

Strategic Plan: 2018-2021

2019 Annual Progress Report

Philadelphia Department of
Public Health

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Table of Contents

I. Executive Summary	3
II. Strategic Priority – Infectious Disease Control	4
III. Strategic Priority – Physical Environment	6
IV. Strategic Priority – Health Behaviors	8
V. Strategic Priority – Clinical Care	11
VI. Strategic Priority – Social Determinants	12
VII. Administrative and Cross-Cutting Objectives	13
Epidemiology and Information Management.....	13
Workforce Development	14
Communications	15
Financial Sustainability.....	16
Facilities.....	17

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 second 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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Target
Annual influenza immunization coverage rate for children (6 months to 18 years of age) ¹	33%	36%	35%	53%
PDPH participation in emergency response drills ¹	65%	75%	82%	80%
Individuals with chronic hepatitis C virus (HCV)- infection who are successfully treated ¹	13%	19%	20%	30%

¹PDPH, 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%.
 - For the 2019-2020 season, the PDPH Division of Disease Control Immunizations Program created and distributed new flu posters and continued to highlight the flu provider toolkit in all flu-based provider messaging.
 - Additional flu messaging was sent to Vaccines for Children and Vaccines for Adults at Risk providers in January and February of 2019. 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 2019. Analysis was completed and information was used to develop communications work for fall 2019.
 - Messaging was added to the Board of Health Code regulating daycare attendance to highlight flu vaccine as a required vaccine. This update went into place in August 2019 and requires all daycare attendees 6 months to 5 years of age to annually receive a flu vaccine by December 31st.

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.
 - Across three calldown drills in 2019, the 24-hour response rate steadily increased from 80.91% (March) to 82.31% (June) to 85.08% (September). PDPH has met or exceeded the 75% benchmark for five consecutive drills and achieved the highest response rate on record in September 2019.
 - 12 trainings were conducted for the PDPH Response Team in 2019, including eight full team trainings, two workshops (Health Alerts and Virtual Operations Support Team), and two trainings for emergency preparedness exercises (Public Health Emergency Coordination Center exercise in March 2019 and Point of Dispensing exercise in October 2019).
 - 193 PDPH staff have completed the PDPH and Public Health Emergencies course on the Learning Management System since its inception.

3. Increase the proportion of reported individuals with chronic **hepatitis C** virus (HCV)-infection who are successfully treated from 13% to 30%.
 - Community Behavioral Health approved funding a reflex to HCV RNA testing for all HCV antibody-positive clients of medication-assisted treatment (MAT) sites. Testing began December 2019.
 - The Philadelphia Department of Prisons began providing opt-out HCV screening to all people at intake, providing treatment to all HCV RNA+ individuals sentenced for 3 months or greater, and providing linkage to care for any HCV RNA+ individual not treated while incarcerated.
 - At the conclusion of the PDPH project for elimination of HCV among people living with HIV (PLWH), 67% of HCV RNA+ PLWH had been cured of HCV.
 - After provider training in collaboration between PDPH and the Mid-Atlantic AETC, 21 of 21 Ryan White HIV Care provider sites have at least one clinician onsite to treat HCV among PLWH and people with HCV mono-infections.

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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Target
Average annual ozone levels ¹	80 ppb	76 ppb	74 ppb	70 ppb
Average annual fine-particle pollution (PM _{2.5}) levels ¹	9.2 µg/m ³	9.1 µg/m ³	8.6 µg/m ³	10 µg/m ³
Annual emergency department visits for childhood asthma ²	6,709	7,990	7,951	4,000
Number of children exposed to lead (with blood lead levels above 5 µ/dL) ³	1,580	1,623	1,568	1,200

