

Strategic Plan: 2018-2021

2018 Annual Progress Report

Philadelphia Department of  
Public Health

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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. In December 2017, PDPH issued its second Strategic Plan that describes priorities, goals, and objectives for PDPH to achieve by 2021. The five priority areas are: infectious disease control, physical environment, health behaviors, social determinants, and clinical care. The programmatic, administrative, and cross-cutting goals and objectives listed in the Plan reflect new activities that will increase PDPH's capability to address a variety of health issues. This annual report provides a summary of our progress in achieving the Strategic Plan's goals and objectives.

## II. Strategic Priority – Infectious Disease Control

**Goal: Prevent mortality and severe morbidity from infectious diseases**

### Key measures

	<b>Strategic Plan December 2017</b>	<b>Update Report January 2019</b>	<b>Target</b>
Annual influenza immunization coverage rate for children (6 months to 18 years of age) <sup>1</sup>	33%	36%	53%
PDPH participation in emergency response drills <sup>1</sup>	65%	75%	80%
Individuals with chronic hepatitis C virus (HCV)- infection who are successfully treated <sup>1</sup>	13%	19%	30%

<sup>1</sup>PDPH, Division of Disease Control

### Objectives

1. Decrease **influenza** transmission in Philadelphia by working with Vaccines for Children providers to increase annual influenza immunization coverage rates for children (6 months to 18 years of age) in their care from 33% to 53%.
  - Additional flu messaging was sent to Vaccines for Children (VFC) and Vaccines for Adults at Risk (VFAAR) providers in January and February of 2018. This completed the goal of sending 4 messages reminding providers of the importance of continuing to vaccinate.
  - A provider survey regarding flu and how it affects practices was sent to more than 200 providers in March. Of the 200 providers, 188 of those surveyed were VFC providers who work with children. Analysis was completed and information was used to develop communications work for Fall 2018.
  - Provider toolkit was created that includes: flu vaccine posters, guidance on running high-throughput flu vaccine clinics, and how to institute medical standing orders and practices. Toolkit was launched in September 2018 and all VFC and VFAAR providers were alerted to its existence via several tailored messages. While most of the resources in the toolkit were general and can be applied to any setting, a few items were targeted to children (e.g., poster, comic, and graphic novel).
  - A media campaign regarding flu vaccine was created and launched on mainly social media platforms in October 2018. PDPH reached more than 85,000 adults 18+ with over 1,000 clicking on the ads to learn more. The ads ran through mid-December 2018 and PDPH has tracked views for these resources by the public. The focus of the message was to protect oneself and those around you with the intent that it would resonate with parents to get both themselves and their children vaccinated.

2. Improve **emergency preparedness** by increasing Department-wide participation in emergency response drills from 65% to 80%, training 300 staff in a preparedness curriculum, and providing specialized trainings to a dedicated, cross-agency, 40-person Response Team.
  - The September 2018 PDPH-wide 24-hour call down response rate was 79%, the highest response rate ever. PDPH has now achieved the 75% benchmark for two consecutive call-downs. A new program of “Preparedness Champions” has been implemented across PDPH to sustain the 24-hour response rate and improve the one-hour response rate.
  - 178 PDPH staff have completed the PDPH and Public Health Emergencies online course on the City of Philadelphia Learning Management System.
  - 8 trainings for the 40-person cross-program Response Team occurred in 2018.
  
3. Increase the proportion of reported individuals with chronic **hepatitis C** virus (HCV)-infection who are successfully treated from 13% to 30%.
  - Between October 2016 and December 2018, the PDPH collaboration to eliminate HCV among people living with HIV (PLWH) conducted 17 site visits to HIV providers, assisted in increasing reflex testing of HCV RNA at 7 sites, and coordinated training of providers to treat for HCV among PLWH to a total of 18 sites.
  - Over 50% of PLWH and HCV in Philadelphia had been treated for their HCV infection, as of Summer 2018.
  - A PDPH collaboration with several medication assisted treatment sites and the local coalition, HepCAP, has enrolled over 600 people who use drugs. These high-risk individuals are tested, linked to care, and assisted in navigating through treatment.
  - A new collaborative with two Federally Qualified Health Center networks launched in Fall 2018 is building capacity to track patients internally and treat HCV within the network to improve outcomes amongst high-risk and high-burden populations.

