Strategic Plan: 2014-2018

2015 Annual Progress Report

Philadelphia Department of Public Health

January 2016

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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 two and half years, 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 47.2 births per 1,000 teens.
- Pregnant women receiving late or no prenatal care decreased to 12.2%, reaching the lowest point since 2006.
- Approximately 40% of immunization data is now submitted to the KIDS Plus registry through electronic (HL7-format) reporting.

Sexual health

- The completion of 3-dose HPV vaccination series among 13 to 17 year-old girls increased 35% between 2013 and 2014.
- The rate of new HIV diagnoses decreased by 9% from 2013 to 2014.

Tobacco control and obesity prevention

- Adult smoking declined from 23.3% in 2012 to 22.4% in 2014-2015.
- The prevalence of diabetes among adults declined from 16% in 2012 to 15.4% in 2014-2015.

Environmental health

- The number of days with good air quality declined from 173 in 2013 to 137 in 2014.
- Among children 0 to 5 years, 1.7% had elevated lead levels in 2014.

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.

For each objective, the following information is provided:

- A Key Measures table that provides, for quantifiable measures:
    - The Strategic Plan (May 2014) (baseline) value, the description of the data source, and the year for which the baseline measure was recorded;
    - The value reported in the first annual update (January 2015) and the year for which the update measure was recorded;
    - The second annual update (January 2016) and the year for which the update measure was recorded; and
    - A graphic illustration of longer-term trends for selected measures.
- A description of Policy, Health Promotion, and Clinical Care strategies that address each objective, and an update on activities to implement these strategies.

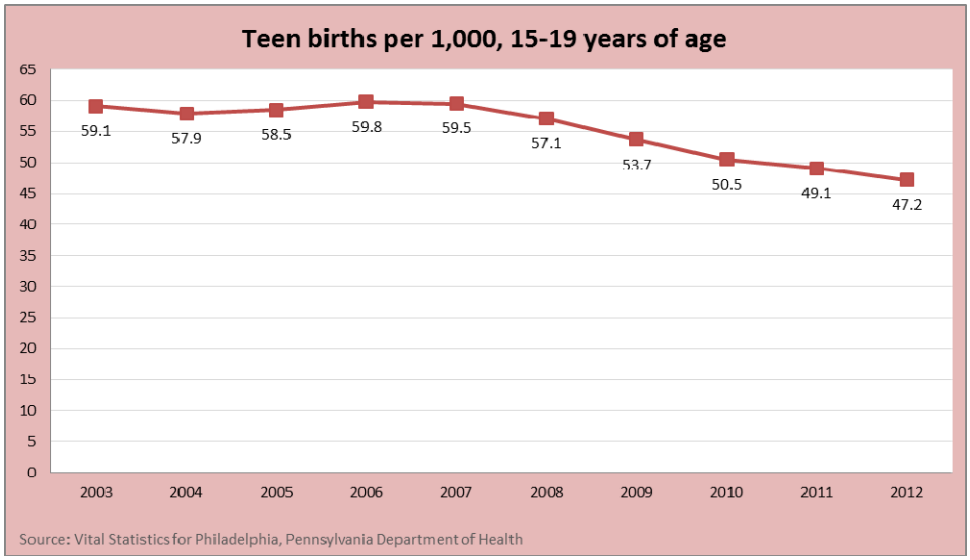
II. Strategic Priority 1 – Women's and Infant's Health

Objective 1 – Enhance the reproductive health of women

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Adolescents who report using contraception at last intercourse[1]	78.8% (2011)	79.2% (2013)	TBD
2) Birth rate per 1,000 for women age 15 to 19 years[2]	50.5 (2010)	49.1 (2011)	47.2 (2012)
3) Births that are 5 or higher order[2]	6.2% (2010)	6.1% (2011)	5.9% (2012)

[1]Youth Risk Behavior Survey, Centers for Disease Control and Prevention; [2]PDPH, 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) coordinated a Philadelphia Board of Health open informational hearing in July 2015 with academic and community partners to explore the barriers that Philadelphia women experience trying to access LARC.
- The Philadelphia Board of Health passed the resolution *Increasing Access to Long-acting Reversible Contraception,* which highlights barriers related to insurance coverage, community awareness, and provider proficiency in October 2015. The Resolution has provided leverage in on-going discussions with the Philadelphia Medicaid managed care organizations, the Pennsylvania's Physician General, and the Pennsylvania Department of Health Secretary's Special Projects Coordinator.

Health promotion strategies

2. **Educate the public and engage key community organizations on the importance of pre- and inter-conception health**
    - MCFH established a combined Philadelphia Healthy Start Community Action Network (CAN) in partnership with Maternity Care Coalition Healthy Start, Einstein Healthy Start, participant families, managed care organizations, community organizations, providers, and other maternal and infant care stakeholders. The CAN has agreed to work collectively on increasing access to home visiting programs and improving coordination of medical and behavioral health care for women.
    - MCFH supports the Philadelphia Promise Zone's Health and Wellness Committee and works with the behavioral health committee members to increase availability of trauma-informed behavioral health services for women and families.

Clinical care strategies

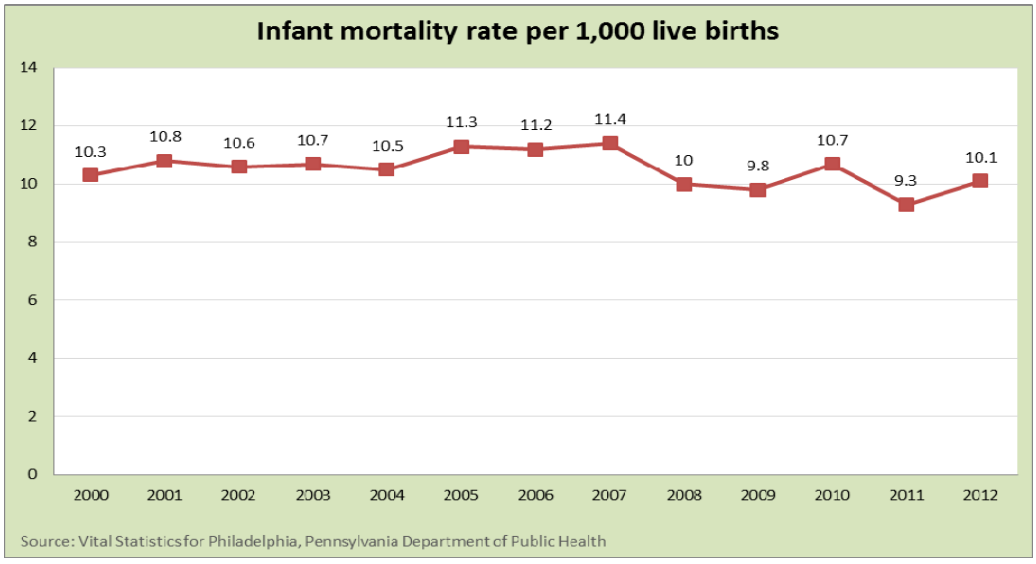
3. **Enhance capacity to provide effective reproductive health services to adolescents in easily accessible and acceptable venues**
    - MCFH Youth Care Coordinator supported the PDPH Ambulatory Health Services (AHS) pediatrician's efforts to provide adolescents with reproductive, sexual, and behavioral counseling and linkage to care at Health Center #2. These services will continue at Health Center #2 and expand to Health Center #5 in 2016.
    - MCFH Men's Support Services Coordinator provided workshops at Health Center #5 for fathers and partners with a focus on self-care, education, job training/advancement, parenting, and partnering roles. Men's Services will continue to be provided in 2016.

Objective 2 – Foster optimal infant health and development

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Infant mortality rate per 1000 live births[1]	10.7 (2010)	9.3 (2011)	10.1 (2012)
1a) Infant mortality rate per 1000 live births (white, non-Hispanic)	5.5 (2010)	5.4 (2011)	4.9 (2012)
1b) Infant mortality rate per 1000 live births (black, non-Hispanic)	14.8 (2010)	14.1 (2011)	15.6 (2012)
2) Pregnant women receiving late or no prenatal care[1]	15.5% (2010)	13.1% (2011)	12.2% (2012)
3) Breastfeeding initiation[1*]	60.4% (2010)	62.3% (2011)	66.7% (2012)

[1]PDPH, Philadelphia Vital Statistics; *Percentage of women initiating breastfeeding before hospital discharge, out of all women for whom breastfeeding status is known



Policy strategies

1. **Conduct infant fatality reviews to identify actionable policies to reduce the risk of infant death**
   - MCFH with support from the PDPH Medical Examiner's Office (MEO) re-established the Philadelphia Fetal Infant Mortality Review (FIMR) in October 2015. The FIMR process provides an in-depth review of infant deaths that includes the social circumstances and

family perspective. The main goal of FIMR is to implement protective interventions and policies.

- The Philadelphia Child Death Review (CDR), which is led by the PDPH MEO, involves a multidisciplinary team that works to identify trends in infant and youth deaths. The CDR team develops recommendations to improve infant health and reduce future infant deaths. Key partners include pediatric providers and hospitals, emergency shelters, the City's Department of Human Services, and the City's Department of Behavioral Health and Intellectual disability Services.
    - 201 infant deaths were reviewed by the Philadelphia CDR in calendar year 2015 (70 died in 2014, 131 died in 2015).