¹PDPH, Air Management Services; ²PDPH Division of Disease Control; ³PA-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 PM_{2.5} values vary in different sessions and different areas of the City, approximately as high as 18 µg/m³ (Center City, 8/13 - 8/26) and as low as 4 µg/m³ (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 data from the first 5 sessions (late spring and summer 2018), a smoothed map was created to illustrate the 5-session average PM_{2.5} concentrations throughout the City.
 - Will create a smoothed seasonal map to demonstrate the average fall season (September - November) PM_{2.5} concentrations. All 50 sites were 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_{2.5}) levels to 10 µ/m³ 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_{2.5}.
 - Submitted the 2008 ozone Reasonably Available Control Technology State Implementation Plan (RACT SIP). Air Management Services 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.
 - Partnering nonprofit hired two full-time community health workers who began providing home-based asthma services to families whose children have severe asthma in May 2019. As of December 2019, nearly 50 families have been enrolled resulting in over 100 home visits.
 - Reimbursement mechanisms have been created with two of the four Medicaid Managed Care Organizations to ensure program sustainability. Reimbursement discussions continue with the remaining two Medicaid Managed Care Organizations and one private insurer.
 - Partnerships with two Integrated Pest Management contractors were conformed earlier in 2019. As of December 2019, nearly 50 treatments have been completed for partnering home-visiting asthma programs.

4. Reduce the number of **children exposed to lead** (with blood lead levels above 5 μ /dL) from 1,580 in 2016 to 1,200 in 2020 through education and enforcement of laws on rental housing.
 - 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 was 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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Target
Adult smoking prevalence ¹	22%	23%	19%	18%
Child obesity (ages 5-18) ²	20.6%	21.9%	--	18.5%
Annual drug overdose deaths ³	1,217	~1,100	~1,100	1,000
Annual number of cases of syphilis ⁴	428	459	408	390

¹PA BRFSS; ²School District of Philadelphia; ³PDPH, Medical Examiner's Office; ⁴PDPH, 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.
 - PDPH Chronic Disease and Injury Prevention (CDIP) now has two estimates of smoking prevalence in Philadelphia from population surveys completed in 2018: the enriched Behavioral Risk Factor Surveillance System (BRFSS) sample for the city shows a smoking rate of 19% among adults, while the Public Health Management Corporation Household Health Survey shows a rate of 18.2%. Cigarette smoking among youth has declined to 2.1% according to the 2019 Youth Risk Behavior Survey (YRBS), while e-cigarette use has increased from 5% to 7%.
 - After regulations passed by the Board of Health limited the number of tobacco retail permits issued, the number of tobacco retailers has fallen from 3,025 to 2,572 in the first 3 years of implementation. This translates to a decrease in retailer density from 1.97 to 1.57 per 1,000 daytime residents, a 20% decrease. The decrease is greater in low-income areas.
 - City Council passed a law banning smoking in bus shelters in spring 2018, and CDIP has designed signage and had it posted at bus shelters throughout the city
 - In December 2019, City Council passed bills banning the sale of flavored cigarillos and restricting the sale of flavored and high-nicotine e-cigarettes to adults-only stores.
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.
 - CDIP fielded the sugary snacks campaign and recently completed a campaign evaluation. Awareness of the campaign as measured by recognition of the campaign name was low (slightly lower than a fictional comparison and considerably lower than that of two recent tobacco campaigns). However the campaign performed fairly well in terms of

expressed intention to change behavior among internet panel survey respondents shown campaign materials.