### III. Strategic Priority – Physical Environment

**Goal: Reduce the health threats in Philadelphia’s physical environment that have the largest adverse impact on mortality and morbidity**

#### Key measures

	<b>Strategic Plan December 2017</b>	<b>Update Report January 2019</b>	<b>Target</b>
Average annual ozone levels <sup>1</sup>	80 ppb	76 ppb	70 ppb
Average annual fine-particle pollution (PM2.5) levels <sup>1</sup>	9.2 µg/m <sup>3</sup>	9.1 µg/m <sup>3</sup>	10 µg/m <sup>3</sup>
Annual emergency department visits for childhood asthma <sup>2</sup>	6,709	7,990	4,000
Number of children exposed to lead (with blood lead levels above 5 µ/dL) <sup>3</sup>	1,580	1,623	1,200

<sup>1</sup>PDPH, Air Management Services; <sup>2</sup>PDPH Division of Disease Control; <sup>3</sup>PA-NEDSS

#### Objectives

1. Establish the **Philadelphia Air Quality Survey (PAQS)** project – an extensive, routine monitoring of **air pollution** at the neighborhood level through at least 50 sensors - and produce at least one report of 12 months of continuous measurements.
  - Field operations started in May 2018. To date, nine sampling sessions have been completed.
  - The 2-week average PM2.5 values vary in different sessions and different areas of the City, approximately as high as 18 µg/m<sup>3</sup> (Center City, 8/13 - 8/26) and as low as 4 µg/m<sup>3</sup> (NW and NE Philly, 10/20 - 11/2). In general, Center City and parts of Southwest Philly saw higher concentrations, while Far Northeast and Far Northwest (Roxborough) areas consistently had lower concentrations.
  - Based on the first 5 sessions' data (late Spring and Summer 2018), a smoothed map was created to illustrate the 5-session average PM<sub>2.5</sub> concentrations throughout the City.
  - Will create a smoothed seasonal map to demonstrate the average Fall season (September - November) PM<sub>2.5</sub> concentrations. All 50 sites have been covered in the Fall season.
2. **Reduce air pollution** in Philadelphia, including reducing levels of ozone to 70 ppb for 2020 and reducing average annual fine particle pollution (PM<sub>2.5</sub>) levels to 10 µ/m<sup>3</sup> for 2018-2020.
  - Promulgated dust control regulation that will reduce particulate matter.
  - In the process to phase-out heavy fuel oils (#4, #5, and #6 fuel oils) to reduce ozone and PM<sub>2.5</sub>.
  - Submitted the 2008 ozone Reasonably Available Control Technology State Implementation Plan (RACT SIP). AMS also finalized and submitted the 2008 ozone Control Techniques Guidelines RACT certification SIP.

3. Reduce **childhood asthma** hospital emergency department visits from 6,000 to 4,000 per year through expanded home-based interventions to reduce asthma triggers.
  - Partnered with nonprofit to develop community health worker program to deliver home-based asthma services to children with persistent asthma.
  - Partnered with Medicaid Managed Care Organizations to create reimbursement mechanism for community health worker home visits to ensure program sustainability.
  - In the process of hiring contractor(s) to provide Integrated Pest Management services to families with pest problems and a child with persistent asthma to reduce triggers in home.
  
4. Reduce the number of **children exposed to lead** (with blood lead levels above 5  $\mu$ /dL) from 1,580 in 2016 to 1,200 in 2020 through education and enforcement of laws on rental housing.
  - To enforce the landlord certification requirement, 5,316 letters were mailed and 2,491 code violation notices were issued.
  - The door-to-door outreach program to educate families about the dangers of lead poisoning has been expanded to include West Philadelphia.
  - An additional 25 homes with significant lead hazards have been remediated.
  - A media campaign to increase screening was conducted during the summer months. Advertisements included placed on SEPTA buses.
  - Targeted outreach was conducted with medical providers to communicate their current screening rates and the need to increase screening of children at ages 1 and 2.

