

Community Health Improvement Plan

2014-2018

City of Philadelphia

2014 Annual Implementation & Evaluation Report

January 2015



Compiled by the Philadelphia Department of Public Health (PDPH) and the Community Health Improvement Plan (CHIP) workgroups. The views expressed in this document do not necessarily reflect the official policies of PDPH or the City of Philadelphia.

**Philadelphia’s Community Health Improvement Plan
2014 Annual Implementation and Evaluation Report**

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I. Overview

Philadelphia’s Community Health Improvement Plan (CHIP) was finalized in May 2014 after a year-long planning process led by the Philadelphia Department of Public Health (PDPH) in partnership with the Drexel University School of Public Health (Drexel). Over 160 stakeholders representing a diverse set of organizations and communities contributed to the plan. Ultimately, three strategic priority areas were identified and related goals, objectives, and strategies were developed (Table 1).

Since May 2014, the CHIP had been disseminated to local, state, and federal partners. Chairpersons were identified to lead implementation and monitoring workgroups for each of the three CHIP priority areas (Table 1). Workgroups met in fall/winter 2014 to initiate their activities. In January 2015, PDPH will submit the CHIP and this annual report as part of its official application for public health accreditation. Information about the CHIP and PDPH’s efforts to achieve accreditation are available at:

<http://www.phila.gov/health/Commissioner/PHA.html>.

This report provides a summary of actions taken, partners involved, and progress achieved as it relates to performance measures and health indicators in Philadelphia’s CHIP.

Table 1: Philadelphia CHIP Priorities and Goals

Priority 1: Access to Care	
Workgroup chairperson: Carol Rogers, Healthy Philadelphia	
Goal 1	Maximize implementation of the Affordable Care Act (ACA)
Goal 2	Maintain and grow the safety net regardless of the ACA and Medicaid expansion
Goal 3	Improve the quality of primary care services
Goal 4	Advocate for <i>Medicaid expansion</i> in Pennsylvania
Goal 5	Identify and take advantage of Medicaid waivers within the ACA that could improve access
Priority 2: Behavioral Health	
Workgroup chairperson: Natalie Levkovich, Health Federation of Philadelphia	
Goal 1	Increase the accessibility and use of high quality behavioral health services
Goal 2	Increase the availability and use of high quality behavioral health services for at-risk children
Goal 3	Further the integration of behavioral health and primary care
Goal 4	Incorporate knowledge of ACEs and Life Course Theory into clinical practice
Goal 5	Reduce or eliminate the restrictions to financing integrated care
Goal 6	Advocate for changes in state regulation around credentialing, licensure, documentation and other areas of practice that impede the integration of behavioral health with primary care
Priority 3: Chronic Disease related to Poor Diet and Physical Inactivity	
Workgroup co-chairs: Charmie Cuthbert, American Heart Association; Rickie Brawer, Thomas Jefferson University	
Goal 1	Increase access to healthy foods
Goal 2	Increase physical activity among children and adults
Goal 3	Further the integration of nutrition and physical activity promotion with clinical practice
Goal 4	Improve knowledge of and access to evidence-based community resources
Goal 5	Reduce consumption of sugar sweetened beverages through advocacy for taxes and regulation on sizing for SSBs
Goal 6	Create and sustain healthy food bonus incentive programs through SNAP and WIC
Goal 7	Work with childcare licensing agencies to develop and implement official standards related to nutrition and physical activity

II. Priority 1 – Access to Care

Workgroup

The Access to Care workgroup is chaired by Carol Rogers, Executive Director of [Healthy Philadelphia](#). Healthy Philadelphia is a non-profit organization that was formed as a result of a local ballot referendum, which passed with a 3:1 majority. The mission of the organization is to make high quality health care available to all Philadelphians by bringing together the community, health care providers, businesses, government, and grassroots leaders to develop coordinated and integrated systems of care.

The workgroup members are listed in Table 2. They met in person on 12/16/14 and communicated electronically to refine strategies, coordinate and share information about strategy implementation, begin performance and outcomes monitoring, and recruit and identify additional workgroup members.

