

Community Health Improvement Plan

2014-2018

City of Philadelphia

2016 Annual Implementation & Evaluation Report

January 2017



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 2016 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 Dornslife School of Public Health. Over 160 stakeholders representing a diverse set of organizations and communities contributed to the plan. Ultimately, three priority areas were identified and related goals, objectives, and strategies were developed (Table 1).

In 2015, CHIP workgroups continued to expand membership and review the objectives and strategies to continue the implementation and monitoring of the CHIP. This annual 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.

Additional information about the CHIP, and other public health accreditation-related activities, is available at: <http://www.phila.gov/health/Commissioner/PHA.html>.

Table 1: Philadelphia CHIP Priorities and Goals

Priority 1: Access to Care	
<i>Workgroup chairperson: Carol Rogers, Healthy Philadelphia</i>	
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.
Priority 2: Behavioral Health	
<i>Workgroup chairperson: Natalie Levkovich, Health Federation of Philadelphia</i>	
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	Support behavioral health and primary care integration.
Goal 4	Incorporate knowledge of Adverse Childhood Events and life course perspective into behavioral and physical clinical practice.
Priority 3: Chronic Disease related to Poor Diet and Physical Inactivity	
<i>Workgroup chairpersons: Christina Miller, Health Promotion Council and Sara Solomon, University of Pennsylvania, Center for Public Health Initiatives</i>	
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.

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.

Table 2: Access to Care workgroup

Name	Organization	Sector
Francine Axler	Public Health Management Corporation	Non-profit
Jermaine Bromell	Better Health Network	Non-profit, faith-based
Fred Carey	Sayre Health Care Center	Non-profit, FQHC
Phyllis Cater	Spectrum Health Services	Non-profit, FQHC
Susan Choi	Health Care Improvement Foundation	Non-profit
Yvonne Claudio	PDPH	Government
Suzanne Cohen	Health Federation	Non-profit, FQHCs
Prudence Dalrymple	Drexel University's Institute for Healthcare Informatics	Academia
Patti Deitch	Delaware Valley Community Health	FQHC
Ana V. Diez Roux	Drexel University	Academia
Dana Dwiranti	Greater Philadelphia Health Action	Non-profit
Eric Edy	Coalition of African Communities	Non-profit
Maggie Eisen	Children's Hospital of Philadelphia	Health system
Jill Feldstein	University of Pennsylvania Nursing Collaborative	Health system
David Grande	Healthy Philadelphia, University of Pennsylvania	Non-profit, academia, health system
Maura Heidig	AccessMatters	Non-profit, family planning
Ronald Heigler	Greater Philadelphia Health Action	Non-profit
Alice Jefferson	AETNA	Insurance
Amy Jones	SEAMAAC	Non-profit
Gina Kirk	Public Health Management Corporation	Non-profit

Lisa Kleiner	Public Health Management Corporation	Non-profit
Priscilla Koutsouradis	Delaware Valley Healthcare Council of The Hospital & Healthsystem Association of Pennsylvania	Non-profit
Natalie Levkovich	Health Federation	Non-profit, FQHCs
Marcella Lingham	Quality Community Health Care	Non-profit, FQHC
Rob McKenna	U.S. Health Resources and Services Administration, Region III	Government
Naomi Mirowitz	PDPH	Government
Elhaji Ndiaye	Philadelphia Community Development Corporation	Non-profit
Raphiatou Noubissi	Coalition of African Communities	Non-profit
James Plumb	Jefferson Center for Urban Health	Academia, health system
Lauren Pongan	Pan Asian Senior Services	Non-profit
Susan Post	Esperanza Health Care	Non-profit, FQHC
Ann Ricksecker	Health Federation	Non-profit, FQHCs
Carol Rogers	Healthy Philadelphia	Non-profit, advocacy
David Ruben	Children's Hospital of Philadelphia	Health system
Jihad Seifullah	Working Families	Non-profit
Thomas Storey	PDPH	Government
Donna Torrisi	Family Practice and Counseling Network	FQHC
Walter Tsou	Healthy Philadelphia	Non-profit, advocacy
Anje Van Berckelaer	Health Partners, Healthy Philadelphia	Non-profit, advocacy
Yolanda Watson	Sayre Health Care Center	Non-profit, FQHC
Sulaiman Wood	Mayor's Office of Community Empowerment & Opportunity	Government
Tanya Wynder	Jefferson University	Academia, health system
Vincent Zarro	Drexel University	Academia

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.