Health promotion strategies

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

- Two of the six hospitals achieved *Baby Friendly* designation in 2015. Three birth hospitals continue to work towards the *Baby Friendly* designation and one birth hospital is aiming to earn the PA Department of Health Keystone Ten Initiative designation, which is similar to *Baby Friendly*.

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

- The MOM Program focuses on educating families the importance of breastfeeding in the first week of life and the utilization of LARC to support optimal birth spacing.
    - An intensive outreach campaign to hard-to-reach families was launched to promote enrollment in the MOM Program.
    - Over 1,900 families currently served by the MOM Program in Lower North Philadelphia.

Clinical care strategies

4. Improve access to and use of prenatal care services

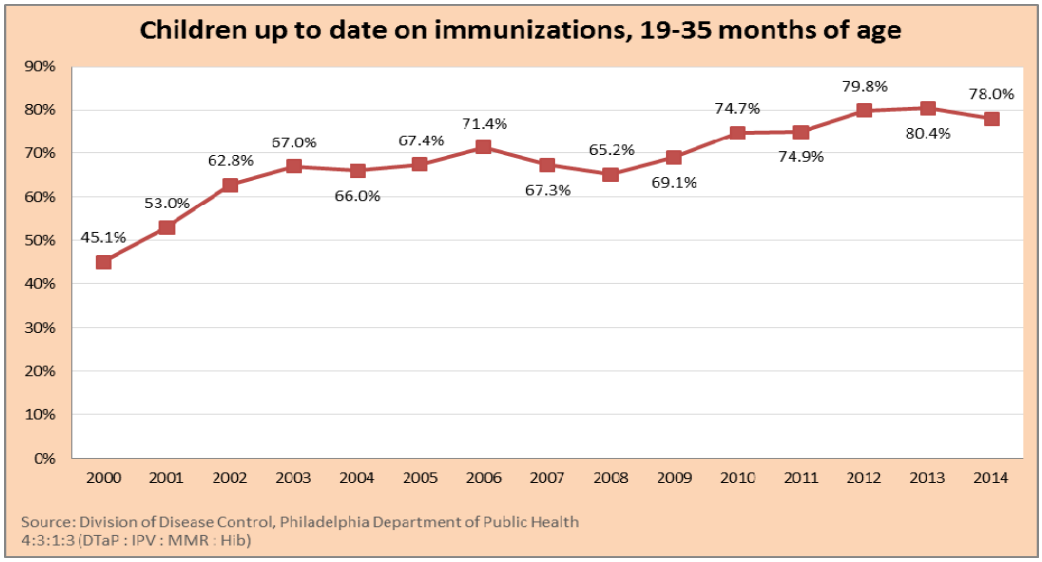
- Health Commissioner and MCFH Director met with Obstetrical Chairpersons of the six birth hospitals to further support their efforts to improve access to prenatal care and coordination of prenatal care documentation throughout prenatal and delivery sites in Philadelphia.
- PDPH Healthy Start, in conjunction with Drexel Prenatal Care Providers, AHS Women's Health Coordinator, and Health Center #5 leadership, is on track to begin in 2016 a *Centering Pregnancy* Initiative at Health Center #5 which will enhance prenatal care, improve maternal and infant outcomes, and include fathers and partners in prenatal care and parenting education.

Objective 3 – Improve immunization rates for young children

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Children aged 19-35 months up-to-date on recommended vaccines[1]*	79.8% (2012)	80.4% (2013)	78% (2014)
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)	1,909/27% (2014)
3) Percentage of childhood immunizations reported electronically to the KIDS registry[1]**	20% (2012)	28% (2013)	40% (2014)

[1]PDPH, Division of Disease Control; *4:3:1:3 vaccine series (DTaP, Polio, MMR, Hib); **HL7-format electronic message transmission from providers to registry



Policy strategies

1. Educate and enforce immunization requirements at childcare settings

- PDPH worked with a random sample (N=25) of childcare centers to introduce them to use of the KIDS PLUS Immunization Information System. The hypothesis was that providing access to immunization data on their attendees would encourage them to recognize under-immunized children and refer them to care. Despite on-site skills training of childcare center staff, the selected centers did not regularly access KIDS PLUS, nor were children attending these centers better immunized than the control group. This approach was determined to not be successful and has been abandoned.
- Upcoming activities to improve childcare center attention to immunizations will focus on audits and enforcement actions at childcare centers.

2. **Assure community-wide access to vaccines and regulatory compliance of pediatric care providers through the Vaccines for Children (VFC) federal entitlement**
    - PDPH is on track for transitioning VFC providers to a CDC-developed, on-line ordering system (*Vaccine Tracking System* or VTrckS). In calendar year 2015, 90% of VFC providers have used VTrckS for vaccine ordering.
    - Seventy percent of VFC providers were audited in calendar year 2015.

Health promotion strategies

3. **Identify and outreach to communities and families with low rates of childhood immunization**
    - PDPH has been able to increase the number of children referred for immunization outreach activities. The proportion of referred children who are brought up-to-date on vaccinations remains behind the 30% goal set in the key milestones.

Clinical care strategies

4. **Improve electronic reporting of immunizations (HL7) from provider Electronic Health Records (EHRs) into citywide Immunization Information System, known as KIDS Plus registry**
    - Approximately 40% of immunization data is now submitted to the KIDS Plus registry through HL7 reporting.

5. **Prevent perinatal transmission of Hepatitis B Virus (HBV) by assuring complete prophylaxis and follow-up of child**
    - In 2015, PDPH recognized that it was receiving inadequate data on administration of Hepatitis B immunoglobulin (HBIG) to newborns who were perinatally exposed to Hepatitis B. To address this, PDPH arranged for information to be captured in the HL7 data files submitted to the KIDS Plus registry to better recognize perinatally exposed infants and confirm medical management of those cases.

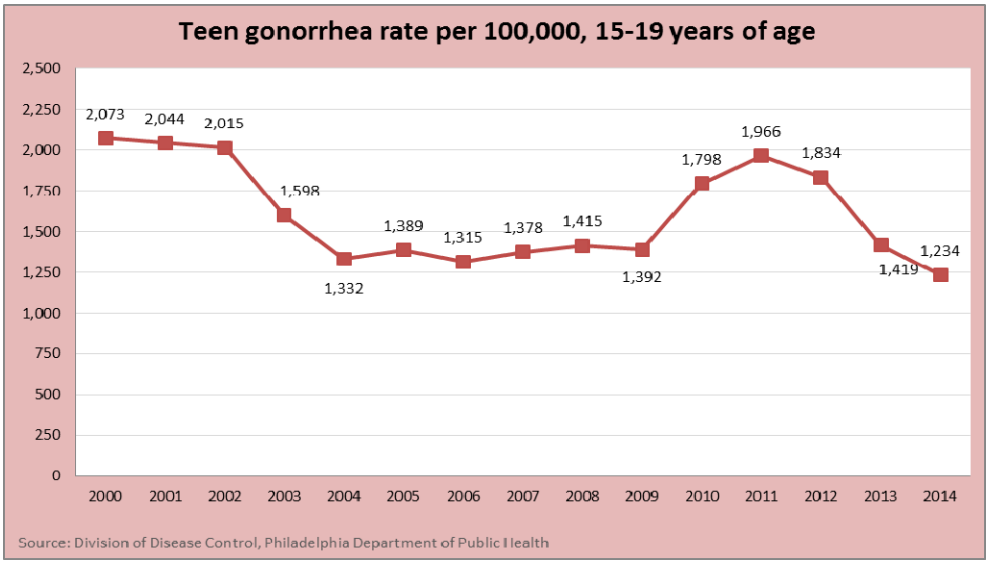
IV. Strategic Priority 2 – Sexual Health

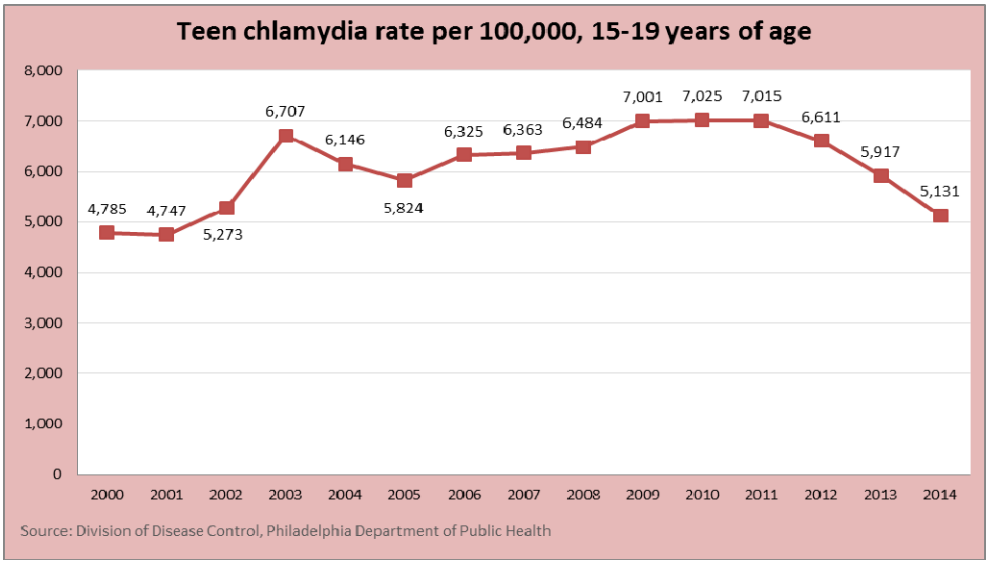
Objective 1 - Decrease STD rates and increase condom use among youth and young adults

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Gonorrhea cases per 100,000 15 to 19 year-olds[1]	1,834 (2012)	1,418 (2013)	1,234 (2014)
2) Chlamydia cases per 100,000 15 to 19 year-olds[1]	6,611 (2012)	5,916 (2013)	5,131 (2014)
3) Condom use with last sexual encounter among 9th to 12th graders[2]	60% (2011)	57.8% (2013)	TBD
4) Completion of 3-dose HPV vaccination series among 13 to 17 year-old girls[1]	21% (2011)	41% (2013)	46% (2014)

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





Policy strategies

1. **Make free condoms readily available in all public high schools**
   - The milestones in this strategy have been met. As of 2015, free condoms are available in all public high schools with the exception of one. The high school that exempted from making the free condoms available made the decision independent of the School District of Philadelphia recommendation.

