of infectious diseases

The AIDS Activities Coordinating Office

- Prevents HIV infection and AIDS by treating persons with HIV and at risk for exposure to HIV, as well as promoting safer sexual behavior

Physical Environment

The Department of Public Health promotes a healthier physical environment by improving air quality, addressing housing problems for children with severe asthma, and working with other agencies to promote a city infrastructure that supports active transportation.

The Division of Air Management Services

- Reduces nitrogen oxides, ozone, fine particle pollution, and “air toxics” through a system of permitting, licensing, and regulation enforcement for air pollutant sources
- Works with other city agencies to reduce air pollutant emissions through cleaner technology such as changing from diesel to electric buses
- Monitors air quality city-wide and with special studies

The Division of Environmental Health

- Prevents lead poisoning in children by identifying those with elevated blood lead levels and helping remediate sources of lead exposure in homes
- Helps a limited number of children with severe asthma through home-based interventions to reduce asthma triggers (such as second-hand smoke, mold, and pests)

The Division of Chronic Disease Prevention

- Works with the city’s Office of Transportation and Infrastructure Systems, the Department of Streets, the Planning Commission, and other city agencies to promote bicycling, walking, and public transit use through infrastructure changes
- Participates in Philadelphia’s Vision Zero plan, which aims to reduce traffic injuries and eliminate traffic fatalities through engineering, enforcement, and education

Health Behaviors

The Department of Public Health addresses health behaviors through multi-layered, environmental approaches that make healthier choices easier.

The Division of Chronic Disease Prevention

- Works to make healthy foods more accessible and make unhealthy foods less ubiquitous
- Works to prevent exposure to second-hand smoke, to protect Philadelphians from tobacco marketing, and to help smokers quit

The Division of Disease Control and the AIDS Activities Coordinating Office

- Works to interrupt the transmission of sexually transmitted infections through testing, treatment, and partner services

The Opioid Use Prevention Program

- Helps prevent people from becoming addicted to opioids and other prescription drugs by reducing over-prescribing by health care providers
- Works with other city agencies and community organizations to distribute naloxone to prevent fatal drug overdoses
- Works with other city agencies and provider organizations to help people with substance use disorders receive treatment

Clinical Care

The Department of Public Health serves as a quality “safety net” provider of primary medical care for disadvantaged people.

The Division of Ambulatory Health Services

- Operates eight health centers that offer adult and pediatric care, family planning, obstetric and gynecologic care, radiology, dental, and pharmacy services. Some 80,000 unique patients are seen in over 300,000 visits per year
- Is currently transforming these health centers into certified Patient-Centered Medical Homes that offer team-based care, chronic disease management, and tight linkage to behavioral health services

Social Determinants

The Department of Public Health recognizes that poverty, lack of education, housing instability, unemployment and other social inequalities are key drivers of poor health in Philadelphia. Most of Philadelphia’s efforts to address these social determinants of health involve other city agencies and their organizational partners that focus primarily on these social problems. This includes the Department of Human Services, the Office of Homeless Services, the Department of Behavioral Health and Intellectual disAbility Services, the Department of Planning and Community Development, the School District of Philadelphia, and the Mayor’s Office of Community Empowerment and Opportunity. These agencies help protect low-income families from the adverse effects of living in poverty.

- The Department of Public Health emphasizes the needs of disadvantaged populations in all of its policies and programs, including primary care access, family planning/teen pregnancy prevention, asthma prevention, tobacco control, nutrition and physical activity promotion, and lead poisoning prevention
- Because the social determinants of health exert much of their effect by harming young children (with life-long consequences), the Division of Maternal, Child and Family Health operates programs for home visiting of high-risk infants and the Department of Public Health has developed *A Running Start – Health*, a coordinated city-wide plan to improve the health and development of young children

7 | OBJECTIVES FOR 2021

The objectives below identify specific, high-priority actions that the Department will undertake in the next four years beyond the activities described in Section 6.