- Enrollment in medical assistance has increased by 19% since 2013. There has been a 10.8% increase in medical assistance among Philadelphians between 2015 and 2016. As of November 25, 2016, 161,992 Philadelphians were enrolled in HealthChoices – Pennsylvania’s medical assistance expansion.
- Philadelphia enrollment in medical assistance:

2013	519,800
2014	522,700
2015	550,300
2016	617,400
- In 2016, 55,651 Philadelphians were enrolled in health insurance through the Marketplace, compared to 75,076 Philadelphians enrolled in Marketplace plans at the same time in 2015. The decrease in Marketplace enrollment likely has a number of factors such as the availability of Medicaid expansion beginning January 2015, and job growth resulting in additional workplace insurance availability. In addition, stakeholders reported that many potential Marketplace customers migrated to purchasing insurance through their workplaces as Marketplace plans increased in cost.
- The local coalition of enrollment assisters including Pennsylvania Health Action Network (PHAN), Healthy Philadelphia, PASSI (Pan Asian Senior Services), Cognosante, Better Health Network, Benefits Data Trust, the Health Federation of Philadelphia, Resources for Human Development, Public Health Management Corporation, Benefits Data Trust and others has continued to cooperate and share resources to disseminate culturally sensitive and literacy appropriate information about the availability of health insurance and how to enroll to community leaders, elected officials, and other grassroots leaders, including immigrant leaders.
- The City of Philadelphia along with Benefits Data Trust has established [BenePhilly sites](#) to assist eligible residents to enroll in public benefits, including CHIP, medical assistance and Medicare. The sites are located at community based organizations in zip codes 19140, 19104, 19102, 19130, and 19148.
- Literacy appropriate materials developed by Healthy Philadelphia and PHAN have been widely disseminated to encourage enrollment in Marketplace insurance, especially for immigrants with less than 5 years of citizenship who are low-income, but ineligible for medical assistance. One of the flyers answers questions Community Health Center (CHC) patients may have about why they should enroll in insurance, and tackles a widespread belief among CHC patients that they do not need health insurance. Healthy Philadelphia and PHAN have updated this flyer for Open Enrollment 4 (OE4).
- HealthChoices, Pennsylvania’s new medical assistance expansion program, began on January 1, 2015. A significant need exists to educate the public that medical assistance is available to low income Pennsylvanians – even if they are single adults or are employed.

Many people who have been turned down in the past continue to believe that they are ineligible. In addition, some people who are self-employed or who have not filed taxes have expressed fear about enrollment in this government program.

- Significant work has gone into publicizing the availability of health insurance through both Marketplace and HealthChoices to eligible Philadelphians. This includes educational and enrollment events, a social media project to enlist the support of 50 Philadelphia barbers to educate their clients about the availability of health insurance, and enrollment assistance available in the Philadelphia Gas Works Customer Centers, Free Library of Philadelphia sites, and other non-traditional sites.
- The Benefits Access Group of the Mayor's Office of Community Empowerment and Opportunity is dedicated to increasing access to public benefits for all eligible Philadelphians, including medical assistance, SNAP, and LIHEAP. The group is focusing on the issue of churn which is the attrition rate of persons covered by public benefits even though they are still eligible. The group is working to analyze why eligible Pennsylvanians are having their medical assistance renewals denied, and developing an advocacy strategy to address this lapse in benefits.
- The Healthy Philadelphia West/Southwest Transitions in Care Workgroup has identified a need for work to be done to insure eligible in-patients through the Medicaid expansion, as opposed to Emergency Medical Assistance (lasting only 30 days). Often by the time the person goes for out-patient follow-up care or to have prescription medications filled, s/he is uninsured.

Objective 2: Ensure/increase capacity of primary care providers.

- Belmont Community Health Center, located inside the Belmont Charter School, at 4030 Brown Street, 19104, opened in January 2016, to serve the community after school and on weekends. The Center provides primary care for acute and preventive health care needs including reproductive health care and chronic disease management.
- In 2016, Citylife opened health centers at 1010 W. Lehigh Avenue, 19133, 37 S. 40th Street, 19104, and 4237 Walnut Street, 19104. These health centers serve patients covered by Medicare, except for the 40th Street facility, which serves people covered by Medicare or medical assistance.
- Family Practice and Counseling Network and Action Wellness have collaborated to open a new Federally Qualified Health Center, Annex West Health Center, at 3990 Filbert Street, 19104.
- PDPH received a Health Resources and Services Administration (HRSA) grant to expand services at PDPH Health Center #10 at 2230 Cottman Avenue, 19149. Health Center #10 is the busiest community health center in Philadelphia. This new funding has enabled Health Center #10 to hire new staff, stay open during new evening and weekend clinics, and introduce behavioral care services. This grant also establishes Health Center # 10 as a "New Access Point" and designates Health Center #10 as an FQHC, positioning it and the community to qualify for additional federal funding.
- AFAHO (African Family Health Organization) has collaborated with Drexel University Women's Care Center and Nationalities Services Center to offer routine preventive care