Table 2: Access to Care workgroup

Name	Organization	Sector
Carol Rogers	Healthy Philadelphia	Non-profit, advocacy
Ann Ricksecker	Health Federation	Non-profit, FQHCs
Lisa Kleiner	Public Health Management Corporation (PHMC)	Non-profit
Walter Tsou	Healthy Philadelphia	Non-profit, advocacy
James Plumb	Jefferson Center for Urban Health	Academia, health system
Maggie Eisen	Philadelphia Legal Assistance	Non-profit, law
Brahin Ahmadiyya	Better Health Network, Community of Compassion CDC	Non-profit, faith-based
Jacob Stipe	Aetna Better Health	Insurer
Ellie Lipmann	Drexel University	Academia
Jihad Seiffulah	Working America	Non-profit
David Grande	Healthy Philadelphia, University of Pennsylvania	Non-profit; academia, health system

Goal 1: Maximize implementation of the provisions of the Affordable Care Act (ACA) that impact access to care.

Objective 1: Maximize enrollment of eligible Philadelphians in health insurance exchanges and ensure consumer knowledge of all exchange options.

- 60,724 Philadelphians enrolled in ACA marketplace plan in 2014.
- The local coalition of enrollment assisters—including Pennsylvania Health Action Network, Healthy Philadelphia, Better Health Network, Benefits Data Trust, the Health Federation, Resources for Human Development, PHMC and other—has cooperated and shared resources to get culturally sensitive and literacy appropriate information to community leaders, elected officials and other grassroots leaders. More resources are needed, especially in immigrant communities, to assist eligible Philadelphians to enroll in health insurance, to remain enrolled, to choose primary care sites, and to assist those previously uninsured to understand complex realities of health insurance, including co-pays, out of pocket and cost sharing.
- The implementation of Healthy Pennsylvania is an opportunity for Philadelphians; however, its complex tiers of coverage, cuts to coverage for existing Medical Assistance (MA) recipients, slow

start to enrollment in Pennsylvania Department of Human Services (PDHS) offices and phone lines, and inadequate training of PDHS staff have led to a rocky beginning to enrollment. Hope is high that the incoming governor will work quickly to make changes to ensure that the system works better for those eligible for MA.

- Areas of focus for 2015 include:
 - Because there is no deadline for MA enrollment, develop strategies that employ community based education and outreach, as well as more traditional education through health centers, hospitals, PDHS, and social services organizations.
 - During the 2016 ACA Open Enrollment period, develop “one stop shopping” for those eligible for either federal marketplace or Medicaid expansion. Health care navigators are able to assist eligible Philadelphians to enroll in either federal marketplace or Medicaid expansion. Unfortunately, many of Philadelphia’s in-person assisters are funded to enroll eligible people in the federal marketplace and are specifically prohibited from assisting enrollment in Medicaid expansion, causing frustration among clients and assisters, and lack of opportunity for a Medicaid enrollment at the site.
 - Engage Delaware Valley Healthcare Council (DVHC) in an effort to collaborate with hospitals in outreach and enrollment efforts. The workgroup discussed aligning the goals of enrollment with the need for hospitals to implement plans to address their Community Health Needs Assessments. These goals were felt to be synergistic. The workgroup saw this as a promising approach to develop sustainability of outreach programs. The Regional HHS office recently convened a meeting with local hospitals – that group was seen as an opportunity to advance these conversations.
 - Encourage PDHS to develop a community based health advocate program to ensure a culturally appropriate, high quality network of neighborhood based advocates who would engage and assist individuals from enrollment in insurance through selection of a primary care provider, navigation of the health care system, and appropriate use of medications.

Objective 2: Ensure adequacy of health plan options

- No Year 1 goals, but workgroup began to strategize about data/information collection.
- Areas of focus for 2015 include:
 - Urge the development of guides on specific and general health care offered, such as the Health Federation Guide to HIV Medication in Marketplace Plans.

Objective 3: Ensure/increase capacity of primary care providers

- University of Pennsylvania researchers conducted an assessment of primary care access in Philadelphia. Results will be available in 2015.
- Areas of focus for 2015 include:
 - Explore complementary methods to monitor access to care such as mystery shopper studies and measures of avoidable acute care.
 - Develop system to monitor wait times for new patient appointments.
 - Track ambulatory care sensitive conditions: these are currently reported in PDPH’s Community Health Assessment.
 - Develop a system so that 311 (or another dedicated phone line) can offer appointments to all FQHCs and look-alikes, instead of only to PDPH run health centers.

Goal 2: Maintain and grow the health care safety net, regardless of the ACA and the status of Medicaid expansion.

Objective 1: Ensure geographic availability and distribution of safety net health care services.

