

Strategic Plan: 2018-2021

2020 Annual Progress Report

Philadelphia Department of  
Public Health

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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 third 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>Update Report January 2020</b>	<b>Update Report January 2021</b>	<b>Target</b>
Annual influenza immunization coverage rate for children (6 months to 18 years of age) <sup>1</sup>	33%	36%	35%	35%	53%
PDPH participation in emergency response drills <sup>1</sup>	65%	75%	82%	85%	80%
Individuals with chronic hepatitis C virus (HCV)-infection who are successfully treated <sup>1</sup>	13%	19%	20%	25%	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%.
  - For the 2020-2021 flu season, the PDPH Division of Disease Control Immunizations Program launched a widespread and broad media campaign, on radio, buses, social media, and billboards to raise awareness of the importance of getting a flu vaccine especially during the COVID pandemic.
  - The Immunization Program partnered with new community organizations like Black Doctors COVID Consortium to increase flu immunization rates in communities of color.
  - Due to increased availability of vaccine, the Immunization Program was also able to offer flu vaccine to any City resident regardless of insurance status. PDPH provided flu vaccine is usually reserved for those individuals who are totally uninsured.
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 the four calldown drills in 2020, the 24-hour response rate remained consistently between 84-87% (January – 84.4%, April – 86.9%, June – 84.6%, and September – 85.0%). PDPH has exceeded the 75% benchmark for ten consecutive drills and achieved the highest response rate on record in April 2020.
  - A total of 10 trainings were conducted with Division of Disease Control staff. Two PDPH Response Team trainings were held prior to the start of the COVID-19 pandemic. Over the course of the pandemic response, staff members were activated to fill

various response roles and received training on a number of topics including call center operations (three trainings), health alerts (two trainings), HIP website updates (one training), and quarterly communications drills (two trainings).

- Since its inception, 227 staff have been enrolled in the PDPH and Public Health Emergencies course on the Learning Management System.
- Trained volunteers and PDPH staff to work at response sites. 56 individuals were trained to work at the Department’s Citizen’s Bank Park COVID-19 testing site, 8 individuals were trained to work at the Isolation and Quarantine site and 21 were trained to work at the Department’s annual seasonal influenza clinics for first responders.

3. Increase the proportion of reported individuals with chronic **hepatitis C** virus (HCV)-infection who are successfully treated from 13% to 30%.

- In collaboration with SUPHR, an HCV and substance use disorder (SUD) navigation program has been launched to link HCV+ individuals with SUD to co-located treatment for both conditions.
- PDPH has partnered with multiple organizations to increase HCV care and treatment onsite at medication-assisted treatment programs.
- Ending the HIV Epidemic planning and funding has been allocated to continue to coordinate HCV and HIV care among people coinfecting and at risk for both infections.
- In partnership with the Pennsylvania Dept. of Health, PDPH assisted in the development of a statewide Elimination Plan for HCV that will be presented for public comment and finalization in 2021.

### **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>Update Report January 2020</b>	<b>Update Report January 2021</b>	<b>Target</b>
Average annual ozone levels <sup>1</sup>	80 ppb	76 ppb	74 ppb	75 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>	8.6 µg/m <sup>3</sup>	8.2 µg/m <sup>3</sup>	10 µg/m <sup>3</sup>
Annual emergency department visits for childhood asthma <sup>2</sup>	12,322	14,968	11,565	4,509	4,000
Number of children exposed to lead (with blood lead levels above 5 µg/dL) <sup>3</sup>	1,580	1,623	1,568	1,218	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.
  - We have completed 40 sampling sessions since May 2018. The sampling operation is ongoing and will continue beyond June 2021.
  - The first project report has been completed and submitted to the Health Commissioner. The Health Commissioner has approved it and it will be published and made available to the communities.
  - Besides PM2.5 data, NO<sub>2</sub>, Ozone and Black Carbon data have been processed and analyzed and will be included in future reports.
  - We are in the process of buying more PAQS instruments and continuing to measure air pollutants for the next five years
  
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.
  - Dust Control regulation, AMS Regulation II was updated by the Air Pollution Control Board (APCB) in 2019. Any construction and demolition sites must use water or dust suppressant to control dust, monitor the sites, and take samples for lab analysis (This will reduce PM2.5 pollutants).
  - We finalized/updated the AMS Regulation III and Title 3; 3-207 and AMS Regulation III for the banning of #4, #5, and #6 (Heavy fuel oil) that contains 5000 parts per million (PPM) of sulfur content that can reduce Ozone and PM2.5. The regulation was finalized and signed by Mayor Jim Kenney in Jan 2020. Since April 1<sup>st</sup>, 2020 no one in Philadelphia burns #4, #5, and # 6 fuel oil (Heavy fuel oil that contains high values of sulfur in the fuel that produces emissions of PM2.5, Ozone and other pollutants).
  - Air Management Services also finalized and submitted the 2008 ozone Control Techniques Guidelines RACT certification SIP for VOC and submitted case by case determinations for **10** facilities. AMS will be submitting the 2008 ozone Control Techniques Guidelines RACT certification SIP for NO<sub>x</sub> and non-CTG VOC in 2021 Q1.
  