2. **Assist in implementing evidence-based sexual education in all public middle and high schools**
   - This strategy is being eliminated. PDPH has met with the School District of Philadelphia to implement curriculum changes, but has been unable to make headway. It may be reconsidered in the future.

3. **Pursue expedited partner therapy (EPT) policy for teens receiving services in PDPH clinical settings**
   - The Philadelphia Law Department has rejected efforts to allow implementation of EPT locally for adolescents.
   - PDPH Division of Disease Control (DDC) will pursue state level legislative action which will require partnership with the Pennsylvania Department of Health.

Health promotion strategies

4. **Utilize social media to (re)normalize condom use**
    - The Take Control Philly Facebook has 17,015 likes. Between January and November 2015, the Facebook account had 39 posts and reached 33,268 accounts (i.e., times a post was served to someone's timeline).
    - The Take Control Philly Twitter account has 353 followers. Between January and November 2015, the Twitter account sent 59 tweets and made 23,824 impressions (i.e., time a Take Control Philly tweet was served to someone's timeline).

5. **Offer STD screening, treatment, and prevention services in all public high schools funded through public health and clinical sources**
    - In Fiscal Year 2015, the Philadelphia High School STD Screening Program became HIPAA compliant, which allows for insurance billing to support the program.
    - The Philadelphia High School STD Screening Program successfully implemented a web-based result portal that allows teens to access their STD results though a private, secure website.

Clinical care strategies

6. **Offer timely treatment to sexual partners of those diagnosed with an STD through disease reporting and partner services interventions**
    - Partner Services capacity greatly expanded in 2015. The number of staff performing these activities increased from 11 to 15. All have received formal training at the CDC course for Disease Intervention Specialists.
    - In 2015, Partner Services activities were initiated in ~900 individuals. The Program is focusing on persons who are the highest risk for transmission of HIV (e.g., newly infected, high viral loads, absent from care).

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 June 2015, the STD Control Program issued a health alert with the updated CDC treatment guidelines for STDs, reaching almost 2,700 providers.
    - In November 2015, the STD Control Program issued a health alert on Ocular Syphilis, reaching almost 2,800 providers.

8. **Educate parents, teens, and clinical providers on importance of initiating and completing Human papillomavirus (HPV) vaccination**
    - In 2015, PDPH undertook an evaluation of activities implemented to increase HPV immunization. Over the course of the intervention, 143,673 reminder-recall postcards were mailed successfully, with only a small number returned due to incorrect/outdated address (7,235). Among the entire intervention cohort, 93,304 new vaccines were administered after postcard delivery (34,698 HPV; 8,876 TD/TDaP; 14,004 MCV).

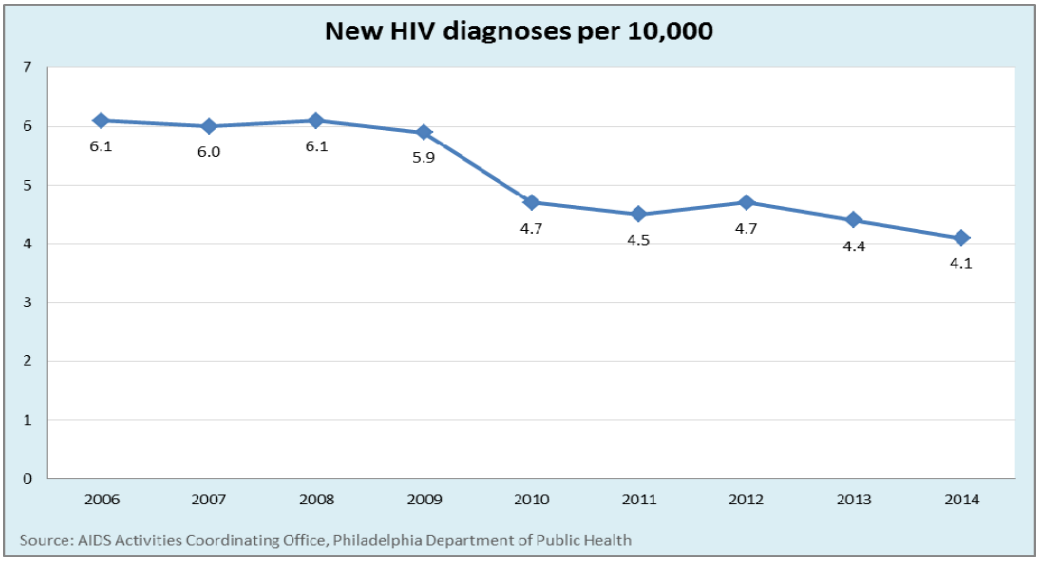
- A total of 81 providers were affected by one or more HPV education events, accounting for 44,612 patients in the intervention cohort. A total of 32,365 new vaccinations were attributed to provider education (10,781 HPV, 2,822 TD/TDaP, 5,333 MCV).
- The overall proportion of adolescents who initiated the HPV vaccine series increased significantly from 2013 to 2014 (65.4% and 71.5% respectively; 2=1,155.7; RR=1.16 [95%CI 1.15-1.17]).
    - The proportion of females that initiated the HPV vaccine increased from 72.4% to 76.2% (2=257.5; RR=1.11 [95%CI 1.09-1.12]), and the proportion of males initiating the series increased from 58.4% to 66.9% over the same time period (2=1,021.2; RR=1.20 [95%CI 1.19-1.22]).
    - The percent increase in HPV vaccination from 2013 to 2014 among whites was 56.8% to 62.7% (2=247.5; RR=1.13 [95%CI 1.11-1.15]), and the percent increase for black or African Americans was 69.7% to 76.3% (2=738.2; RR=1.19 [95%CI 1.17-1.21]). Similar increases in the percent of adolescents who completed the entire series between the two time periods (overall from 29% to 40.3%; females from 37.1% to 46.7%; males from 21% to 34.2%).
- HPV vaccination series completion rates also increased significantly from 2013 to 2014, overall, as well as by gender and race. The overall series completion increase was from 41.8% in 2013 to 51.2% in 2014 (2=3769.1; RR=1.27 [95%CI 1.26-1.28]).
    - The most dramatic subgroup increase was among males – 37.9% in 2014 to 62.1% in 2014 (2=2880.2; RR=1.36 [95%CI 1.35-1.37]).
- As of December 2015, this strategy has been completed.

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

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) New HIV diagnoses per 10,000 residents[1]	4.5 (2011)	4.4 (2013)	4.1 (2014)
2) HIV incidence in adults and adolescents[1]	872 (2011)	761 (2012)	508 (2013)
3) Linkage to HIV care within 90 days[1*#]	82% (2011)	78% (2013)	82% (2014)
4) Retention in HIV care within last year[1**#]	47% (2011)	52% (2013)	52% (2014)
5) Viral Suppression[1***#]	44% (2011)	50% (2013)	53% (2014)

[1]PDPH, 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 ; #These measures were all run using standardized SAS code provided by the CDC and may differ from previously reported years using local code.



Policy strategies

1. **Promote adoption of opt-out HIV testing among clinical providers citywide**
   - Provided technical assistance to providers on the integration of routine offering of HIV screening into the normal patient flow in the clinical setting.
   - Continued to transition healthcare providers to a testing coordinator model that promotes routine HIV screening. Partners include seven (7) major hospital systems throughout Philadelphia.

- Continued collaboration with the University of Pennsylvania to work 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 219 non-healthcare sites in 2015.
- Provided intensive technical assistance to providers to target testing to the highest risk populations.
    - In the first half of 2015, 141 self-reported new HIV positive individuals were identified.
- PDPH staff provided intensive capacity building and technical assistance to community-based organizations to promote linkage to HIV medical care within 90 days of the positive HIV test result.
    - For PDPH community-based funded programs, there was an increase from 58% being linked in 2014 to 64% from January 1, 2015 through June 30, 2015.

3. Offer prison-based HIV screening and education

- Developed the Risk Reduction and Referral (3R) program which provides one-on-one risk reduction counseling to high risk inmates and assists them access post-release referrals to bio-medical interventions and social services that address social determinants which put inmates at risk for HIV transmission.
- There were 12,972 HIV tests performed from January 1 through June 30, 2015 with a total of 80 (includes self-reported new and previous positives) positive test results. Persons who test positive are linked to HIV medical in the prison.