PROGRAMMATIC OBJECTIVES

Infectious Disease Control

GOAL Prevent mortality and severe morbidity from infectious diseases

Objectives

By June 30, 2021 we will:

- Decrease **influenza** transmission in Philadelphia by working with Vaccines for Children providers to increase annual influenza immunization coverage rates for children (6 months to 18 years of age) in their care from 33% to 53%.
- Improve **emergency preparedness** by increasing Department-wide participation in emergency response drills from 65% to 80%, training 300 staff in a preparedness curriculum, and providing specialized trainings to a dedicated, cross-agency, 40-person Response Team.
- Increase the proportion of reported individuals with chronic **hepatitis C** virus (HCV)-infection who are successfully treated from 13% to 30%.

Physical Environment

GOAL Reduce the health threats in Philadelphia's physical environment that have the largest adverse impact on mortality and morbidity

Objectives

By June 30, 2021 we will:

- Establish the **Philadelphia Air Quality Survey** project – an extensive, routine monitoring of **air pollution** at the neighborhood level through at least 50 sensors - and produce at least one report of 12 months of continuous measurements.
- **Reduce air pollution** in Philadelphia, including reducing levels of ozone to 70 ppb for 2020 and reducing average annual fine-particle pollution (PM2.5) levels to 10 µ/m3 for 2018-2020.
- Reduce **childhood asthma** hospital emergency department visits from 6,000 to 4,000 per year through expanded home-based interventions to reduce asthma triggers.
- Reduce the number of **children exposed to lead** (with blood lead levels above 5 µ/dL) from 1,580 in 2016 to 1,200 in 2020 through education and enforcement of laws on rental housing.

Health Behaviors

GOAL Reduce behaviors that put Philadelphians at risk for leading causes of death and disease

Objectives

By June 30, 2021 we will:

- Reduce **smoking** prevalence from 22% to 18% through policies that limit marketing, expanded smoke-free spaces, and consumer-directed messages.
- Stop the increase in adult **obesity** and decrease obesity among public school children age 5-18 from 20.6% in 2014-2015 to 18.5% in 2019-2020 through policy and programs that will increase the availability and affordability of healthy food and water, decrease the marketing of unhealthy food and its prominence in institutional and retail settings, and integrate physical activity into the daily life of city residents.
- Reduce annual **drug overdose** deaths from 1,200 (projected) in 2017 to 1,000 in 2020 by reducing opioid prescribing, increasing treatment for opioid use disorder, and increasing naloxone use.
- Stop the rapid increase in infectious **syphilis**, reducing incidence from 430 cases in 2016 to fewer than 390 cases in 2020 through innovative targeting of affected populations, including through social media outreach and structural interventions with health care providers.
- Decrease **HIV** diagnoses from 540 in 2015 to 315 in 2020 by increasing viral suppression among people living with HIV and increasing access to HIV pre-exposure prophylaxis for those at risk of exposure to HIV.

Clinical Care

GOAL Improve access to primary medical care city-wide and improve the quality of primary care in city health centers

Objectives

By June 30, 2021 we will:

- Monitor and report on **access to primary care** among Philadelphians city-wide, and partner with health plans, systems, and community health centers as a part of their community health needs assessments and planning activities to direct primary care services to neighborhoods and sub-populations with inadequate access.
- Complete certification of all eight health centers as **Patient Centered Medical Homes**.
- Increase the percent of patients seen in PDPH health centers with **hypertension** whose blood pressure is controlled (less than 140/90) from 60-65% to 70%.

Social Determinants

GOAL Reduce the inter-generational transmission of social disadvantage by supporting healthy development of vulnerable young children

Objectives

By June 30, 2021 we will:

- Establish a centralized intake system for infant and toddler **home visiting programs** and increase the number of high-risk infants and toddlers who have received at least one home visit by 50%.
- Implement *A Running Start – Health*, a community-based, city-wide **plan to improve the health of young children**, and assess its success through process and outcome measures.