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.
  - As of December 2020, the partnering nonprofit hired two additional full-time community health workers (bringing the total count to four) who provide home-based asthma services to families whose children have high rates of hospital utilization due to asthma symptoms. To date, over 250 families have been enrolled, resulting in over 700 home and virtual visits.
  - Reimbursement mechanisms have been created with four insurance companies in Philadelphia – including three Medicaid Managed Care Organizations and one private payer – to ensure program scalability and sustainability.
  - To date, Integrated Pest Management contractors have completed over 100 treatments for families who have mice and/or cockroach infestations.

- Current and emerging partnerships: Currently, there are two pediatric outpatient sites that refer patients for asthma services – conversations are underway to add at least one more new site. Currently, there is one service provider implementing the asthma services program – conversations are underway to add an additional provider.
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, a new Lead and Rental Properties Law was passed by City Council requiring all rental units to provide Lead Safe or Lead-Free certificates.
  - A new database was created to manage this process and the database is fully operational as of 10/1/2020.
  - Another media campaign to increase screening is being planned for 2021. Advertisements included placed on SEPTA buses.

#### **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>Update Report January 2020</b>	<b>Update Report January 2021</b>	<b>Target</b>
Adult smoking prevalence <sup>1</sup>	22%	23%	19%	20%	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	~1,100	1,150	1,000
Annual number of cases of syphilis <sup>4</sup>	428	459	408	470	390
HIV Diagnoses <sup>5</sup>	507	439	439		315

<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;

<sup>5</sup>PDPH, AIDS Activities Coordinating Office

##### Objectives

1. Reduce **smoking** prevalence from 22% to 18% through policies that limit marketing, expanded smoke-free spaces, and consumer directed messages.
  - The PA BRFSS data for 2019 shows adult smoking at 20%, but no statistically significant difference between this result than the 2018 survey.
  - 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 2,257 in the first 4 years of implementation. This translates to a decrease in retailer density from 1.97 to 1.35 per 1,000 daytime residents, a 31% decrease. The decrease is greater in low-income areas.

- City Council passed a law banning minors from establishments with exceptions to the Clean Indoor Air and Worker Protection Law and requiring health information signs in establishments that offer hookah. CDIP staff are working on the health warning signs as well as an outreach/education plan for hookah establishments. These establishments are currently closed because of COVID.
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.
    - PA State BRFSS data shows a very slight decrease in obesity in 2019 to 33% among Philadelphia adults. This change is not statistically significant. We are working on having the data capacity to compare our rates to the national rate through purchase of an R server.
    - 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 are waiting for the FQHC data and will then reach back out to the CHOP practices to discuss additional analyses.
    - We worked with the School District of Philadelphia to undertake an assessment of hydration stations in a group of city schools and have shared our findings with the district. This project has identified several potential areas for low cost or free improvements including water flow and temperature.
    - We worked with First Up to provide in-depth training and technical assistance to 18 early childcare and education (ECE) providers to incorporate physical activity into the classroom and make policy and practice improvements regarding nutrition, water access, and screen time. This is supplemented systems level support of water access, nutrition, and physical activity for PHL Pre-K providers and assessment of opportunities to maximize participation in the Child and Adult Care Food Program.
    - In partnership with Philadelphia Parks and Recreation (PPR) and the Fairmount Park Conservancy, WeWalkPHL provides a structure and schedule for free community-led walking groups in neighborhood parks. In Spring 2020, we shifted to a virtual engagement on our Facebook group of over 1000 members – with individuals sharing personal testimonials about walking and encouraging each other to be active at home or in their neighborhood (while practicing safe social distance). In Fall 2020, we resumed in-person programming (with social distancing and screening). We trained 29 walk leaders who led 126 walk sessions at 11 parks with 1000 participants.
  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.
    - Created and widely distributed OB/GYN prescribing guidelines to reduce the overprescribing of opioid analgesics following C-sections and gynecologic surgeries