- An evaluation of the impact of the Board of Health resolution on obesity in early childhood settings showed an increase in adherence to all recommended measures.
 - The School District of Philadelphia is no longer sharing annual measured obesity data with CDIP, although we are told this is a temporary problem. However we have been able to access both aggregated measured BMI data from FQHCs in the city for adults and children and aggregated measured BMI data from CHOP primary care pediatric practices in the city. We plan to reexamine both data sets once full 2019 is available in April 2020.
 - We expanded our WeWalkPHL partnership and engaged over 3,000 walkers through two 8-week sessions in 12 neighborhood parks in 2019.
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.
- Developed postoperative opioid prescribing guidelines and distributed them widely to surgeons through the local chapter of the American College of Surgeons, large health systems, and local health insurers.
 - Partnered with the Philadelphia Department of Behavioral Health and Intellectual disAbilities (DBHIDS) to develop “Bupe Works”, a city-wide awareness campaign that showcases the stories of Philadelphians who attribute their recovery to buprenorphine, an FDA-approved medication for opioid addiction.
 - Trained over 1,800 people in overdose recognition and naloxone (Narcan) use and distributed approximately 50,000 doses of naloxone in CY 2019.
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.
- PDPH Health Center 1 enrolled 150 PrEP patients in a Doxycycline post-exposure prophylaxis protocol. Patient tolerance and appropriate use are starting to be reviewed and will continue to be reviewed in 2020.
 - 615 completed surveys were collected from men who have sex with men (MSM) at Health Center 1 and at Pride events to assess attitudes about syphilis and use of prophylactic medication.
 - PDPH Division of Disease Control conducted multiple syphilis and HIV testing activities in Kensington to identify STDs among active drug users, focusing on women of child-bearing age.

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.
 - Data from 2019 is not available, but the number of newly diagnosed people living with HIV decreased 14% from 495 diagnoses in 2017 to 424 new diagnoses in 2018.
 - Viral suppression among patients seen in PDPH-funded HIV medical programs was 86.2% for the 11,777 patients seen in 2018. The outcome on Retention of Unsuppressed Patients was 66.4% at baseline for the 1,186 unsuppressed patients receiving RW services in Philadelphia. By contrast, retention in medical care for all 10,123 patients who fit the measure's inclusion criteria was 82.8%. Retention in care is a major issue to be addressed in order to improve viral suppression among people living with HIV in Philadelphia.
 - PDPH implemented a new model of medical case management to support retention in medical care which focuses efforts on people living with HIV who are not virally suppressed.
 - Over 500 people were engaged in ongoing clinical PrEP technical assistance at clinical sites to support and promote provision of PrEP. This technical assistance was extended to a range of drug treatment centers
 - PDPH continued to monitor PrEP availability at a large network of sites that met standards for inclusion in a referral list which now includes over 40 sites.
 - In 2019 PDPH conducted two large social marketing campaigns: one focused on PrEP and the second on HIV testing. Both are connected to a website (phillykeeponloving.com) that provides information, referrals, and resources.
 - Challenges to meeting this objective include the ongoing HIV outbreak among people who inject drugs in Philadelphia. Efforts to address this have included expansion of testing efforts and access to PrEP in Kensington and an increase in funding for syringe access. A plan to significantly extend hours of syringe exchange at all existing sites was developed.
 - Philadelphia received funding from the CDC to develop a local plan to end the HIV epidemic. The draft plan for this effort has been submitted for review by the CDC. The plan addresses key activities of diagnosing people with HIV; rapidly linking them to HIV medical care if HIV positive; re-engaging people living with HIV in medical if they are out of care; providing access to condoms, PrEP, and sterile syringes to people at risk for HIV, rapidly responding to outbreaks of related infections, and workforce development.

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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Target
Percentage of patients seen in PDPH health centers with controlled hypertension ¹	60%	67%	64%	70%

¹PDPH, 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.
 - A brief annual update to the “Staying Healthy: Access to Primary Care in Philadelphia” report was developed and published as a CHART report in 2019. This annual update focused on a subset of key access to care indicators – insurance coverage, primary care use, healthcare cost burden and emergency department utilization.

2. Complete certification of all eight health centers as **Patient Centered Medical Homes (PCMH)**.
 - In 2019 eight PDPH Ambulatory Health Services (AHS) sites obtained PCMH recognition. Seven sites obtained recognition as Integrated Behavioral Health (HC#10 remained ineligible as the Behavioral Health designation had not been developed in 2017 when the HC obtained its PCMH recognition).
 - Staff training have been planned and/or completed. AHS continues to provide updates/progress to staff—clinical and administrative.
 - In 2019 Care Management activities were deployed as planned for at-risk patients with high blood pressure, high uncontrolled A1c levels, and children with persistent asthma. Additional groups were added for care management including patients with serious depression levels/suicidal tendencies, and patients with serious alcohol and drug addictions. AHS will continue to focus on these at-risk groups.