as well as improved services for women who have undergone genital cutting, also known as female circumcision. This initiative, funded by the US Department of Health and Human Services in 13 US cities including Philadelphia, seeks to educate medical providers, identify women at risk for untoward effects of genital cutting, and provide free non-judgmental care for women who have experienced genital cutting. The clinic, located at 1427 Vine Street, operates one day a week and plans to provide care for 250 women each year.

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.

- Belmont Community Health Center, located inside the Belmont Charter School, at 4030 Brown Street, 19140, opened in January 2016, to serve the community after school and on weekends. The Center provides primary care for acute and preventive health care needs including reproductive health care and chronic disease management.
- In 2016, Citylife opened health centers at 1010 W. Lehigh Avenue, 19133, 37 S. 40th Street, 19104, and 4237 Walnut Street, 19104. These health centers serve patients covered by Medicare, except for the 40th Street facility, which serves people covered by Medicare or medical assistance.
- Family Practice and Counseling Network and Action Wellness have collaborated to open a new Federally Qualified Health Center, Annex West Health Center, at 3990 Filbert Street, 19104.
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Objective 2: Ensure availability for underserved populations, particularly undocumented immigrants.

- The Board of Directors of the PDPH health centers monitors any decrease in use of PDPH health centers within immigrant communities. It is important that communities understand that PDPH health centers are places where immigrants, regardless of their immigration status, are welcomed.
- AFAHO has collaborated with Drexel University Women's Care Center and Nationalities Services Center to offer routine preventive care as well as improved services for women who have undergone genital cutting, also known as female circumcision. This initiative, funded by the US Department of Health and Human Services in 13 American cities including Philadelphia, seeks to educate medical providers, identify women at risk for untoward effects of genital cutting, and provide free non-judgmental care for women who have experienced genital cutting. The clinic, located at 1427 Vine Street, operates one day a week and plans to provide care for 250 women each year.

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.

- No Year 3 activity.

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

- Improving Glaucoma Detection and Follow-Up Eye Care
 - Lisa Hark, PhD, RD, Director, Glaucoma Research Center and Department of Research, Wills Eye Hospital, presented to the workgroup in July 2016 about the Wills Eye Community Intervention to Improve Glaucoma Detection and Follow-up Eye Care.
 - Great disparities exist in identification, adequate treatment, and resulting preventable blindness.
 - Wills Eye Hospital recommends that African American, Hispanic, and Asian patients over age 40 should be screened, given their greater incidence of treatable conditions.
 - Questions regarding how to incorporate screening recommendations into primary care were raised during the presentation meeting, since this is not an agreed to primary care guideline according to HEDIS measures.

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

- Healthy Philadelphia's West/Southwest Philadelphia Transitions in Care Workgroup (consisting of representatives from the area's 3 hospitals and 5 CHCs) has developed a "Guide for Hospitalists and Hospital Clinicians: Discharging High Risk Patients Who Get Primary Care at CHCs". This guide establishes a mutually agreed to plan for communications between in-patient and out-patient providers. Since implementing the

guidelines, the Transitions in Care Workgroup members have identified the need for eligible patients to leave in-patient settings with health insurance through HealthChoices, Pennsylvania's medical assistance expansion. The tool will continue to be evaluated.

- The Pennsylvania Department of Human Services (DHS) has launched the North Philadelphia Health Enterprise Zone (HEZ). DHS is partnering with the Department of Education, the City of Philadelphia, area hospitals, and other stakeholders to create the HEZ – a plan to address the health disparities in North Philadelphia. By bringing together government, health care providers, hospitals, philanthropy, and community stakeholders, the goals of the HEZ are to increase access, improve quality, and reduce health disparities for North Philadelphia families. There are nearly 300,000 Medicaid recipients in the North Philadelphia zone. That is 13 percent of Pennsylvania's Medicaid population in a relatively small area. The HEZ will try new and innovative community-based approaches to health care.