4. Support syringe access services

- 1,361,071 syringes were distributed January 1 through September 30, 2015.
- Multiple locations provide syringe access services with PDPH funding.
    - For example, PDPH funds a health care team to provide non-emergency medical care in a specially equipped mobile van.

Clinical care strategies

5. Improve linkage to care for HIV positive persons

- Continued to provide linkage services through funded ARTAS (Anti-Retrovial Treatment and Access to Services) programs.
- Revised HIV testing certification curriculum to provide more comprehensive training on immediate linkage to care after a positive HIV test.
- Updated timeline for linkage to align with the National HIV/AIDS Strategy (NHAS) (30 days).
- PDPH staff provided intensive capacity building and technical assistance to community-based organizations to promote linkage to HIV medical care within 90 days of the positive HIV test result.

- For PDPH community-based funded programs, there was an increase from 58% being linked in 2014 to 64% from January 1, 2015 through June 30, 2015.

6. **Improve retention in care and quality of care for HIV positive persons, including achievement of viral suppression**
   - Continue to monitor a range of quality indicators for HIV medical care and HIV medical case management.
   - Programs with the strongest outcomes on Viral Load (VL) suppression shared their quality improvement projects with peers at the regional Quality Management meeting of outpatient-ambulatory medical care providers.
   - Developed a new tool to combine and analyze client-level VL suppression and retention data for all Ryan White-funded services in the region.
   - Ryan White services in the region have surpassed the 80% goal for VL suppression established by the NHAS.
   - Received CDC funding for a randomized trial of field investigation vs. standard of care for re-engagement of persons lost to HIV medical care. Protocols for field investigation in a randomized trial have been developed and staff have been trained.

7. **Offer timely screening and linkage to care for sexual partners of those diagnosed with HIV through disease reporting and partner services interventions**
   - As of January 1, 2015, all new HIV diagnoses reported to PDPH are being submitted to the DDC STD Control Program for Partner Services. This expands the reach of Partner Services to include persons diagnosed in private facilities.
   - An assessment of the time to each step in Partner Services: diagnosis, report received by HIV surveillance, case investigated and reported to Partner Services, and case provided Partner Services is being undertaken to improve the timeliness of referral to Partner Services.

8. **Coordinate citywide provision of pre-exposure prophylaxis (PrEP)**
   - A PrEP implementation plan was developed and presented to and endorsed by the Philadelphia Board of Health. The plan includes the following 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; and
     - Develop evaluation measures for PrEP implementation.
   - Training for front line prevention staff was initiated.
   - PrEP is now available at PDPH Health Centers including the STD Clinic/Health Center # 1.
   - A referral list has been made of Philadelphia PrEP providers.
   - PDPH received CDC funding to provide prevention navigation services which will improve uptake of PrEP. The program will begin in 2016.

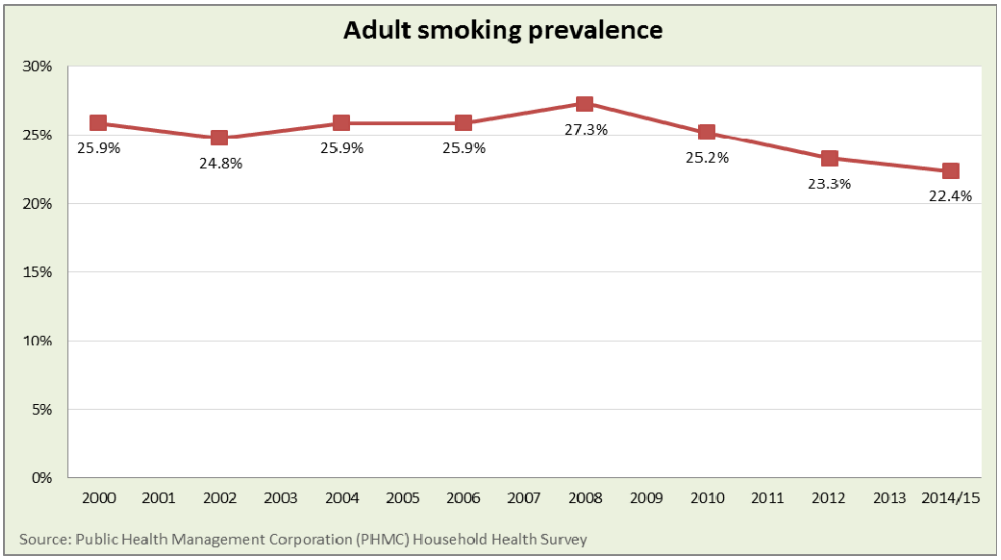
V. Strategic Priority 3 – Chronic Diseases Related to Tobacco Use and Obesity

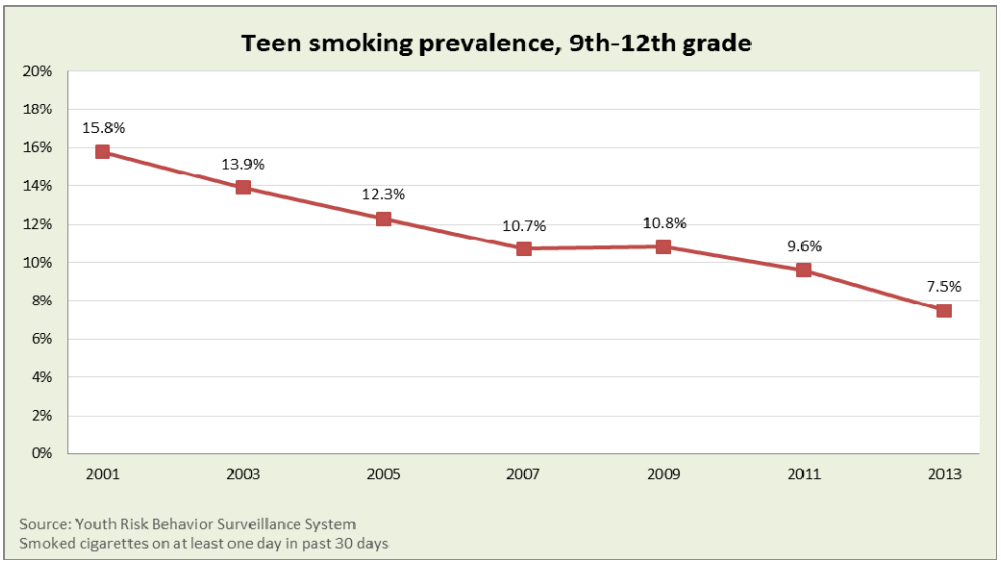
Objective 1 – Decrease rates of youth and adult smoking

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Adult smoking[1]	23.3% (2012)	TBD	22.4% (2014-15)
2) Youth smoking[2]	9.6% (2011)	7.5% (2013)	TBD
3) Smoking-related deaths[3]	2,175 (2010)	2,297 (2011)	2,152 (2012)

[1] Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation; [2] Youth Risk Behavior Survey, Centers for Disease Control and Prevention [3] Philadelphia Vital Statistics





Policy Strategies

1. **Promote smoke-free policies for City parks, universities, and large employers**
    - Supported the Philadelphia College of Osteopathic Medicine in implementing a tobacco-free policy.
    - Smoke free campuses now include:
        - The Restaurant School at Walnut Hill College
        - La Salle University
        - University of Sciences
        - Thomas Jefferson University
        - Philadelphia College of Osteopathic Medicine
    - Supported Community Behavioral Health (CBH) in implementing a contractual change requiring 14 inpatient psychiatric treatment facilities to be tobacco-free impacting over 10,000 patients annually as of December 14, 2015.

2. **Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units**
    - Continue to support the Philadelphia Housing Authority (PHA) to implement a smoke-free policy in all units (implemented August 5, 2015) that will ultimately impact 80,000 residents.
        - Support will continue to be given to the PHA in the form of evaluation activities, outreach and education, cessation resources, content expertise, and training for PHA staff and residents.

3. **Foster changes in the pricing, placement, and promotion of tobacco products in retail settings**
    - Philadelphia's $2 per pack cigarette tax went into effect in October 2014. Since implementation, the tax has brought in a total of $74.6 million (over $5 million per month on average).
    - Smoking rates have decreased by 0.9% since implementation of the tax, a conservative estimate of impact because data was collected from 10/14-5/15. Smoking has decreased in low income and minority populations as well as among youth.
    - A Philadelphia Board of Health regulation was passed prohibiting smoking in all outdoor seating areas, even if an establishment has an exemption to the Clean Indoor Air and Worker Protection Law to allow smoking indoors.

Health promotion strategies

4. **Implement social marketing campaigns regarding quitting, the health effects of smoking and secondhand smoke, and tobacco de-normalization**
    - Launched adapted CDC *Tips From Former Smokers* mass media campaign which features real former smokers with smoking-related illnesses to inform Philadelphians about the various impacts of tobacco use.

5. **Engage neighborhood organizations, community leaders, and youth to be local tobacco control champions**
    - Developed partnership with the Health Promotion Council Youth Advocacy Institute.
    - Increased the reach of training opportunities to providers offering tobacco treatment services.
    - Conducted educational session for 150 block captains organized by the Philadelphia County Medical Society.