3. Increase the percent of patients seen in PDPH health centers with **hypertension** whose blood pressure is controlled from 60-65% to 70%.
 - A continuing medical education session was held on hypertension blood pressure in April 2019.
 - Improved outcomes realized for patients with at-risk blood pressure.
 - AHS hired registered dietitians to support care management activities.

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 software vendor has been selected and the software configuration is nearly complete.
 - The steering committee of participating home visiting agencies and the community advisory board meet monthly to provide critical guidance on the program.
 - A media agency to develop overall branding for the centralized intake system is in the process of being selected.
 - In the process of hiring of the Community Outreach and Intake Coordinator who will be interfacing with families.

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.
 - *Check & Connect* campaign was launched in summer 2019 and brochures were distributed to over 1,700 pediatric providers and clinical staff in Philadelphia. An evaluation is underway to 1) identify the impact of the campaign and 2) understand how a second wave of brochures should be distributed.
 - *Fliers for Families* campaign distributes free health education and City resources materials to organizations that serve families with young children. As of December 2019, over 85,000 materials have been distributed to over 150 organizations citywide.
 - Continuing work to improve maternal behavioral health by exploring a pilot program to test if dedicated behavioral health consultants – focused on pregnant and postpartum women – can increase behavioral health screening rates and referrals.
 - *Neighborhood Resources Group* quarterly meetings continue and attendance ranges between 12-20 organizations at each meeting. Guest presenters have discussed anti-violence, immigration, women’s rights in the workplace, and homelessness.
 - *Baby Book Club* distributed over 8,500 books to six labor & delivery hospitals in 2019. Each book contains a free annual subscription to National Wildlife magazine for infants and information about breastfeeding and safe sleep.

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.
 - Continued annual reporting of chronic conditions and smoking from community health centers through Health Federation of Philadelphia's eHR population health tool – PopIQ.
 - Completed pilot project with HealthShare Exchange on drug overdose surveillance based on encounter notifications.
2. Establish routine **surveillance for risk behaviors using online surveys**.
 - PDPH completed the 9th phase of health behaviors and chronic disease survey using an online survey panel.
 - PDPH continued to oversample Philadelphia residents in the PA Behavioral Risk Factor Surveillance System.
3. Develop **an annual report on children's health** in Philadelphia.
 - The children's health report was drafted in 2019 and will be released in early 2020.
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 2019, PDPH led or participated in 4 data linking projects with other city agencies using the CARES integrated data warehouse focused on various topics related to substance use, gun violence, and early childhood risks.
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.
 - The Information Technology Division has hired and onboarded an Associate Software Engineer, who is now managing a portfolio of approximately a dozen key organizational software and related projects.
 - The Information Technology Division and Chief Operating Officer are researching an improved policy management system, which would reduce paper-based systems and reduce staff time used for managing paper systems.
 - The Fiscal and Information Technology Divisions reduced paper-based storage in a Center City office space, thus allowing the creation of five new cube spaces for staff without adding square footage or lease costs to the City.
 - The Fiscal Division again archived a year of paper files, moving it closer to a goal of fully online records and saving space.

6. Develop and implement an **electronic staff time tracking** system.
 - This project is on the list for the Information Technology Division and is awaiting assignment to a project manager. The Department was instructed to wait until after the implementation of OnePhilly to begin this project. It now awaits hiring of a position to carry out this work.