## IV. Strategic Priority – Health Behaviors

**Goal: Reduce behaviors that put Philadelphians at risk for leading causes of death and disease**

### Key measures

	<b>Strategic Plan December 2017</b>	<b>Update Report January 2019</b>	<b>Target</b>
Adult smoking prevalence <sup>1</sup>	22%	23%	18%
Child obesity (ages 5-18) <sup>2</sup>	20.6%	21.9%	18.5%
Annual drug overdose deaths <sup>3</sup>	1,217	~1,100	1,000
Annual number of cases of syphilis <sup>4</sup>	428	459	390

<sup>1</sup>PA BRFSS; <sup>2</sup>School District of Philadelphia; <sup>3</sup>PDPH, Medical Examiner's Office; <sup>4</sup>PDPH, Division of Disease Control

### Objectives

1. Reduce **smoking** prevalence from 22% to 18% through policies that limit marketing, expanded smoke-free spaces, and consumer directed messages.
  - Updated data on the City's current smoking prevalence is currently unavailable; however, there has been progress on developing a robust annual source for that data. PDPH Chronic Disease Prevention (CDP) has used funding from the Partnership for Healthy Cities grant to pay for the first year of an enriched sample of the state BRFSS and expect to get the first set of data in early spring of 2019 and annually thereafter.
  - Based on regulations by the Board of Health limiting the number of tobacco retail permits issued, the number of tobacco retailers has fallen from 3,401 in 2016 to 2,747 in 2018. City Council recently voted down a bill that would have rolled back tobacco retail regulations thanks to vigorous community opposition.
  - City Council passed a law banning smoking in bus shelters in spring 2018, and CDP is currently finalizing signage implementation.
  - Through additional funding, CDP is able to run tobacco mass media campaigns funded at over \$500,000 per year to convey effective anti-tobacco messages to consumers.
2. Stop the increase in adult **obesity** and decrease obesity among public school children age 5-18 from 20.6% in 2014-2015 to 18.5% in 2019-2020 through policy and programs that will increase the availability and affordability of healthy food and water, decrease the marketing of unhealthy food and its prominence in institutional and retail settings, and integrate physical activity into the daily life of City residents.
  - The School District of Philadelphia (SDP) data shows an increase in obesity from 20.2% in 2014/15 to 20.4% in 2015/16 (corrected) to 21.9% in 2016/17. Increases occurred in all age, gender, and race/ethnicity groups. CDP has met with officials of the School District to discuss these results, the risk of future chronic conditions that they represent, and strategies to improve.
  - CDP has worked with early childhood education centers to expand awareness and implementation of the Board of Health resolution on screen time, physical activity, and juice consumption for young children. CDP is continuing to work with the SDP,



community schools, and Department of Parks and Recreation to increase physical activity and water access during the school day and during out of school time through improved implementation of the SDP wellness policy and improved access to hydration stations. CDP continues to implement Philadelphia nutrition standards for all City departments that serve, sell, or otherwise provide food and to adapt those standards for voluntary adoption by 17 hospitals in the Good Food, Healthy Hospital initiative.