Clinical care strategies

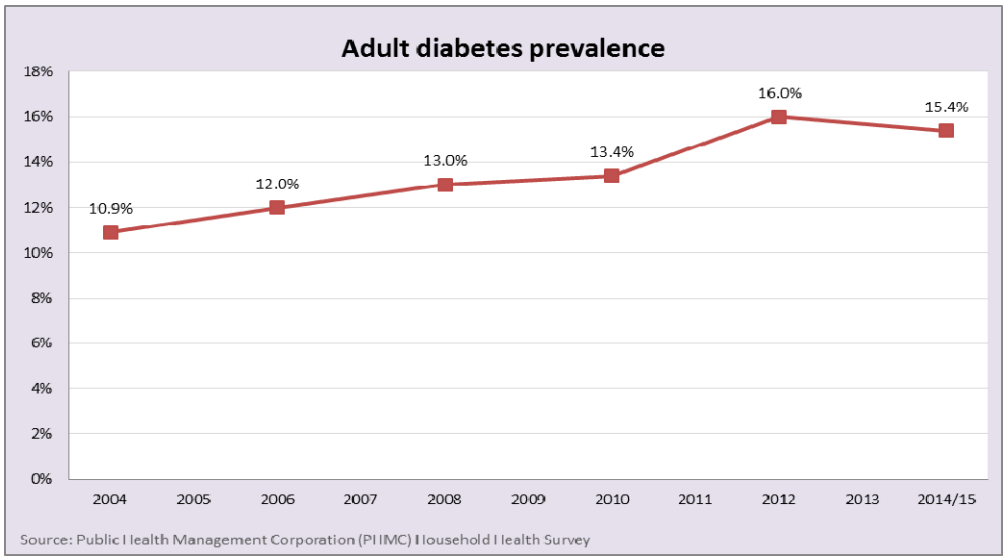
6. **Support clinical providers to integrate tobacco use dependence treatment into routine care**
    - Delivered public health detailing services to new provider groups to improve their delivery of tobacco treatment services.
    - Hired dedicated staff to provide tobacco treatment and support organization change efforts at Philadelphia Health Centers.

Objective 2 – Improve nutrition and physical activity to decrease obesity

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Adult obesity[1]	31.9% (2012)	TBD	33.3% (2014-15)
2) Child obesity[2]	20.7% (2009-10)	20.3% (2012-13)	TBD
3) High blood pressure[1]	37.5% (2012)	TBD	38.2% (2014-15)
4) Diabetes[1]	16% (2012)	TBD	15.4% (2014-15)

[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**
   - Continue to work with City departments to implement the citywide nutrition standards per the Mayoral Executive Order. Some key accomplishments include:
     - Developed an implementation guide/toolkit to assist our city departments in understanding and implementing the nutrition standards.
     - Co-developed, with CDC-grant funded training and technical assistance partner, three training modules for kitchen staff, program staff, and constituents on implementing the nutrition standards and conducted thirteen trainings between February and September.
     - Conducted focus groups to inform the final development of a cooking resource guide for shelter staff
     - Included standards language in 1 RFP and 9 Procurement Contracts.

    - Formalized a new partnership with a culinary and foodservice management expert to develop a system to work with distributors and vendors to identify products that meet our comprehensive nutrition standards.
- Launched the first year of *Good Food, Healthy Hospitals*, an initiative to work with Philadelphia area hospitals to develop and implement voluntary standards for nutrition and sustainability for their foodservice.
    - A baseline assessment and environmental scan of hospital foodservice environments helped inform the development of draft standards.
    - A *Good Food, Healthy Hospitals* symposium was held in October 2015 with over 100 individuals and 20 area hospitals and health systems in attendance.
    - Five hospitals have officially signed a pledge to start implementing the standards over the next year.

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

- Randolph Technical School won the second year of the student-designed school meals competition (formerly The Culinary Voice) with a new breakfast item.
- Continue to work with the School District to create a plan for increasing water access throughout the school day. Water access is included in the forthcoming School Sustainability plan.
- Afterschool programs that must comply with the citywide nutrition standards include those operated by Parks and Recreation and "Out of School Time" (OST) sites funded by the Office of Supportive Housing. PDPH staff are conducting menu analysis and review for the common foodservice sponsors for OST sites, as well as sites that are self-operating.
- In December 2015, PDPH announced increase in staff capacity to look at Healthy Early Childhood initiatives and coordination.
- Supported the mapping and promotion of over 800+ summer meals sites providing almost 2 million meals for children under 18 for free at municipal and community sites.

3. Advocate for minute-based PE requirements for schools

- PDPH worked with a Robert Wood Johnson Clinical Fellow to assess the development and implementation of minute-based PE policies in large urban districts across the United States. Results will be shared with School District of Philadelphia leadership, school wellness councils, peer governmental bodies, and community based organizations.
- Supported 25 schools in Safe Routes to School initiatives, including bicycle and pedestrian safety lessons, walking school bus programs, and walkability audits.
- Piloted The Art of Active Play, a partnership with public health, design professionals, community groups, and play advocates to design and build three prototypes for inspiring play in unexpected places. Held three public events to further the dialogue around physical activity, play, design and health. Worked with a local student group to conduct observations, and assessing opportunity to replicate.
- Supported the work of HYPE wellness councils in 65 schools, in partnership with the Food Trust, including two leadership summits in October and November 2015.

- In December 2015, PDPH announced increase in staff capacity to look at Healthy Early Childhood initiatives and coordination.

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 40 corner stores to achieve certification, which requires increased inventory in seven healthy food/beverage categories and greater promotion of healthy items in stores. Implemented an additional Heart Healthy set of programming, including nutrition education and incentivizing the purchase of heart healthy products.
   - Redeemed $81,676 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.
   - Supported approximately 200 Chinese take-out restaurants in implementing low salt cooking techniques, resulting in a 30% reduction in the sodium content of two popular meals.
   - Piloted a new partnership to increase capacity of community-based organizations, particularly African American churches, to disseminate information about sodium reduction. Trained 20+ pastors on hypertension, sodium reduction, and the Healthy Chinese Take-out initiative.
   - Supported community organization's successful grant application to pilot SNAP-based incentive program in a corner store and supermarket, in partnership with the City's Promise Zone initiative.
   - Formalized a new partnership with a culinary and foodservice management expert to develop a system to work with distributors and vendors to identify products that meet our comprehensive nutrition standards.

5. **Implement social marketing campaigns to promote healthier eating and physical activity**
   - In October 2015, launched a media campaign to inspire and normalize everyday physical activity for adults, and direct them to resources outlining free and low cost physical activity opportunities. The campaign is targeted towards adults age 25-54 and features intergenerational messages. As part of this campaign, a new website was launched.
   - Continued to expand and curate a social media presence including Facebook, Twitter, Instagram.
   - Disseminated health education and material through retail partners.
     - The counter-marketing campaign 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?* disseminated to 130 corner stores.
     - Ten corner stores will receive additional point of sale displays highlighting health education and information.
     - In partnership with the Graduation Coach campaign, distributed information related to SNAP, diabetes, Diabetes Prevention Program, and sodium reduction to corner stores in their network.

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 including:
        - 700 intersections with improved pedestrian countdowns; and
        - Green conflict zone markings at 34 intersections and 7 miles of bike lanes.
    - 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, North Delaware and the River Wards. In the South plan, developed and currently implementing a recommendation of Senior Pedestrian zones.
    - Supported MOTU's launch of bike share in April 2015, with over 300,000 trips as of September 30, 2015. Through a CDC grant PDPH is supporting an assessment of physical activity impacts for a subset of bike share users.
    - The City of Philadelphia created 7.5 miles of new trails as part of the *Philadelphia Trail Master Plan*.
    - At the request of Mayor Michael Nutter, PDPH and MOTU co-chaired Executive Traffic Safety Working Group, which issued *Moving Forward Vision Zero*, *City of Philadelphia, December 2015*. This report outlines steps that could be taken by the incoming administration to eliminate traffic-related deaths and severe injuries.

<u>Clinical care strategies</u>

7. **Enhance surveillance system for obesity and related chronic diseases**
    - Work with learning collaboratives with local Federally Qualified Health Centers (FQHCs) and hospitals around improving quality of care and outcomes for hypertension and diabetes using EHR related strategies
    - Support the implementation of population management software (i2i) by FQHC collaborative.
    - Discussed potential to access aggregated data from FQHCs to assess hypertension and other chronic conditions in high risk population within Philadelphia. Discussions are ongoing.
    - Conducting an analysis of Medicaid data to assess medication adherence for city residents on Medicaid with diabetes and co-morbidities.

8. **Advance health-promoting policies in hospitals**
    - Two hospitals have received final designations as *Baby Friendly* support breastfeeding.
    - Two hospitals have signed on to be pilot locations for a physical activity/stairwell promotion program with PDPH.
    - Five hospitals have committed to implementing voluntary nutrition standards for hospital food service.
    - 20 health system affiliated primary care practices joined a learning collaborative facilitated by the Health Care Improvement Foundation working to implement a series of health systems change interventions to improve the care of patients with hypertension and diabetes, and to enhance detection of undiagnosed hypertension and prediabetes.