Table 3: Measures of success – Access to Care

Measure	Baseline	2014	2015	2016	2018 Target
Reduce the percentage of adults without health insurance	18.5% (CHDB, 2012)	Data will be available in 2015	12.4% (CHDB, 2014-15) 12.6% (U.S. Census Bureau, American Community Survey 1-Year Estimates, 2014)	CHDB data available in 2018 9.7% (U.S. Census Bureau, American Community Survey 1-Year Estimates, 2015)	13%
Reduce the percentage of adults forgoing care due to cost	18.5% in 2012 (CHDB, 2012)	Data will be available in 2015	13.4% (CHDB, 2014-15)	CHDB data available in 2018	13%

Table 4: Indicators of progress – Access to Care

Indicator	Baseline	2014	2015	2016	2018 Target
Number of eligible Philadelphians enrolled in health insurance exchanges	TBD	60,724	75,076	55,651	75,000
Percentage of uninsured with regular source of care (ages 18-64)	65% (CHDB, 2012)	Data will be available in 2015	64% (CHDB, 2014-15)	CHDB data available in 2018	85%
Percentage of adults receiving preventive services and screening				CHDB data available in 2018	
-Colon cancer screening (50-74 years, colonoscopy or sigmoidoscopy in lifetime)	75% (CHDB, 2012)	Data will be available in 2015	72.6% (CHDB, 2014-15)		85%
-Breast cancer screening (50-74 years, women, mammogram in last 2 years)	83% (CHDB, 2012)	Data will be available in 2015	82.5% (CHDB, 2014-15)		90%

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 FQHCs and PDPH 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 5.

Table 5: Behavioral Health workgroup

Name	Organization	Sector
Josephine Barilotti	The Consumer Satisfaction Team, Inc.	Non-profit
June Cairn	Mental Health Association of Southeastern Pennsylvania	Non-profit
Andrew Devos	Community Behavioral Health	Non-profit
Alison Ferguson	Thomas Scattergood Foundation	Non-profit
Kamilah Jackson	Department of Behavioral Health and Intellectual DisAbility Services	Government
Natalie Levkovich	Health Federation of Philadelphia	FQHCs
Colleen McCauley	Public Citizens for Children and Youth	Advocacy, non-profit
Naomi Mirowitz	Philadelphia Department of Public Health	Government
Marquita Williams	Department of Behavioral Health and Intellectual DisAbility Services	Government

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.

- Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) has been hosting a series of Community Resilience Symposia, which highlights a diverse range of prevention and early intervention community based strategies.
- DBHIDS has created an online portal – HealthyMindsPhilly.org – to give consumers and organizations an efficient means of accessing resources, screenings, and community events as well as to promote their own events.
- Over the last year, DBHIDS has participated in approximately 200 community engagement events (e.g., resource fairs, faith-based events) aimed at increasing awareness of services and resources, and to reduce stigma. The collective number of individuals attending these events is estimated at 60,000.

Objective 2: Increase awareness of how to access care.

- DBHIDS has created an online portal – HealthyMindsPhilly.org – to give consumers and organizations an efficient means of accessing resources, screenings, and community events as well as to promote their own events
- Over the last year, DBHIDS has participated in approximately 200 community engagement events (e.g., resource fairs, faith-based events) aimed at increasing awareness of services and resources, and to reduce stigma. The collective number of individuals attending these events is estimated at 60,000.

Objective 3: Increase use of evidence-based practices (EBPs) available to adults in treatment.

- The following information reflects a commitment to the implementation of evidence-based clinical practices and to trauma-informed and trauma-specific treatment: To date:
 - 15 agencies and 185 therapists have been trained in Trauma-Focused Cognitive Behavior Therapy (TFCBT)
 - 5 agencies and 16 therapists have been trained in Child and Family Traumatic Stress Intervention (CFTSI)
 - 10 agencies and 38 therapists have been trained in Prolonged Exposure Therapy (PE)
 - The majority of those trained have implemented delivery of these treatments:
 - 13 agencies and 100 therapists delivering TFCBT
 - 4 agencies and 5 therapists delivering CFTSI
 - 8 agencies and 16 therapists delivering PE
 - While data on the number of adults currently receiving evidence-based treatment is not available, using Medicaid claims data, it is known that 80,822 unique adults ages 18 to 65+ have accessed care, been found to have a mental health diagnosis, and received a billable service.

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

Objective 1: a) Improve the availability and utilization of behavioral health services for very young (0-5 years) children. B) Improve the availability and utilization of behavioral health services for children and youth ages 6-19.

- Citywide population data are not available.
- DBHIDS can only provide information on Medicaid eligible individuals who have presented for care. The data below reflect patient engagement in care as documented through claims data:
 - Children birth to 17 with a mental health diagnosis and paid claims = 33, 840

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

- No Year 3 activity.

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

- No Year 3 activity.