- CDP completed the final phase of a mass media campaign promoting physical activity for adults and families, including community-based promotional programming at pools and local parks. CDP is currently developing and planning to field a mass media campaign raising awareness of the link between sugary snacks and diabetes for children.
3. Reduce annual **drug overdose** deaths from 1,200 (projected) in 2017 to 1,000 in 2020 by reducing opioid prescribing, increasing treatment for opioid use disorder, and increasing naloxone use.
    - Distributed practice guidelines for judicious opioid prescribing to over 20,000 health care professionals in the greater Philadelphia area.
    - Worked with State of Pennsylvania to establish routine standards that require prior authorization by health plans to reimburse for opioid prescriptions above certain limits.
    - Continued to increase access to medication-assisted treatment for opioid use disorder through the health centers and by supporting community programs.
    - Trained over 1,000 people in overdose recognition and naloxone (Narcan) use and distributed more than 25,000 doses of naloxone in CY 2018.
  4. Stop the rapid increase in infectious **syphilis**, reducing incidence from 430 cases in 2016 to fewer than 390 cases in 2020 through innovative targeting of affected populations, including through social media outreach and structural interventions with health care providers.
    - A Health Alert on Congenital Syphilis Prevention was disseminated in late October 2018.
    - The first part of Pride 101 surveys have been completed. Demographics of participants were different than the syphilis case patients.
    - At Pride on June 10, 2018 PDPH distributed 31,000 male condoms (including non-latex), 300 female condoms, and 150 dental dams.
    - A letter was sent to health care providers who see large numbers of men who sex with men, recommending consideration of antibiotic prophylaxis for syphilis in men at particularly high risk.
  5. Decrease **HIV** diagnoses from 540 in 2015 to 315 in 2020 by increasing viral suppression among people living with HIV and increasing access to HIV pre-exposure prophylaxis for those at risk of exposure to HIV.
    - Viral suppression among patients seen in PDPH-funded HIV medical programs increased to 85.0% of 11,808 patients seen in CY 2017. In 2018, a new performance measure, Retention of Unsuppressed Patients, was implemented to focus outreach and retention efforts on patients who are not virally suppressed.

- To increase access to HIV pre-exposure prophylaxis (PrEP), in 2018 PDPH conducted 20 technical assistance visits at community clinical settings and engaged 356 clinical staff to build capacity for PrEP provision in Philadelphia.
- PDPH maintains and distributes a referral list with 31 PrEP providers, 5 of which have PDPH-funded PrEP navigation programs. PDPH monitors the referral list to ensure that patients can access quality PrEP services at listed sites.
- Progress to this objective will be more difficult due to the impact of the opioid epidemic. An outbreak of new HIV infections was detected among people who inject drugs in the fall of 2018.

## V. Strategic Priority – Clinical Care

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

### Key measure

	<b>Strategic Plan December 2017</b>	<b>Update Report January 2019</b>	<b>Target</b>
Percentage of patients seen in PDPH health centers with controlled hypertension <sup>1</sup>	60%	67%	70%

<sup>1</sup>PDPH, Ambulatory Health Services

### Objectives

1. Monitor and report on **access to primary care** among Philadelphians city-wide, and partner with health plans, systems, and community health centers as a part of their community health needs assessments and planning activities to direct primary care services to neighborhoods and sub-populations with inadequate access.
  - PDPH developed and released the first-ever “Staying Healthy: Access to Primary Care in Philadelphia” report in October 2018. The report includes data on availability of primary care physicians, health insurance coverage and use of primary care services across the City.
  - An update of key indicators included in the report will be released in 2019. Further updates will be planned based on availability of data.
2. Complete certification of all eight health centers as **Patient Centered Medical Homes (PCMH)**.
  - The National Committee for Quality Assurance (NCQA) application has been initiated.
  - Staff training has been planned and/or completed.
  - Care Management activities have been initiated and/or strengthened.
  - Documentation for submission has been drafted and/or finalized.
3. Increase the percent of patients seen in PDPH health centers with **hypertension** whose blood pressure is controlled from 60-65% to 70%.
  - Continuous quality improvement (CQI) – the hypertension indicator is tracked on a quarterly basis.
  - PDPH provided feedback to Adult Medicine CQI and PCMH Steering Committee on Care Management activities and outcomes for blood pressure control.
  - Trained registered nurses in blood pressure measurement in July 2018.

## **VI. Strategic Priority – Social Determinants**

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

### **Objectives**

1. Establish a centralized intake system for infant and toddler **home visiting programs** and increase the number of high-risk infants and toddlers who have received at least one home visit by 50%.
  - A steering committee representing the participating home visiting agencies has met 4 times and is drafting the decision tree that will be used to assign families to programs.
  - The selection of the software vendor to build the centralized intake system will be finalized by the end of 2018, with development of the data system to beginning in early 2019.
  - A community advisory board has been convened to guide the steering committee in the development of the centralized intake system.
  