- Eight hospitals signed on to a collaboration in cooperation with United States Department of Health and Human Services, Region 3, PDPH, and the Montgomery County Health Department to leverage the Community Health Needs Assessment and Community Benefit Processes to improve health in the Philadelphia area.

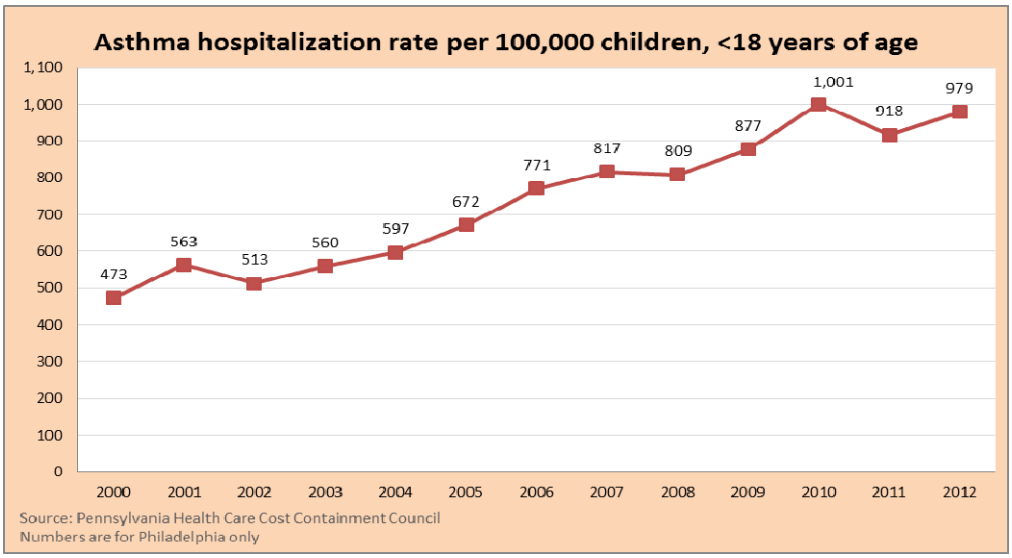
VI. Strategic Priority 4 – Environmental health

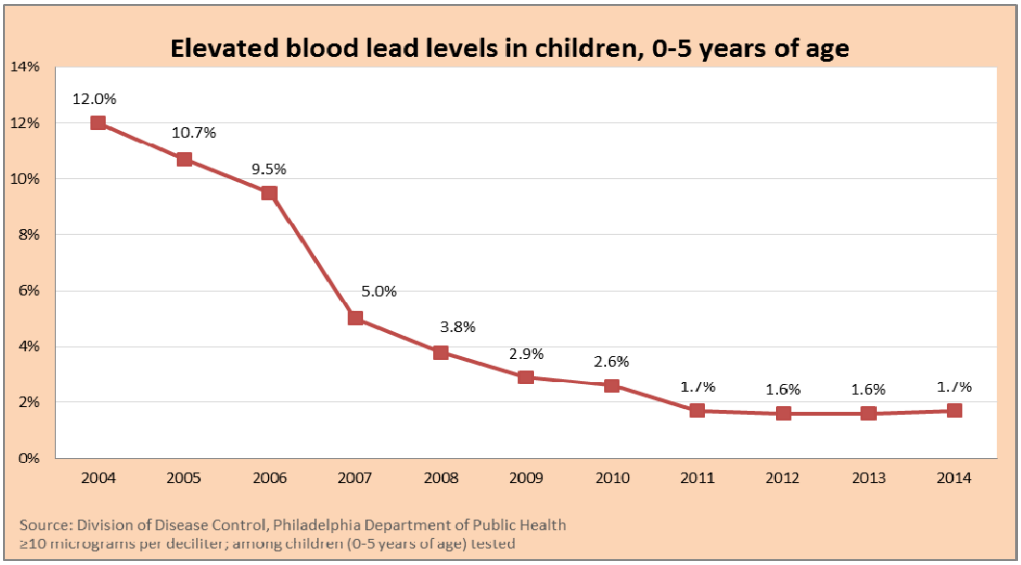
Objective 1 – Protect children from environmental health hazards

Key measures

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Children exposed to secondhand smoke in the home[1]	17.5% (2010)	15.4% (2012)	13.7% (2014-15)
2) Adults exposed to secondhand smoke in the home[1]	10% (2010)	10.1% (2012)	7.9% (2014-15)
2) Asthma hospitalization rate per 100,000 children[2]	1,001 (2010)	918 (2011)	979 (2012)
3) Number of days with good air quality[3]	147 (2012)	173 (2013)	137 (2014)
4) Rat complaints per 10,000 residents[4]	18.9 (2012)	17.2 (2013)	17.2 (2014)
5) Elevated blood levels in children 0 to 5 years[4]	1.6% (2012)	1.6% (2013)	1.7% (2014)

[1]Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation; [2]Pennsylvania Health Care Cost Containment Council; [3]PDPH, Air Management Services; [4]PDPH, Division of Disease Control





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 2008 8-hr ozone standard.
   - Of 105 dry cleaning facilities in Philadelphia, 89 have transitioned from perchloroethylene—a probable carcinogen—to hydrocarbon or renewable solvents.
   - The Philadelphia Air Management Regulation III – Control of Emissions of Oxides of Sulfur Compounds was adopted by the Department of Records on November 25, 2015. The Regulation includes:
     - Changes to percent sulfur by weight for No.2 and No.4 commercial fuel;
     - Updating the permissible SO2 emissions for No.4 commercial fuel;
     - Replacing exposure limits with a new 5 minute average limit; and
     - Updating other sulfur emission limits.

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**
   - PDPH Environmental Health Services (EHS) Lead and Healthy Homes Program met with the Department of Licenses & Inspections and Philadelphia Housing Authority (PHA).
   - EHS working to develop a Memorandum of Understanding with the PHA.
   - In 2016, PDPH will provide a cross training with the Department of Licenses & Inspections to the PHA.

3. **Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units**
    - PHA implemented smoke-free policy on August 5, 2015.
    - Organize quit-smoking informational cessations and cessation classes for PHA residents.
    - Follow-up air quality assessments in the same 4 public housing communities planned for early Spring 2016.

Health promotion strategies

4. **Reduce health and safety hazards, including asthma triggers, through Healthy Homes and Lead Poisoning Prevention programming**
    - Fully integrated the Lead and Healthy Homes Program.
    - Collected data on the neighborhood initiative. Implementation phase began in 2015 which will continue into 2016.
    - Successfully transitioned to using the new integrated database for PDPH home-based environmental health programs.

5. **Implement periodic neighborhood-focused rodent, pest, and home safety survey and educational activities**
    - As a result of receiving a CDC grant, EHS will continue to work to provide integrated home environmental health services to 105 families by 2017.

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.
    - Expanded the Lead and Healthy Homes Program to PDPH Health Center #5 and Strawberry Mansion Health Center.

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

	Strategic Plan May 2014	Update Report January 2015	Update Report January 2016
1) Food establishments in compliance with food safety regulations at initial inspection[1]	39% (2012)	58.5% (FY 2013)	55.9% (FY 2014)
2) Food establishments inspected within the past year[1]	75% (2012)	TBD	TBD

[1]PDPH, 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**
   - Completed the refinement of tools to track annual inspections and re-inspections.
   - Initiated the retraining of inspectional staff on tracking software.

Health promotion strategies

2. **Develop and disseminate resources on starting various types of food businesses**
   - Based on feedback of the Mobile Food Business manual, minor revisions were made.
   - In the process of receiving feedback Special Events manual to make suggested revisions.

3. **Develop and disseminate resources for food vendors on how to prepare for a successful food safety inspection**
   - Met with the mobile vending association to consider the development of inspectional training videos.

4. **Provide online availability for all food business-related applications and fees**
   - All food business-related fees are now payable online.
   - Begun investigating the possibility to make the Special Event application available online. An action plan, including resource needs, will be developed begin in January 2016.

VII. Appendix – Key Milestones Update

Provided are updates to the PDPH Strategic Plan key milestones. Milestones may have changed due to priority changes, available resources, or project completion.