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

- PACTS has trained 14 providers in adverse childhood experiences (ACEs), trauma-informed practice, and trauma treatment. Information about the availability of these services has been disseminated through several large events for community providers.
- DBHIDS has initiated school-based services, which, in addition to services for children and families, includes raising awareness among teachers and other school personnel.
- The Health Federation of Philadelphia, through the Southeast Regional Keys (accredited training for early childhood education providers), has delivered numerous workshops to early childhood care and education providers on the impact of trauma, trauma informed practice, and other related awareness and skill-building workshops.
- The Health Federation, DBHIDS, United Way, Behavioral Health Education and Training Center, and members of the ACE Task Force are working to disseminate information related to trauma, behavioral health, readiness to learn, and healthy development. Audiences include providers of shelter/supportive housing services, out-of-school time programs, early childhood education providers, child welfare workers, primary care providers, and others.

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 38 clinical provider sites (community-based primary care and HIV care) through training and technical assistance to integrate behavioral health services into medical care. More than 45 behavioral health specialists are currently working in primary care settings. Recently, both Children’s Hospital of Philadelphia and University of Pennsylvania family practice and general internal medicine have made commitments to expanding integrated care within their respective networks of practices.

Goal 4: Incorporate knowledge of Adverse Childhood Events 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 Philadelphia ACE Task Force (PATF) has continued to expand. The Health Federation has contracted with the Thomas Scattergood Behavioral Health Foundation to staff coordination and communication related to the operation of the Task Force, which has several sub-committees including education, research, and communications.
 - The education committee is focused on the school system, early childhood service professionals, medical providers, as well as university-based health professions training programs. Recently, as a result of work done by the PATF committee and resources secured by the Health Federation, a university level curriculum has been developed and implemented at Philadelphia University.
 - The research committee is working on publications based on local ACE research (Philadelphia ACE survey) to expand awareness.
 - The communications committee disseminates information about related events, trainings, and resources via ACEs Connection, a web-based virtual community. And, as a result of foundation funding to the Health Federation, the committee is working on a participatory process to develop messaging for specific audiences within the general public about the impact of ACEs.
- Increasingly, Philadelphia is becoming a trauma-informed city with commitments of the part of city leaders, local philanthropies for trauma-informed grantmaking, development of a resource guide, various training initiatives in both traditional and nontraditional settings (e.g., Health Federation recently completed a trauma-informed customer service training for staff of the city Revenue Department). Members of the ACE Task Force made a presentation on trauma-related content to the Board of Medical Examiners with an eye to having this information included in the licensing exam.

- Drexel University’s Healing Hurt People program is now in operation in three urban emergency rooms to intervene with victims of intentional injury and to raise awareness of trauma and trauma-informed protocols among ER personnel.
- United Way has funded training educators, teachers, and parents about the impact of trauma of brain development and trauma-informed care.
- William Penn Foundation funded Health Federation and United Way to provide training to teachers and parents in early childhood settings on ACEs and resilience in the 22nd police district, which has the city’s highest rate of violent crime.

These are illustrative examples of initiatives that support understanding of trauma, adversity, and resilience throughout the services and communities in Philadelphia.

Policy, Advocacy, and Regulatory Strategies

Strategy 1: Promote collaboration among public and private partners to identify and advocate for reforms and strategies (e.g., innovations in licensing, payment, and other regulatory mechanisms) that reduce barriers to integrated health care such as workforce supply, sustainability, information sharing, etc.

- The Behavioral Health Medicaid managed care plan (CBH) and at least one Medicaid medical MCO have been working with providers to implement a population care management strategy to address the needs of complex patients who have co-occurring medical and behavioral chronic conditions.
- Increasingly, primary care providers are developing capacity to provide medication assisted treatment of opioid addiction.
- The Commonwealth of Pennsylvania has enabled several pediatric psychiatry consultation centers, one located in Philadelphia at The Children’s Hospital of Philadelphia, to provide telephonic advice to primary care providers at no cost.

These are examples of innovations at the local level that promote integrated care and address some structural barriers in the system.