2. Implement *A Running Start – Health*, a community-based, city-wide **plan to improve the health of young children**, and assess its success through process and outcome measures.
  - A campaign targeting pediatric providers to recommend standardized developmental screening tools to 1) identify children with developmental delays and/or autism and 2) increase referrals to early intervention services is in development and will be launched in early 2019.
  - PDPH began coordinating the distribution of health education materials to organizations that serve families with young children in February 2018.
  - Convened experts on maternal mental health and substance use issues in November and December 2018 to help better identify this population and connect them to services. Developed a set of recommendations to present to the *Running Start – Health* steering committee.
  - PDPH facilitates recurring “Neighborhood Resources Group” for community-based organizations serving families with young children in the 19133 and 19140 zip codes to improve referrals and connections between organizations.
  - Launched *Baby Book Club* in October 2018, which will provide books and other early reading materials to parents of every newborn in Philadelphia.

## **VII. Administrative and Cross-Cutting Objectives**

### **Epidemiology and Information Management**

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

#### **Objectives**

1. Establish routine **surveillance for health conditions and behaviors using electronic health record data** from a large and representative sample of health care facilities.
  - In partnership with Health Federation of Philadelphia PDPH established an annual report of prevalence of key chronic conditions and health behaviors from all of the community health centers throughout the City using their integrated population health tool that is connected to all community health centers electronic health records.
  - Starting in June 2018, PDPH piloted a special project on opioids with Health Share Exchange using real time emergency department data to monitor drug overdoses.
2. Establish routine **surveillance for risk behaviors using online surveys**.
  - PDPH completed the 6<sup>th</sup> phase of the online health survey using an online survey panel.
  - After review of online survey data and concerns about potential bias, PDPH instead will be using telephone surveys for behavioral surveillance. PDPH set up an extended oversample of Philadelphia county as a part of the PA Department of Health Behavioral Risk Factor Surveillance System. An additional 800 interviews will be conducted.
3. Develop **an annual report on children's health** in Philadelphia.
  - The children's health report will be developed in 2019.
  - In preparation for the report PDPH collected new data on child development, early learning, and maternal risk factors from various data sources including OCDEL, Philly PRAMS study, School District of Philadelphia, and the community health centers.
4. Improve **data sharing and linking** among health department divisions and with other departments to better inform policies, provide services, and evaluate programs.
  - PDPH continues to improve our data sharing capabilities. In 2018, MOUs were signed with all City HIPAA covered components as a legal mechanism for sharing data.
  - In December 2018, PDPH led a special touch point analysis of shooting victims and perpetrators across all health and human service departments using the CARES integrated data warehouse.
5. Working across programmatic and administrative units, replace paper-based information processes with **electronic processes** to reduce demands on staff time and improve the quality of these processes and their outcomes.
  - PDPH Performance Management Unit is working with Health Fiscal and the Public Health Laboratory Division to develop an improved system for invoice processing. That work is ongoing and will likely be implemented in early 2019.

- Health Information Technology has interviewed several Associate Software Engineers and is interviewing finalists in November 2018. The goal will be to hire a software engineer who can help PDPH develop or acquire electronic systems to replace paper-based systems.
6. Develop and implement an **electronic staff time tracking** system.
    - The City of Philadelphia’s Office of Human Resources is in the process of implementing a OnePhilly system, which will improve payroll entry for the Health Human Resources Office staff.
    - Future phases of the OnePhilly project will include rollout of computer workstation self-entry for employee payroll data. This system is already used for staff employed via some contract agencies. The future phase may also include a badge swipe time tracking system at some worksites.

### **Workforce Development**

**Goal: Improve the capabilities of the existing departmental workforce and recruit capable employees**

#### **Objectives**

1. Identify critical and hard-to-fill positions and develop strategies for **recruitment** and succession planning.
  - PDPH Human Resources Office is developing a procedure to determine which positions are considered critical and hard to fill.
2. Strengthen and better coordinate **internship programs** across the Department to identify and recruit highly-qualified future employees.
  - Policies and procedures have been developed regarding the notification process and structure of PDPH interns (paid and unpaid/volunteer).
  - A new paid internship program has been developed and will begin in the summer of 2019.
3. Expand opportunities for **training** of existing staff in public health fundamentals, use of software for information management, and use of data for decision-making.
  - In 2018, PDPH added several online training opportunities on the City of Philadelphia Learning Management System including training focused on cultural competency, opioid education, public health emergencies, and quality improvement. Existing trainings such as the PDPH Confidentiality Training was revised.
  - PDPH is developing a use of data for decision-making training with Drexel University Dornsife School of Public Health.