Strategic Priority 1 – Women's and Infant's Health

Objective 1 – Enhance the reproductive health of women

Policy strategies

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

Key milestones

2014	-Identify barriers to accessing and using LARC in Philadelphia
2015-16	-Implement LARC promotional strategies -Expand insurance coverage for LARC through Medicaid -Partner to create data sources for surveillance
2017-18	-Expand access to LARC throughout PDPH clinical sites, delivery hospitals, and family planning providers

Health promotion strategies

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

Key milestones

2014	-Create liaisons of insurers, providers and stakeholders that agree on targeting pre-and inter-conception health issues and can coordinate to create a set of messages to address these issues
2015-16	-Develop and implement education for young women highlighting the importance of wellness and health maintenance throughout the life-course
2017-18	-Assess and modify the campaign to increase women's awareness of and engagement with pre-conception and inter-conception health

Clinical care strategies

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

Key milestones

2014	-Identify clinical resources that can be mobilized to support testing and counseling for specific populations
2015-16	-Increase AHS provider's ability to provide effective reproductive, sexual, and behavioral health counseling, services and referrals for all youth including LGBT youth
2017-18	-Expand case management services for teens to support optimal reproductive and sexual health care

Objective 2 – Foster optimal infant health and development

Policy strategies

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

Key milestones

2014	-Create report focused on infant deaths related to sleep and unintentional injuries
2015-16	-Re-establish the Philadelphia FIMR with the purpose to develop interventions and policies that address infant deaths related to sleep and unintentional injury
2017-18	-Implement, assess, and modify (as needed) an intervention or set of interventions to reduce infant deaths

Health promotion strategies

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

Key milestones

2014	-100% of birth hospitals engage in Baby-Friendly process
2015-16	-50% of birth hospitals achieve Baby-Friendly designation
2017-18	-100% of birth hospitals achieve Baby-Friendly designation

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

Key milestones

2014	-Expand MOM Program to meet the needs of mothers and infants in Lower North Philadelphia.
2015-16	-Expand MOM Program to 1,500 additional families annually
2017-18	-Expand MOM Program to 2,500 additional families annually

Clinical care strategies

4. Improve access to and use of prenatal care services

Key milestones

2014	-Develop strategies for increasing accessibility, affordability, and participation in prenatal care
2015-16	-Assess and address issues related to wait time for appointments, access to insurance, and attendance at prenatal appointments -Establish *Centering Pregnancy* at PDPH Health Center #5
2017-18	-Modify (as needed) and expand strategies

Objective 3 – Improve immunization rates for young children

Policy strategies

1. Educate and enforce immunization requirements at childcare settings

Key milestones

2014	-Evaluate attendee vaccination status (UTD rate) in sample of childcare centers -Assess relevant regulations and policies
2015-16	-Develop and implement a performance improvement plan for childcare center compliance with vaccination requirements
2017-18	-Establish benchmarks for compliance -Monitor compliance among childcare centers

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

Key milestones

2014	-Identify, enroll, and train providers in VFC, including use of online vaccine ordering system known as VTRCKS -Achieve participation by 90% of pediatric care providers in Philadelphia
2015	-Conduct annual Audit and Feedback visits to 60% of VFC provider offices -Achieve 90% VFC provider compliance
2016	-Conduct annual Audit and Feedback visits to 80% of VFC provider offices -Achieve 95% VFC provider compliance
2017-18	-Conduct annual Audit and Feedback visits to 95% of VFC provider offices -Achieve 95% VFC provider compliance

Health promotion strategies

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

Key milestones

2014	-Add geocoding to KIDS Plus immunization data that will allow for improved referral of children for immunization outreach
2015	-Improve efficiency in outreach process so that 30% of referred cases are brought up-to-date
2016-2018	-Increase number of children whose immunizations are brought up-to-date annually to 2,000

Clinical care strategies

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

Key milestones

2014-15	-Establish interoperability between KIDS Plus and EHRs for 90% of eligible providers -Measure #/% providers achieving Meaningful Use for this standard
2016	-Increase proportion of childhood immunizations reported to the KIDS Plus registry through HL7 to 50%
2017	-Increase proportion of childhood immunizations reported to the KIDS Plus registry through HL7 to 75%
2018	-Increase proportion of childhood immunizations reported to the KIDS Plus registry through HL7 to 90%

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

Key milestones

2014	-Determine reasons for missing infants exposed to Hepatitis B Virus (HBV) perinatally -Evaluate missed opportunities and failures
2015-16	-Develop performance improvement plan to increase identification of HBV-exposed infants -Implement corrective actions
2017-18	-Achieve identification rate of 90% for exposed infants -Implement HBV education program in high-risk immigrant communities

Strategic Priority 2 – Sexual Health

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

Policy strategies

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

Key milestones

2014	-Implement condom distribution in 25% of high schools
2015-16	-Implement condom distribution in 50% to 75% of high schools
2017-18	-Implement condom distribution in 100% of high schools

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

Key milestones

2014	-Review evidence and develop curriculum
2015-16	-Decision to eliminate strategy

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

Key milestones

2014	-Review evidence and laws
2015-16	-Meet with PADOH STD Control Program to pursue legislative action to allow EPT
2017-18	-Implement legislative action to allow EPT

Health promotion strategies

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

Key milestones

2014	-Use adolescent focus groups to define needs and preferences
2015-16	-Develop social media strategy and plan
2017-18	-Implement social media campaign; evaluate results

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

Key milestones

2014	-Continue existing program in all high schools -Develop model to finance screenings through health insurance billing
2015-16	-Implement and expand health insurance billing model
2017-18	-Sustain screening and prevention program through health insurance billing

Clinical care strategies

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

Key milestones

2014	-Increase partner services capacity; hire and train staff
2015-16	-Implement performance improvement activities to provide treatment within 30 days of partner diagnosis -Analyze missed opportunities and gaps in services
2017-18	-Evaluate partner services program -Make additional program improvements

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**

Key milestones

2014	-Convene clinical providers and assess current practices -Develop training and technical assistance
2015-16	-Implement training and technical assistance -Evaluate program impact
2017-18	-Evaluate program impact -Make additional program improvements

8. **Educate parents, teens, and clinical providers on importance of initiating and completing Human papillomavirus (HPV) vaccination**

Key milestones

2014	-Implement reminder recall intervention for young women who have received one dose of HPV vaccine -Develop and implement media campaign for parents and teens
2015-16	-Engage clinical providers in quality improvement activities -Evaluate program impact

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

Policy strategies

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

Key milestones

2014	-Disseminate policy guidance to providers -Incorporate providers' screening policies into funding decisions -Develop metrics and reporting methods for evaluation
2015-16	-Ensure full implementation of policy in healthcare settings -Monitor implementation -Provide technical assistance as needed
2017-18	-Evaluate and modify strategies as needed

Health promotion strategies

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

Key milestones

2014	-Implement new contract service provisions and goals -Aim to identify 200 newly diagnosed HIV positive persons
2015-16	-Evaluate system performance and make changes as appropriate -Aim to identify 200 newly diagnosed HIV positive persons
2017-18	-Evaluate system performance and make changes as appropriate -Aim to identify 200 newly diagnosed HIV positive persons

3. Offer prison-based HIV screening and education

Key milestones

2014	-Maintain intake testing program at 30,000 tests per year
2015-16	-Conduct 30,000 tests per year
2017-18	-Conduct 30,000 tests per year

4. Support syringe access services

Key milestones

2014	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia
2015-16	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia per year
2017-18	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia per year

Clinical care strategies

5. Improve linkage to care for HIV positive persons

Key milestones

2014	-Develop quality improvement projects to improve linkage to care among prevention providers -Train providers in and implement ARTAS activities -Develop strategy to utilize surveillance data to assist in linkage to care
2015-16	-Refine the quality improvement activities -Monitor and evaluate implementation of ARTAS -Implement the surveillance strategies to improve linkage to care -Enhance Partner Services to add focus on linkage to care.
2017-18	-Evaluate and modify linkage to care strategies

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

Key milestones

2014	-Continue retention and quality management activities -Develop protocols for surveillance-enhanced re-engagement programs -Seek funding for enhanced activities
2015-16	-Implement surveillance-enhanced re-engagement
2017-18	-Evaluate and modify initiatives as needed

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

Key milestones

2014	-Increase partner services capacity
2015-16	-Implement performance improvement activities to provide screening within 30 days of partner diagnosis -Evaluate partner services program
2017-18	-Evaluate partner services program -Make additional program improvements

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

Key milestones

2014	-Develop and implement a plan to inform the public of the availability of PrEP in coordination with local providers
2015-16	-Monitor the uptake of PrEP -Deploy prevention navigators to assist in linking high risk HIV negative persons to PrEP services
2017-18	-Evaluate and modify plan as needed

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

Objective 1 – Decrease rates of youth and adult smoking

Policy Strategies

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

Key milestones

2014	-Implement smoke-free parks policy through executive order and regulation -Complete baseline evaluation of smoke-free parks policy -Assist one university/employer to go smoke-free
2015-16	-Complete follow-up evaluation of smoke-free parks policy -Assist two universities/employers to go smoke-free and convene a city-wide smoke-free campus summit -Support the implementation of the CBH contractual requirement for smoke-free policies in inpatient psychiatric treatment facilities and to additional levels of care
2017-18	-Assist universities/employers to go smoke-free -Assist CBH in extending the contractual change to drug and alcohol treatment facilities

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

Key milestones

2014	-Enact and implement policy for 2 pilot sites
2015-16	-Support the Philadelphia Housing Authority (PHA) in the implement of a PHA-wide smoke-free policy -Conduct evaluation activities at select PHA sites -Continue to support PHA with outreach and education, cessation resources, content expertise, and training for PHA staff and residents following policy implementation
2017-18	-Apply lessons learned from supporting PHA efforts to promote smoke-free policies in the private housing market, focusing on low-income housing

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

Key milestones

2014	-Work with City Council to pass laws prohibiting e-cigarette sales to minors and indoor use of e-cigarettes -Advocate for passage of authorizing legislation from the PA General Assembly for a local $2/pack tax on cigarettes
2015-16	-Introduce policies to reduce tobacco retailer type, density and location -Introduce policies to address tobacco coupons and multi-pack discounts
2017-18	-Introduce policies to ban flavored tobacco products

<u>Health promotion strategies</u>

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

Key milestones

2014	-Implement campaign to promote smoke-free parks and clean air
2015-16	-Implement adapted *Tips From Former Smokers* and novel media campaigns to highlight health effects of smoking and secondhand smoke exposure, and promote tobacco industry de-normalization
2017-18	-Implement adapted *Tips From Former Smokers* campaigns to highlight health effects of smoking and secondhand smoke exposure