Table 6: Measures of success – Behavioral Health

Measure	Baseline	2014	2015	2016	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	65.1% (CHDB, 2014-15)	CHDB data available in 2018	75%

Table 7: Indicators of progress – Behavioral Health

Indicator	Baseline	2014	2015	2016	2018 Target
Number of individuals trained in Mental Health First Aid	5,000 (DBHIDS, 2014)	6,000	11,730	12,000	25,000
Percentage of FQHCs who collaborate with behavioral health specialists to provide integrated, team-based care to their patients	~40%	TBD	83%	83%	60%

IV. Priority 3 – Reducing Chronic Disease Related to Poor Diet and Physical Inactivity

Workgroup

The Reducing Chronic Disease Related to Poor Diet and Physical Inactivity is chaired by Christina Miller of the [Health Promotion Council](#) (HPC) and Sara Solomon of the [University of Pennsylvania’s Center for Public Health Initiatives](#). Health Promotion Council addresses chronic disease prevention and management through direct service, capacity-building, and policy- and systems-change initiatives. The University of Pennsylvania's Center for Public Health Initiatives' mission is to educate and train public health leaders and practitioners, foster multi-disciplinary collaboration, and promote excellence in public health research and community partnerships.

The workgroup represents various organizations including government, community-based organizations, health systems, and academic institutions (see Table 8) and met in person on 3/29/16, 6/15/16, 8/25/16, 10/17/16, and 12/8/16.

Table 8: Reducing Chronic Disease Related to Poor Diet and Physical Inactivity workgroup

Name	Organization	Sector
Cassidy Boulan	Delaware Valley Regional Planning Commission	Regional Planning Agency
Rickie Brawer	Jefferson Center for Urban Health	Academia, health system
Naida Burgos	Asociación Puertorriqueños en Marcha (APM)	Non-profit
Abby Cabrera	Jefferson Center for Urban Health	Academia, health system
Carolyn Cannuscio	University of Pennsylvania	Academia
Amy Carroll-Scott	Drexel University	Academia
Nick Claxton	Philadelphia Department of Public Health	Government
Betyann Creighton	School District of Philadelphia	Government
Noelle Dames	Greater Philadelphia Coalition Against Hunger	Non-profit
Beth Dowshen	School District of Philadelphia	Government
Roxanne Dupuis	University of Pennsylvania	Academia
Marina Fanous	University of Pennsylvania	Academia
Jennifer Fassbender	American Diabetes Association	Non-profit
Tatiana Garcia-Granados	Common Market Philadelphia	Distributor
Neil Goldfarb	Greater Philadelphia Business Coalition on Health	Non-profit, Business
Steven Gregg	SquashSmarts	Non-profit
Deborah Hetrick	Aramark Healthcare	Business
Christine Jacobs	AmeriHealth Caritas	Health Insurer

Marisa Jones	Safe Routes to School National Partnership	Non-profit
John Keith	American Lung Association	Non-profit
Jonathan Kirch	American Heart Association	Non-profit
Bill La Salle	Thomas Jefferson University, Aramark	Academia, Business
Nikki Lee	Philadelphia Department of Public Health	Government
Jennifer Litchman	American Heart Association	Non-profit
Elizabeth Massas	The Salvation Army: Kroc Center	Non-profit
Sharon McCray	Access Matters	Non-profit
Kelli McIntyre	Philadelphia Department of Public Health	Government
Katie Meister	Public Health Management Corporation	Non-profit
Christina Miller	Public Health Management Corporation, Health Promotion Council	Non-profit
Grif Miller	U.S. Public Health Service	Government
Jamie Miller	Public Health Management Corporation	Non-profit
Naomi Mirowitz	Philadelphia Department of Public Health	Government
Marjie Mogul	Maternity Care Coalition	Non-profit
Katie Monroe	Bicycle Coalition	Non-profit
Waffiyyah Murray	Bicycle Coalition	Non-profit
Mahak Nayyar	U.S. Dept of Health and Human Services, Region 3	Government
Lauren Nocito	Public Health Management Corporation	Non-profit
Theresa O'Brien	Thomas Jefferson University Hospital	Health system
Lauren Puzen	Healthier Generation	Non-profit
Roberta Ross	Family Planning Council	Non-profit
Tanya Sen	Greater Philadelphia Coalition Against Hunger	Non-profit
Brenda Shelton-Dunston	Black Women's Health Alliance	Non-profit
Sarah Shrimplin	U.S. Dept of Health and Human Services, Region 3	Government
Rob Simmons	Thomas Jefferson University	Academia
Aimee Smith	Freedom Valley YMCA	Non-profit

Sara Solomon	University of Pennsylvania's Center for Public Health Initiatives	Academia
Muna Tefferi	Philadelphia Department of Public Health	Government
Senbagum Virudachalam	Children's Hospital of Philadelphia	Health system
Amanda Wagner	Philadelphia Department of Public Health	Government
Yoshiko Yamasaki	Norris Square Community Alliance	Non-profit

In 2016 the CHIP workgroup refined the CHIP's goals and objectives and prioritized strategies through survey-based feedback and input at CHIP meetings. During this process, the workgroup ascertained what members are doing to meet goals. Various speakers presented on their organizations' activities and initiatives to the workgroup. Speakers included representatives from the Philadelphia Department of Parks and Recreation, Asociación Puertorriqueños en Marcha, Bicycle Coalition of Greater Philadelphia, Pennsylvania Chapter of the American Academy of Pediatrics, Health Care Improvement Foundation, and Penn Center for Public Health Initiatives.