## Communications

**Goal: Communicate about public health issues and strategies more widely and more effectively**

### Objectives

1. Work with the City's Office of Open Data and Digital Transformation to re-create the Health Department's **website**, including a complete rethinking of content organization and presentation to provide easier access to sought-after and important health information.
  - All website content was reviewed, rewritten, and approved internally and externally.
  - All website content was reorganized. The result was a brand new information architecture designed to be user-centered.
  - The PDPH homepage within the City's new website launched on November 19, 2018. The URL is [www.phila.gov/health](http://www.phila.gov/health).
  
2. Develop an end-to-end **branding strategy** for the Health Department that presents a common visual presence that is easily recognized and remembered and embodies the mission of the department.
  - The PDPH branding strategy was developed to align with city-wide standards.
  - Both the branding strategy and quick reference guide was presented to all PDPH directors and communications staff.
  - An accessible archive of guidelines and branding resources is available for all staff to reference on the Health Employee Resources Hub.
  
3. Develop a structure for improving **internal communications** throughout the department to facilitate greater coordination of effort and pride in employees in the work that we do.
  - The Intranet was rebranded as the Health Employee Resources Hub. It underwent updates based on user experience and feedback to help streamline access to pertinent information such as operational policies and procedures, training opportunities, and human resources policies.
  - Promotional materials informing staff about the resources available on the Health Employee Resources will launch in early 2019.
  - Outreach contacts within each division were identified.
  - The Health Commissioner continues to add content to a regular blog that highlights examples of successes and stories within the department.

## Financial Sustainability

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

### Objectives

1. Strengthen systems to **better track revenue and expenditures** to enable more efficient and effective use of funding
  - PDPH Fiscal Unit continues to submit monthly financial reports to all divisions.
  - PDPH Fiscal Unit encourages divisions to discuss alternatives and provide feedback.
2. Systematically identify strategies to **increase funding for high-impact programs** that are under-funded or that face declining funding.
  - PDPH has advocated for and successfully increased funding for high-impact programs, including opioid programming, epidemiology, chronic disease prevention, behavioral health services in the health centers, food safety, and more.
  - PDPH has developed novel funding mechanisms to increase recurring funding for other public health programs for FY 2020 and beyond.
3. Assess and, where appropriate, **adjust program fees, fines, and other revenue sources** to support work required to implement programs.
  - Air Management Services has completed an analysis to increase its fees and fines, which will generate additional revenue and enable program services to be funded.
  - The Medical Examiner's Office generated additional revenue by working with the Law and Procurement departments to auction decedents' unclaimed items, generating revenue to offset expenditures.
  - PDPH has developed a method for Medicaid revenue to more fully cover costs and health interventions.
4. Strengthen programs' skill with agency **fiscal policies and procedures** so that programs fully utilize available funds and increase time spent on high-value work.
  - Several processes and procedures are posted on the Health Employee Resources Hub (Intranet).
  - Feedback was solicited on training needs from all PDPH divisions.
  - PDPH Fiscal Unit is planning to implement training sessions tailored to division needs.
5. Develop and implement an **improved invoice payment system** to decrease administrative burden on programs, improve vendor relationships, decrease invoice turnaround time, and make better use of technology and automation.
  - PDPH is currently reviewing a pilot program for centralizing invoice processing.



## **Facilities**

### **Goal: Occupy facilities that support the department's goals and objectives**

#### **Objective**

1. Consolidate office locations to increase intra-departmental collaboration and coordination.
  - The following (3) PDPH divisions moved to Constitution Health Plaza (CHP):
    - Disease Control Tuberculosis Control Clinic (Flick Center) and STD Clinic
    - Health Center 1
    - Environmental Health Services sanitarians
  - Additionally, the PDPH Commissioner's Office along with Ambulatory Health Services (AHS) and the Division of Disease Control (DDC) moved to Jefferson Tower located at 1101 Market Street during 2018.