- University of Pennsylvania researchers conducted an assessment of primary care access in Philadelphia. Results will be available in 2015.
- Areas of focus for 2015 include:
 - Explore complementary methods to monitor access to care such as mystery shopper studies and measures of avoidable acute care.

Objective 2: Ensure availability for underserved populations, particularly undocumented immigrants.

- No Year 1 goals, but workgroup further developed plans for strategy implementation.
- Areas of focus for 2015 include:
 - Clarify the policy for care for all FQHCs, FQHC look-alikes, and voluntary health centers, regarding care for undocumented immigrants.
 - Utilize community based organizations and grassroots networks of immigrants to spread the word that they are welcome at FQHCs, etc. Combine this with education and outreach about the importance of having a primary care home.
 - Urge the expansion of MA for all based on income, disregarding immigration status. The 5-year bar for benefits should be lifted. Barriers to coverage under Emergency Medical Assistance should be eliminated.

Goal 3: Improve the quality of primary care services.

Objective 1: Develop and use quality of care indicators in Philadelphia's publicly funded community-based primary care providers

- PDPH received a CDC grant to improve the care of patients with hypertension and diabetes. The Health Federation and the Health Care Improvement Foundation will be leading learning collaboratives with approximately 40 FQHC and hospital-based practices to implement quality improvement strategies. Partners began to identify quality of care indicators.

Objective 2: Improve rates of preventive care screening and follow-up treatment.

- No Year 1 goals; no progress to report.

Objective 3: Improve inter- and intra-systemic communication among agencies/organizations that serve vulnerable populations.

- No Year 1 goals; no progress to report.

Goal 4: Advocate for Medicaid expansion in Pennsylvania.

- *Healthy Pennsylvania*—outgoing Governor Tom Corbett's plan for Medicaid expansion—was approved by HHS, and the PDHS began implementation in December. Incoming Governor Tom Wolf and his Health Transition team are considering options for modifying the current plan or shifting to traditional Medicaid expansion.

Goal 5: Identify and take advantage of Medicaid waivers within the ACA that could improve access (e.g., health care home for chronic disease).

- No Year 1 goals; no progress to report.

Table 3: Measures of success – Access to Care

Measure	Baseline	2014	2018 Target
Reduce the percentage of adults without health insurance	18.5% (CHDB, 2012)	Data will be available in 2015	13%
Reduce the percentage of adults forgoing care due to cost	18.5% in 2012 (CHDB, 2012)	Data will be available in 2015	13%

Table 4: Indicators of progress – Access to Care

Indicator	Baseline	2014	2018 Target
Number of eligible Philadelphians enrolled in health insurance exchanges	TBD	60,724	75,000
Percentage of uninsured with regular source of care	65% (CHDB, 2012)	Data will be available in 2015	85%
Percentage of adults receiving preventive services and screening	75% (CHDB, 2012)	Data will be available in 2015	85%
-Colon cancer screening (50-74 years, colonoscopy or sigmoidoscopy in lifetime)			
-Breast cancer screening (50-74 years, women, mammogram in last 2 years)	83% (CHDB, 2012)	Data will be available in 2015	90%
Number of publicly funded primary care providers reporting out quality indicators	TBD	TBD	50% increase

III. Priority 2 – Behavioral Health

Workgroup

The Behavioral Health workgroup is chaired by Natalie Levkovich, Executive Director of the [Health Federation of Philadelphia](#). The mission of the Health Federation is to improve access to and quality of health care services for underserved and vulnerable individuals and families. Since 1983, The Health Federation has served as a network of the community health centers in Southeastern Pennsylvania, providing a forum for the region’s federally qualified health centers and the Philadelphia Department of Public Health to collaborate and mobilize resources for their shared goals of improving the health of the population by expanding access to high quality care.

The workgroup members are listed in Table 2. They met in person on 11/13/14 and communicated electronically to coordinate and share information about strategy implementation, begin performance and outcomes monitoring, and recruit and identify additional workgroup members. The group plans to meet in-person five times in 2015.

Table 5: Behavioral Health workgroup

Name	Organization	Sector
Natalie Levkovich	Health Federation of Philadelphia	FQHCs
Marquita Williams	Department of Behavioral Health and Intellectual DisAbility Services	Government
Colleen McCauley	Public Citizens for Children and Youth	Advocacy, non-profit
Julie Avalos	Congreso de Latinos Unidos	Social service, non-profit
Rebecca Sax, Orysia Bezpalko	Drexel University	Academia

Goal 1: Increase the availability and use of high quality behavioral health services for all Philadelphians.