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.
 - Partnered with division directors and central agencies to develop recruitment strategies for critical and hard-to-fill vacancies identified in Workforce Planning and/or throughout the year.
 - Collaborated with the Office of Human Resources and Human Resources and Talent (citywide offices) to increase visibility of upcoming job announcements for many hard-to-fill positions, utilizing the following:
 - LinkedIn Recruitment – targeted qualified candidates
 - SmartRecruiters (broad outreach) and HandShake (university outreach)
 - Social media – Facebook, Twitter, LinkedIn
 - Identified and established relationships with colleges/universities offering Forensic programs for the Medical Examiner’s Office and Industrial Hygienist degree programs for the Human Resources Office, Safety Unit.
 - Continue to create a more efficient mechanism to communicate to divisions the status of the requests to fill vacant positions from budget approval to time of hire.
 - PDPH Human Resources will continue to work with division directors to broaden the workforce planning process to include reorganization initiatives: merging units, unplanned staffing increases, attrition, retirement, resignation, separation.
2. Strengthen and better coordinate **internship programs** across the Department to identify and recruit highly-qualified future employees.
 - In the summer of 2019, PDPH launched the Philly Forward Internship Program, an eight-week paid internship designed to provide pre-professional training to those interested in pursuing careers in public health.
 - Six Philly Forward interns were hired to work directly with PDPH leaders on a specific project or projects involving data collection, data analysis, program implementation, grant-writing, preparation of reports, and/or community engagement.
 - PDPH intends to repeat the Philly Forward Internship Program in summer 2020.

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.
 - Several online trainings on the City of Philadelphia Learning Management System (COP LMS) were launched in 2019 including training on cyber security, workplace safety, human subjects protection, compliance, sexual harassment prevention, and competency testing.
 - PDPH purchased 100 professional development courses from SmarterU Essentials (BizLibrary) on the COP LMS for staff to access at no cost. Courses include software skills (Excel, Word, PowerPoint), project management, presentation skills, and management and leadership.
 - PDPH continued to develop a four-module data for decision-making training in 2019 with Drexel University Dornsife School of Public Health, and plan to launch in 2020.

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 (ODDT) 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.
 - Throughout 2019 PDPH maintained control over www.phila.gov/health and regularly published timely new documents and blog posts relevant to target audience.
 - Collaborated with the Philadelphia Water Department and ODDT to develop a comprehensive, web-based Lead Guide of all City initiatives working to reduce childhood lead poisoning.
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 revamped for simplification.
 - The PDPH branding strategy now includes a Style Guide.
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 Health Commissioner continues to add content to a regular blog that highlights examples of successes and stories within PDPH.
 - *Health Happens!* monthly newsletter, an internal communication, was launched in October 2019. The development of the newsletter is supported by Health Information Technology, Health Fiscal, Communications Team, and the Performance Management Unit. It is distributed via email to all staff.
 - The Health Employees Resources Hub (Intranet) content has continued to grow and be refocused based upon feedback.

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 Division encourages divisions to take advantage of grant management discussions on grant spending to maximize revenue and eliminate underspending.
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.
 - 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 Division 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 Fiscal Division is currently reviewing a process for vendors to submit electronic invoices in lieu of paper invoices.

Facilities

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

Objective

1. Consolidate office locations to increase intra-departmental collaboration and coordination.
 - Retained in April 2019 a Relocation Director to facilitate office moves, upgrades, and closures.
 - Created storage areas in Constitution Health Plaza (CHP) and 1101 Market Street to free up space in existing offices for personnel and to remove existing storage at 500 South Broad Street.
 - Renovated 305 South 13th Street office (former Flick Clinic) for Chronic Disease and Injury Prevention staff (10 employees and 5 interns).
 - Renovated a portion of the Studabaker Building at 667 North Broad Street to provide office space for 30 employees.
 - Acquired two spaces for Division of Substance Use Prevention and Harm Reduction at 1952 East Allegheny Avenue and 123 South Broad Street, which will free up space on the 11th Floor of 1101 Market Street (over 17 employees to move) in early 2020.