In 2017 the workgroup plans to divide the workgroup into two subgroups: 1) nutrition and 2) physical activity. Each of these groups will be responsible for implementing action items to work towards achieving the goals outlined in the CHIP.

Goal 1: Increase access to healthy food.

Objective 1: Increase the number of businesses and academic institutions that implement healthy food policies and programs.

- 12 hospitals have signed the [Good Food, Healthy Hospitals pledge](#) and 2 additional hospitals have expressed interest in the program.
- HPC examined existing food procurement contracts among food service providers to develop strategies to improve the nutritional value of food served.
- Greater Philadelphia Coalition Against Hunger operates "Green Light Pantries" which provides only highly nutritious foods to their food insecure clients.
- Maternity Care Coalition (MCC) expanded their food buying club and other produce distribution models to food retailers in low-income communities by conducting a feasibility assessment of a food-buying club in one of their Early Head Start sites.
- Thomas Jefferson University Hospital has developed, expanded, and sustained healthy food bonus incentive programs and examined existing food procurement contracts among food service providers to develop strategies to improve the nutritional value of food served.

- Bicycle Coalition of Greater Philadelphia (bicyclecoalition.org) leads a national task force called the Safe Routes to Healthy Food task force, which develops recommendations to overcome the transportation barriers to accessing nutritious foods.
- APM continues its food buying club pooling financial resources within the community allowing residents to purchase healthy foods direct from the distributor thus reducing the cost.

Objective 2: Increase the number of child care and out of school time (OST) programs that adopt best practices in nutrition and eating.

- HPC and PDPH provided training and technical assistance for OST and Philadelphia Parks & Recreation sites around nutrition guidelines.
- HPC, the Food Trust, Albert Einstein Medical Center, Drexel University, Agatston Urban Nutrition Initiative, and the School District of Philadelphia provided nutrition education through SNAP-Ed at a variety of sites throughout Philadelphia.
- PDPH begun working with the Mayor’s Office of Education to adapt nutrition standards to include early childhood education settings and to discuss strategies for implementation in city-funded programs.

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

- PDPH Healthy Start staff with the PDPH Ambulatory Health Services Health Center #5 staff and the Drexel University/Hahnemann Hospital midwives launched CenteringPregnancy at Health Center #5 on 7/18/16. The CenteringPregnancy Steering Committee meets regularly to discuss expected and ongoing challenges including recruitment and retention, scheduling, and prenatal care workflows. Anecdotal reports from the CenteringPregnancy co-facilitators have noted that peer support has impacted cigarette smoking and breastfeeding behaviors.
- MCC has lead the multi-hospital breastfeeding task force and provided technical assistance for employer compliance for the breastfeeding law.
- Three of the six Philadelphia delivery hospitals have now achieved the BabyFriendly designation. Two birth hospitals continue to work towards the BabyFriendly designation and one birth hospital is aiming to earn the PA Department of Health Keystone Ten Initiative designation. The Children’s Hospital of Philadelphia, which delivers infants with complex congenital anomalies, has received the PA Department of Health Keystone Ten Initiative designation.

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.

- Delaware Valley Regional Planning Commission and the Safe Routes to School National Partnership are expanding Safe Routes to School and other similar programs that promote biking and walking as fun and healthy forms of transportation in Philadelphia elementary schools.

- PDPH, APM, Philadelphia Managing Director's Office of Transportation and Infrastructure Systems, Philadelphia Water Department, and Philadelphia City Planning Commission, are working to implement a project to assess and improve neighborhood walkability in Eastern North Philadelphia.
- Organizations such as the Philadelphia Parks and Recreation, the Fairmount Park Conservancy, GirlTrek, Indego Bike Share, and PDPH are partnering to help connect Philadelphians with existing green spaces and physical activity.
- The Bicycle Coalition of Greater Philadelphia offers lessons to adults who are returning or who are new to riding lessons on safely riding to increase health and wellness.
- [Philly Powered](#), launched in Fall 2015, is a campaign designed to promote everyday physical activity particularly among adult men and women who are seeking to live healthier lives. The campaign, led by PDPH Get Healthy Philly, is supported by over 50 partners such as the Philadelphia Parks and Recreation Department, AHA, Latinas in Motion, The Food Trust, Bicycle Coalition of Greater Philadelphia, Black Men Run/Philadelphia, and several academic institutions and health care systems. The website provides inspirational videos as well as ideas to find free and low-cost ways to get fit nearby.