Objective 1: Increase awareness of mental illness among the public and use of existing services.

- More than 6,000 people in Philadelphia have been trained in Mental Health First Aid by the Department of Behavioral Health and Intellectual DisAbility Services (DBHIDS)
- A pilot mental health screening kiosk has been implemented in a retail clinic with plans to open 5 more kiosks in Philadelphia. This was sponsored by the Scattergood Foundation and implemented by the QCare Clinic, a retail clinic of Family Practice and Counseling Network (FPCN) operating in a ShopRite supermarket. FPCN is a member of the Health Federation of Philadelphia.
- DBHIDS and the Scattergood Foundation hosted an “I Will Listen Campaign” in Love Park in summer 2014 to highlight how people can help those with mental illness.
- Multiple worksites have received training on mental health stigma reduction through sponsorship from the Scattergood Foundation.

Objective 2: Assess quality of services provided.

- Workgroup began to collect baseline data.

Goal 2: Increase the availability and use of high quality behavioral health services for at-risk children in Philadelphia.

Objective 1: Improve the availability and accessibility of behavioral health services for very young (0-3 years) children in Philadelphia.

- No Year 1 goals, but workgroup began to collect baseline data.

Objective 2: Assure that behavioral health providers are able to meet the maximum wait time for children

- No Year 1 goals, but workgroup began to collect baseline data.

Objective 3: Assess and improve the quality of services provided.

- No Year 1 goals, but workgroup began to collect baseline data.

Objective 4: Increase the knowledge base of mental health among child- and adolescent- serving professionals (e.g., early childhood educators, teachers, counselors).

- No Year 1 goals, but The Health Federation received funding from the Robert Wood Johnson Foundation to expand the Philadelphia ACEs Task Force to promote awareness of the impact of childhood adversity and to develop strategies for prevention and harm reduction through trauma-informed practice. The Task Force will provide training, technical assistance, and tool dissemination to education professionals.

Goal 3: Support behavioral health and primary care integration.

Objective 1: Increase the knowledge, skills and ability of behavioral health and primary care providers to deliver integrated care.

- The Health Federation has engaged 25 clinical provider sites (primary care and HIV care) through training and technical assistance to integrate behavioral health services into medical care. As a result of these efforts, Community Behavioral Health (CBH) has documented increased access to behavioral health services, increased patient engagement, and decreased unit costs of behavioral health care.
- PDPH's Division of Maternal, Child and Family Health has developed a maternal depression training program for clinical providers, which has been recognized as a model by the federal Healthy Start program.

Goal 4: Incorporate knowledge of Adverse Childhood Events (ACEs) and life course perspective into behavioral and physical health clinical practice.

Objective 1: Increase the number of professionals who understand: the impact of trauma, adversity and toxic stress; intergenerational transmission of trauma (i.e., life course perspective); and integration of knowledge into clinical practice.

- The Health Federation received funding from the Robert Wood Johnson Foundation to expand the Philadelphia ACEs Task Force to promote awareness of the impact of childhood adversity and to develop strategies for prevention and harm reduction through trauma-informed practice. The Task Force will provide training, technical assistance, and tool dissemination to health professionals. Other Task Force members include the Children's Hospital of Philadelphia, St. Christopher's Hospital for Children, and the Drexel University School of Public Health.

- The Health Federation will be partnering with Philadelphia’s Healthy Start Program to disseminate training about ACEs and resilience, concepts that are core to the life course perspective.

Goal 5: Reduce or eliminate the restrictions to *financing integrated care*.

- CBH and the Health Federation have developed a payment methodology to support integrated care in FQHCs and are working on methods to support integrated care in other medical settings.
- Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) has enabled behavioral health care to be integrated into the eight largest HIV practices in Philadelphia. Partners include PDPH’s AIDS Activity Coordinating Office and Ambulatory Health Services; Albert Einstein Medical Center; Drexel University; Presbyterian Hospital; Temple University Hospital; Philadelphia FIGHT; the Mazzone Center; and the University of Pennsylvania.

Goal 6: Advocate for *changes in state regulation around credentialing, licensure, documentation and other areas of practice that impede the integration of behavioral health with primary care*.

- Workgroup is assessing current policies in Pennsylvania and best practices across the country. With the expansion of Medicaid and a new State Administration, there may be new opportunities to influence policy reform.