ADMINISTRATIVE AND CROSS-CUTTING OBJECTIVES

Epidemiology and Information Management

GOAL Provide better data and information to decision-makers within the Department of Public Health and city-wide

Objectives

By June 30, 2021

- Establish routine **surveillance for health conditions and behaviors using electronic health record data** from a large and representative sample of health care facilities.
- Establish routine **surveillance for risk behaviors using online surveys**.
- Develop an **annual report on children's health** in Philadelphia.
- Improve **data sharing and linking** among health department divisions and with other departments to better inform policies, provide services, and evaluate programs.
- Working across programmatic and administrative units, replace paper-based information processes with **electronic processes** to reduce demands on staff time and improve the quality of these processes and their outcomes.
- Develop and implement an **electronic staff time tracking** system.

Workforce Development

GOAL Improve the capabilities of the existing departmental workforce and recruit capable employees

Objectives

By June 30, 2021

- Identify critical and hard-to-fill positions and develop strategies for **recruitment** and succession planning.
- Strengthen and better coordinate **internship programs** across the Department to identify and recruit highly-qualified future employees.
- Expand opportunities for **training** of existing staff in public health fundamentals, use of software for information management, and use of data for decision-making.

Communications

GOAL Communicate about public health issues and strategies more widely and more effectively

Objectives

By June 30, 2021

- Work with the City's Office of Open Data and Digital Transformation to re-create the Health Department's **website**, including a complete rethinking of content organization and presentation to provide easier access to sought-after and important health information.
- Develop an end-to-end **branding strategy** for the Health Department that presents a common visual presence that is easily recognized and remembered and embodies the mission of the department.
- Develop a structure for improving **internal communications** throughout the department to facilitate greater coordination of effort and pride in employees in the work that we do.

Financial Sustainability

GOAL Improve the department's financial efficiency and ability to financially support the infrastructure needed to meet the department's objectives

Objectives

By June 30, 2021

- Strengthen systems to **better track revenue and expenditures** to enable more efficient and effective use of funding.
- Systematically identify strategies to **increase funding for high-impact programs** that are under-funded or that face declining funding.
- Assess and, where appropriate, **adjust program fees, fines, and other revenue sources** to support work required to implement programs.
- Strengthen programs' skill with agency **fiscal policies and procedures** so that programs fully utilize available funds and increase time spent on high-value work.
- Develop and implement an **improved invoice payment system** to decrease administrative burden on programs, improve vendor relationships, decrease invoice turnaround time, and make better use of technology and automation.

Facilities

GOAL Occupy facilities that support the department's goals and objectives

- **Consolidate office locations** to increase intra-departmental collaboration and coordination.

8 | ALIGNMENT OF STRATEGIC PLAN AND COMMUNITY HEALTH IMPROVEMENT PLAN

This strategic plan was developed by staff of the Philadelphia Department of Public Health to set directions for the actions of the department. The plan also serves as a foundation on which Philadelphia will build a Community Health Improvement Plan. Philadelphia's Community Health Improvement Plan will set directions for the actions of a large group of interested stakeholders, with the Philadelphia Department of Public Health as only one of those stakeholders. At the time of this writing (fall 2017), the Community Health Improvement Plan is under development. Stakeholders are holding meetings at which they review both the Health of the City report (Philadelphia's community health assessment) and this Strategic Plan and then set priorities for combined actions by stakeholders to improve the health of Philadelphia's residents. Through this process, stakeholders accept as given that the Department of Public Health will work to meet the objectives listed above, and then choose the additional actions that the stakeholders will undertake to have the greatest benefit to the City's health. Groups of stakeholders working to implement the Community Health Improvement Plan will remain in communication with Department of Public Health staff as these two coordinated plans unfold to ensure that the two plans reinforce each other.



PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN: 2018-2021

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