Objective 2: Increase the number of child care and out of school time programs that adopt best practices in physical activity.

- PDPH and Philadelphia Parks & Recreation continued to provide training and technical assistance for Philadelphia Parks & Recreation OST sites around physical activity guidelines.

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.

- The eight hospital systems are participating in the collaboration to leverage the Community Benefit process in Philadelphia facilitated by the Health Care Improvement Foundation have decided to jointly focus on chronic disease prevention and to begin by working toward food insecurity screening and referral at all sites. PDPH is an active participant in this process.
- Maternity Care Coalition developed/adapted and integrated nutrition and motivational interviewing modules into health professionals' curricula. They also incorporate physical activity components across their community sites.
- At the national level, which will influence the local level, the American Diabetes Association is supporting initiatives with the American College of Sports Medicine's Exercise in Medicine to create a type 2 diabetes resource to be used in primary care to help educate patients in being more physically active with diabetes.

- The Pennsylvania Chapter of the American Academy of Pediatrics makes resources available through a listserv and offers clinical practices professional development opportunities on various topics including childhood obesity.

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

- Thomas Jefferson University Hospital is building a new medical school curricula that will incorporate social determinants of health including nutrition and physical activity. Nutrition and physical activity are also integrated into pharmacy, nursing, and other health professional education at Jefferson.

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 and existing physical activity programs.

- The Food Policy Advisory Council—through its Anti-Hunger subcommittee—developed [Philly Food Finder](#), a food resources toolkit that provides consolidated information on how to get affordable, healthy food in Philadelphia. Guides will be distributed to clinical practices to promote the resource.
 - The Anti-Hunger subcommittee continues to partner with local organizations such as the Greater Philadelphia Coalition Against Hunger and PDPH to ensure that listed information is up to date.
- [Philly Powered](#), launched in Fall 2015, is a campaign designed to promote everyday physical activity particularly among adult men and women who are seeking to live healthier lives. The campaign, led by PDPH Get Healthy Philly, is supported by over 50 partners such as the Philadelphia Parks and Recreation Department, AHA, Latinas in Motion, The Food Trust, Bicycle Coalition of Greater Philadelphia, Black Men Run/Philadelphia, and several academic institutions and health care systems. The website provides inspirational videos as well as ideas to find free and low-cost ways to get fit nearby.
- [Philabundance](#) partners with the [USDA National Hunger Hotline](#) and [WhyHunger](#) to connect the public to resources near them.

Table 9: Measures of success – Reducing Chronic Disease Related to Poor Diet and Physical Inactivity

Measure	Baseline	2014	2015	2016	2018 Target
Reduce the percentage of adults who are obese	31.9% (CHDB, 2012)	Data will be available in 2015	33.3% (CHDB, 2014-15)	CHDB data available in 2018	28%
Reduce the percentage of children <18 years old who are obese	20.7% (School District, 2009-10)	20.3% (School District, 2012-13)	TBD	20.2% (School District, 2014)	17%

Table 10: Indicators of progress – Reducing Chronic Disease Related to Poor Diet and Physical Inactivity

Indicator	Baseline	2014	2015	2016	2018 Target
Number of institutions including nutrition standards in food contracts	0 (PDPH, 2013)	1 (PDPH, 2014)	7 (PDPH, 2015)	7 (PDPH, 2016)	14
Number of schools participating in safe routes to school encouragement activities	8 (OTIS, 2013)	19 (OTIS, 2014)	19 (OTIS, 2015)	33 (OTIS, 2016)	
Use of SNAP and SNAP-related incentives at farmers markets	\$117,000 (PDPH, 2013)	\$129,000 (PDPH, 2014)	\$98,226 (PDPH, 2015)	\$83,576 (PDPH/TFT, 2016)	\$200,000
Number of large businesses that adopt evidence-based nutrition and activity-related workplace changes	~10 (PDPH, 2013)	24 (PDPH, 2014)	29 (PDPH, 2015)	36 (PDPH, 2016)	50
Number of Indego bike share rides by cash and Access Passholders (*Indego launched in April 2015)	N/A	N/A	16,351 (Member and ridership data from Indego Reports to OTIS)	46,101 (Bicycle Transit, 2016)	30,000