Table 6: Measures of success – Behavioral Health

Measure	Baseline	2014	2018 Target
Increase the percentage of adults with a diagnosed mental health condition who are receiving care	61% (CHDB, 2012)	Data will be available in 2015	75%
Reduce the percentage of teens considering suicide in the past year, 9 th -12 th grade	14.1% (YRBS, 2011)	13.0% (YRBS, 2013)	11%

Table 7: Indicators of progress – Behavioral Health

Indicator	Baseline	2014	2018 Target
Number of individuals trained in Mental Health First Aid	5,000 (DBHIDS, 2014)	6,000	25,000
Percentage of behavioral health practices reporting on quality metrics	TBD	TBD	50%
Percentage of FQHCs who collaborate with behavioral health specialists to provide integrated, team-based care to their patients	~40%	TBD	60%
Percentage of primary care providers reporting awareness of ACEs and participating in CE training to deepen understanding of implications for practice	TBD	TBD	50%

IV. Priority 3 – Healthy Eating and Active Living

Workgroup

The Healthy Eating and Active Living_workgroup is chaired by Charmie Cuthbert of the [American Heart Association](#) (AHA) and Rickie Brawer of the Center for Urban Health at Thomas Jefferson University Hospital. The mission of the AHA is to build healthier lives, free of cardiovascular diseases and stroke. The mission of the [Jefferson Center for Urban Health](#) is to improve the health status of individuals and targeted communities/neighborhoods through a multifaceted initiative, the ARCHES Project, which focuses on six themes: Access and Advocacy; Research, Evaluation and Outcomes Measurement; Community Partnerships and Outreach; Health Education, Screening and Prevention Programs; Education of Health Professions Students and Providers; and Service Delivery Systems Innovation.

The workgroup members are listed in Table 8. They met in person on 11/10/14 and communicated electronically to refine strategies, coordinate and share information about strategy implementation, begin performance and outcomes monitoring, and recruit and identify additional workgroup members.

Table 8: Healthy Eating and Active Living_workgroup

Name	Organization	Sector
Charmie Cuthbert	American Heart Association	Non-profit
Rickie Brawer	Jefferson Center for Urban Health	Academia, Health system
Amanda Wagner	Philadelphia Dept of Public Health	Government
Christine Jacobs	Keystone First	Health insurer
Muna Tefferi	Philadelphia Dept of Public Health	Government
Carolyn Cannuscio	University of Pennsylvania	Academia
Roxanne Dupuis	University of Pennsylvania	Academia
Amy Hillier	University of Pennsylvania	Academia
Catherine Devigne	University of Pennsylvania	Academia
Pat West		Advocate
Sara Solomon	University of Pennsylvania	Academia
Heather Klusaritz	University of Pennsylvania	Academia
John Keith	American Lung Association	Non-profit
Mahak Nayyar	U.S. Dept of Health and Human Services, Region 3	Government
Aimee Smith	Freedom Valley YMCA	Non-profit
Kate Matalaski	American Cancer Society	Non-profit
Lisa Laura	La Salle University	Academia
Nick Claxton	Philadelphia Dept of Public Health	Government
Laura Puzen	Alliance for a Healthier Generation	Non-profit
Jamie Miller	PHMC	Non-profit
Neil Goldfarb	Greater Philadelphia Business Coalition on Health	Non-profit, Business
Katie Monroe	Bicycle Coalition	Non-profit
Alexis Sharpe	Thomas Jefferson University	Academia
Robin Edwards	American Heart Association	Non-profit
Brenda Shelton Dunston	Black Women’s Health Alliance	Non-profit

Goal 1: Increase access to healthy food.

Objective 1: Increase the number of child care and out of school (OST) time programs that adopt best practices in nutrition and eating.

- Mayoral Executive Order 4-14 enacted on June 11, 2014, setting nutrition standards for all foods purchased, served, or prepared by City agencies, including OST programs . Sets targets for calories, sodium, fat, and carbs while also promoting healthier food categories, such as fresh fruits and vegetables, whole grains, low-fat dairy.

Objective 2: Increase the number of businesses, colleges, and universities that implement healthy food policies and programs.

- Fourteen Philadelphia employers are participating in CDC’s National Healthy Worksite Program.
- Approximately 10 regional employers are participating in the Greater Philadelphia Business Coalition on Health’s Diabetes Prevention Learning Collaborative.

Objective 3: Increase the uptake of exclusive breastfeeding among infants 0-3 months of age.

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

Goal 2: Increase physical activity among children and adults.

Objective 1: Improve access to safe spaces so that children and adults will feel safe exercising in their neighborhoods.