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

Key milestones

2014	-Assess experience with the inaugural year of the Get Healthy Philly Youth Council -Develop brief smoking cessation training program for community leaders/organizations -Assist 5 community organizations in implementing an *Ex-Smokers' Hall of Fame* program
2015-16	-Train 250 community leaders/organizations annually to provide brief cessation services to staff and clients -Initiate collaboration with youth at the Health Promotion Council Advocacy Institute to increase their capacity to address tobacco and to support local tobacco control policy -Enhance the capacity of several neighborhood organizations and community leaders serving vulnerable populations to address tobacco
2017-18	-Train 250 community leaders/organizations annually to provide brief cessation services to staff and clients -Maintain collaboration with youth at the Health Promotion Council Advocacy Institute to increase their capacity to address tobacco and to

	support local tobacco control policy -Enhance the capacity of several neighborhood organizations and community leaders serving vulnerable populations to address tobacco

Clinical care strategies

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

Key milestones

2014	-Continue public health detailing in primary care practices -Begin public health detailing in City-funded behavioral health practices -Develop tool-kit with community cessation resources, EHR integration recommendations, and guidance for formularies, order sets, and discharge instructions -Convene nursing leaders to discuss educational and practice reforms related to cessation
2015-16	-Expand public health detailing to specialty and behavioral health providers serving high-risk groups for tobacco use -Partner with PDPH Health Centers to improve the quality and consistency of tobacco treatment through integrated staff and organizational change efforts
2017-18	-Continue public health detailing to specialty and behavioral health providers serving high-risk groups for tobacco use -Expand partnership with PDPH Health Centers to improve the quality and consistency of tobacco treatment through integrated staff and organizational change efforts

Objective 2 – Improve nutrition and physical activity to decrease obesity

Policy strategies

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

Key milestones

2014	-Develop nutrition standards for City agencies -Enact executive order codifying nutrition standards -Begin implementation with 2 City agencies
2015-16	-Implement standards for remaining City agencies -Develop toolkit for other institutional purchasers -Partner with 2 other institutional purchasers to implement nutrition standards
2017-18	-Partner with 2-3 other institutional purchasers annually to implement nutrition standards

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

Key milestones

2014	-Assist School District in choosing a new pre-plate school food vendor -Provide support to School District in meeting new federal meal standards and increasing access to water for students
2015-16	-Implement nutrition standards for City-funded afterschool programs, including vendor outreach, assistance with contracting, and menu development -Develop plan to engage childcare providers
2017-18	-Implement nutrition standards for childcare programs, including vendor outreach, assistance with contracting, and menu development

3. Advocate for minute-based PE requirements for schools

Key milestones

2014	-Develop public health and education rationale for minute-based PE requirements
2015-16	-Create timeline and workplan for changing PE requirements -Obtain funding to assist with implementation
2017-18	-Pass local rule, setting minute-based PE/Physical Activity requirements

<u>Health promotion strategies</u>

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

Key milestones

2014	-Implement healthy retail certification standards for 25 corner stores -Open 2 new farmers' markets -Maintain support for 200+ healthy Chinese take-out restaurants
2015-16	-Implement healthy retail certification standards for 25 additional corner stores -Develop plan for bonus incentive programs in supermarkets -Engage 2 regional food manufacturers/distributors to make voluntary commitments to improve the nutritional quality of their products -Assess need for local regulation
2017-18	-Engage 2 regional food manufacturers/distributors annually to make voluntary commitments to improve the nutritional quality of their products -Implement local regulations

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

Key milestones

2014	-Implement salt reduction social marketing campaign
2015-16	-Continue salt reduction social marketing campaign -Develop and implement social marketing campaign promoting physical activity
2017-18	-Develop and implement additional social marketing campaigns

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

Key milestones

2014	-With MOTU, implement low-cost safety improvements to 100 intersections -With MOTU, launch bike share program -With PCPC, complete 2 district plans
2015-16	-With MOTU, implement low-cost safety improvements to 50 intersections annually -With MOTU, expand bike share program -With PCPC, complete 2 district plans annually -With PPR, plan and implement enhancements to 2 open spaces annually
2017-18	-TBD

<u>Clinical care strategies</u>

7. Enhance surveillance system for obesity and related chronic diseases

Key milestones

2014	-Complete annual report on obesity among schoolchildren for data through 2012-2013 -Create phase 1 of a citywide hypertension dashboard with data on prevalence, adherence, morbidity, and mortality
2015-16	-Develop data sharing agreements with charter schools for height and weight data on schoolchildren -Augment existing electronic data sharing platforms to collect height and weight data from clinical EHRs -Create phase 2 of a citywide hypertension dashboard with data on prevalence, adherence, morbidity, and mortality
2017-18	-Augment existing electronic data sharing platforms to collect data on hypertension and diabetes from clinical EHRs

8. Advance health-promoting policies in hospitals

Key milestones

2014	-Assist 1 birthing hospital to achieve *Baby Friendly* status
2015-16	-Assist 3 birthing hospitals to achieve *Baby Friendly* status -Support 2 hospitals in implementing nutrition/procurement standards -Develop physical activity design and promotion guidelines for hospitals
2017-18	-Assist 2 birthing hospitals to achieve *Baby Friendly* status -Support 2 hospitals in implementing nutrition/procurement standards -Help 2 hospitals in implementing physical activity design and promotion guidelines

Strategic Priority 4 – Environmental health

Objective 1 – Protect children from environmental health hazards

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**

Key milestones

2014	-Implement diesel retrofit construction of public works -Ensure continued compliance with the dry cleaning, emergency generators, and complex sources regulations -State submits State Implementation Plan for ozone control -Enact ordinance requiring low sulfur in fuel oil
2015-16	-Finalize dust control plan regulation -Obtain a robust emissions inventory from the Port of Philadelphia
2017-18	-Reduce transport and greenhouse gas emissions

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**

Key milestones

2014	-Strengthen lead court operations
2015-16	-Convene partners -Begin PDPH Property Code enforcement -Develop educational campaign and monitoring systems
2017-18	-Continue expansion of Property Code enforcement, as feasible

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

Key milestones

2014	-Work with PHA and Tenant Association toward enactment of smoke-free policy
2015-16	-Support the Philadelphia Housing Authority (PHA) in the implement of a PHA-wide smoke-free policy -Conduct evaluation activities at select PHA sites -Continue to support PHA with outreach and education, cessation resources, content expertise, and training for PHA staff and residents following policy implementation
2017-18	-Apply lessons learned from supporting PHA efforts to promote smoke-free policies in the private housing market, focusing on low-income housing

Health promotion strategies

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

Key milestones

2014	-Develop plan for improved infrastructure and training to integrate the lead poisoning prevention and Healthy Homes programs -Develop new database
2015-16	-Fully integrate lead poisoning prevention and Healthy Homes programs -Develop and implement neighborhood initiative -Begin using database and add epidemiologic/surveillance staff -Review collected data, evaluate the effectiveness of these services, and implement any needed changes
2017-18	-To be determined based on evaluation

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

Key milestones

2014	-Develop a program plan, budget, and proposed revenue strategy -Convene partners
2015-16	-Implement the initiative in a targeted neighborhood -Review the data and community feedback to make changes as needed -Possibly expand to additional neighborhoods or to commercial food establishments
2017-18	-To be determined based on evaluation and available resources

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

Key milestones

2014	-Identify and convene partners including clinicians, asthma educators, and Medicaid managed care companies to develop plan
2015-16	-Begin initiative with PDPH pediatric clinical providers -Develop and distribute written materials for clinicians and their patients; provide in-service training as needed
2017-18	-Evaluate and adapt the program

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

Policy strategies

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

Key milestones

2014	-Inventory all food establishments in the Digital Health Department database and categorize their associated inspection frequency -Provide inspection lists to all staff to ensure that all initial inspections are completed -Use the database to monitor re-inspections and provide re-inspection lists to staff
2015-16	-Continue to monitor all initial, re-inspections, and pre-court inspections to make sure they are being completed in a timely manner -Develop new strategies and implement changes as needed
2017-18	-Evaluate effectiveness of the monitoring techniques -Develop new strategies and implement changes as needed

Health promotion strategies

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

Key milestones

2014	-Continue efforts to distribute the Stationary Business manual and finalize the Mobile Vending business manual -Develop a Special Events manual
2015-16	-Receive customer feedback on the manuals and implement any needed changes
2017-18	-Converted all manuals to on-line applications

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

Key milestones

2014	-Review the types of violations cited most frequently and industry feedback about the inspection process -Develop a “what to expect when inspected” handout for establishment owners -Conduct presentations and trainings for establishment owners and employees to better understand risk factors and the most common failures of inspection
2015-16	-Develop educational videos of inspections and other special processes and make these videos available through the PDPH website
2017-18	-Evaluate effectiveness of these efforts and implement changes as needed

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

Key milestones

2014	-Food establishments will be able to pay for their Food Safety Certificates online with EPAY
2015-16	-Expand all EHS fees available to be paid online. -Develop an online Special Events application.
2017-18	-Evaluate effectiveness and increased revenue as a result of these online payment services