- The Trust for Public Land and the City of Philadelphia and completed a *green* renovation of the Hank Gathers Playground in North Philadelphia.
- The City of Philadelphia created 7.5 miles of new trails as part of the *Philadelphia Trail Master Plan*.
- The Philadelphia City Planning Commission began to develop district plans to promote walkability, transit-oriented design, and open space access in Lower Northwest, South, and the River Wards.

Objective 2: Increase physical activity in childcare and Pre-K settings.

- Workgroup is currently identifying stakeholders and funding resources.
- PDPH applied unsuccessfully for a CDC *Partnerships in Community Health* grant that would have supported a citywide effort to implement nutrition and physical activity standards for childcare providers.

Goal 3: Further the integration of nutrition and physical activity promotion with clinical practice.

Objective 1: Increase relevant resources available for providers to disseminate in their clinical practice.

- Mayor’s Food Policy Advisory Council—through its Anti-Hunger subcommittee—is developing an online resource about free/low-cost/emergency food. It will be launched in early 2015.
- St. Christopher’s Hospital for Children is now routinely screening, assessing, and referring patients and families for food insecurity.

- PDPH and the YMCA are planning to offer a subsidized Diabetes Prevention Program opportunity for Medicaid beneficiaries in 2015, which will be promoted via clinical practices and health insurers.

Objective 2: Educate medical, osteopathy, nursing, and physician’s assistant students on integrating prevention and clinical management of chronic disease.

- No explicit year 1 strategies; workgroup is currently identifying stakeholders and initiatives.
- The Greater Philadelphia Coalition Against Hunger and the SHARE Food Program provided education to Jefferson medical students about food insecurity prevalence, community resources, and patient screening.

Goal 4: Improve knowledge of and access to evidence based community resources.

Objective 1: Continue to support the creation and dissemination of information about healthy food outlets.

- Mayor’s Food Policy Advisory Council—through its Anti-Hunger subcommittee—is developing an online resource about free/low-cost/emergency food. It will be launched in early 2015.
- PDPH continues to update its online resource of healthy food retailers and restaurants: <http://foodfitphilly.org/eat-healthy-near-you>.

Objective 2: Continue to support the creation and dissemination of information about existing physical activity programs.

- Workgroup is currently identifying stakeholders and initiatives.
- PDPH recently received a CDC grant to develop a citywide media campaign to promote free and low-cost physical activity resources.

Goal 5: Reduce consumption of sugar sweetened beverages through advocacy for taxes and regulation on sizing for SSBs.

- PDPH and workgroup members followed the push for sugary drinks taxes in Berkeley and San Francisco, CA.

Goal 6: Create and sustain healthy food bonus incentive programs through SNAP and WIC.

- The Food Trust and PDPH operated the fourth year of the Philly Food Bucks Program, redeeming \$78,000 in SNAP bonus incentives in 2014.
- Multiple Philadelphia organizations applied for USDA funding to augment SNAP bonus incentive programs.

Goal 7: Work with childcare licensing agencies to develop and implement official standards related to nutrition and physical activity.

- PDPH applied unsuccessfully for a CDC *Partnerships in Community Health* grant that would have supported a citywide effort to implement nutrition and physical activity standards for childcare providers. Partner organizations are considering other sources of funding.

Table 9: Measures of success – Healthy Eating and Active Living

Measure	Baseline	2014	2018 Target
Reduce the percentage of adults who are obese	31.9% (CHDB, 2012)	Data will be available in 2015	28%
Reduce the percentage of children <18 years old who are obese	20.7% (School District, 09-10)	20.3% (School District, 12-13)	17%

Table 10: Indicators of progress – Healthy Eating and Active Living

Indicator	Baseline	2014	2018 Target
Use of SNAP and SNAP-related incentives at farmers markets	\$117,000 (PDPH, 2013)	\$129,000 (PDPH, 2014)	\$200,000
Number of large businesses that adopt evidence-based nutrition and activity workplace changes	~10 (PDPH, 2013)	24 (PDPH, 2014)	50
Percentage of hospitals with <i>Baby Friendly</i> certification	0 (PDPH, 2013)	0 (PDPH, 2014)	6 (100%)
Number of Pre-K and childcare providers that implement best practices in healthy eating and physical activity	TBD	TBD	30%
Number of clinical providers who integrate evidence-based nutrition and/or physical activity promotion into clinical practice	TBD	TBD	25%