- Developed and launched a mass media campaign specifically aimed at increasing naloxone awareness and use among individuals who serve or support in-home opioid users
  - Partnered with Action Wellness to develop a case management and warm handoff initiative for individuals with opioid use disorder who are receiving buprenorphine treatment at the Philadelphia jails.
  - Partnered with the Philadelphia Poison Control Center to launch a 24/7 clinical consultation and resources hot line for providers administering and prescribing buprenorphine.
  - Offered virtual overdose prevention trainings and collaborated with Next Harm Reduction to develop a Philadelphia-specific platform to mail naloxone kits and education on harm reduction to individuals who use drugs and have difficulty accessing these resources in person.
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.
- We have maintained PrEP clinic and doxyPEP has been discussed and offered to all HC1 PrEP patients.
  - During pandemic in clinic we have prioritized patients with both risk and symptoms of syphilis and have continued to find and treat syphilis.
  - During COVID we have continued to provide Partner Services/field follow up on priority Syphilis patients and their contacts using COVID appropriate protocols.
  - We continue to promote the option to request an at home blood draw for Syphilis and HIV testing offered on Instagram, Facebook, and Twitter at DO You Philly.
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.
- PDPH/AACO developed a local plan for Ending the HIV Epidemic (EHE) with community input and approval by the local community planning group: HIV Integrated Planning Council. This is part of a National initiative with goals through 2025.
  - PDPH/AACO has received EHE implementation funds from both CDC and HRSA, and has completed an RFP process to implement programs in 5 sites and has funded a low threshold HIV clinic at the local syringe exchange site. RFPs from additional EHE services are in process.
  - Data from 2020 is not available, but the number of newly diagnosed people living with HIV decreased 13% from 507 diagnoses in 2017 to 439 new diagnoses in 2019.
  - Viral suppression among patients seen in PDPH-funded HIV medical programs was 80.3% for the 11,432 patients seen in the period 9/1/19 – 8/31/20. The outcome on Retention of Unsuppressed Patients was 67.2% for the 833 unsuppressed patients receiving RW services in Philadelphia. By contrast, retention in medical care for all 9,739 patients who fit the measure's inclusion criteria was 78.1%. Retention in care is a major issue to be addressed in order to improve viral suppression among people living with HIV in Philadelphia

- CDC estimates that the number of persons prescribed PrEP increased by 9% from 3,237 in 2018 to 3,719 in 2019. This is over 25% of the estimated number of persons with a PrEP indication in Philadelphia. The EHE target is to have 50% of persons with an indication for PrEP prescribed PrEP by 2025.
- Challenges to meeting this objective included disruption in HIV testing due to the COVID pandemic and the ongoing HIV outbreak among people who inject drugs in Philadelphia. Syringe Services Programs continued to operate during the pandemic and the numbers of syringes distributed have significantly increased to nearly 5 million in FY 2021.

## **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 measures

	<b>Strategic Plan December 2017</b>	<b>Update Report January 2019</b>	<b>Update Report January 2020</b>	<b>Update Report January 2021</b>	<b>Target</b>
Percentage of patients seen in PDPH health centers with controlled hypertension <sup>1</sup>	60%	67%	64%	62%	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.
  - In the upcoming Health of the City report, trends in a subset of key access to primary care indicators - insurance coverage, primary care use, healthcare cost burden, and emergency department utilization – are reported.
2. Complete certification of all eight health centers as **Patient Centered Medical Homes (PCMH)**.
  - In 2020 AHS successfully completed annual recertification for NCQA Recognition for PCMH/Integrated Behavioral Health—achieved in June 2020 for the 8 Health Centers.
  - AHS continued its care management activities relevant to high risk groups despite simultaneously addressing the COVID epidemic
  - In collaboration with payor organizations (United Healthcare and Health Partners) AHS implemented care management (transitions in care) for patients with ER/Hospital discharges.

3. Increase the percent of patients seen in PDPH health centers with **hypertension** whose blood pressure is controlled from 60-65% to 70%.
  - In 2020 AHS initiated planning of projects to pilot BP self-monitoring technology.
  - AHS procured and readied for distribution BP self-monitoring devices to be focused on patients at highest risk and those at border of controlled BP.
  - AHS applied for a HRSA supplemental grant for hypertension focused on HC10/HC6 patients; project start in January 2021.
  - AHS planned a CME for providers on hypertension and BP control, to be held in CY2021.

## **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%.
  - In October of 2020, the pilot of Philly Families CAN, the City’s first home visiting centralized intake system, began in partnership with St. Christopher’s, Einstein Hospital, and Keystone First. Since the launch of the pilot, the Home Visiting Outreach and Intake Coordinator has referred 43 families to home visiting services.
  - A media campaign and public launch of Philly Families CAN is scheduled for early 2021.
  - All participating home visiting agencies have signed data sharing agreements and a baseline analysis of the state of home visiting in Philadelphia is underway.
  - New collaborations include: integrating Early Intervention into intake questionnaire and for direct referrals, and proactively strategizing to reach families with housing insecurity.
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.
  - The *Family Health Training Academy* is under development, which aims to provide family health-related online learning modules to social service case workers in Philadelphia. Subject matter experts – with knowledge on a range of topics – were identified and are creating “microlearning” videos that will be added to various City agency Learning Management Systems and converted to YouTube videos for widespread distribution. The goal is to broaden the knowledge of case workers in order to improve the health and wellness of the families they serve.
  - A *safe sleep working group* is being launched to create an action plan focused on increasing safe sleep practices among mothers and caregivers in Philadelphia. Safe sleep data will be used to drive the conversation in addition to information collected during a series of community co-creation sessions conducted earlier this year.
  - In partnership with Children’s Hospital of Philadelphia and Lutheran Settlement House,

over 35 pediatricians attended a continuing medical education webinar on intimate partner violence. A similar webinar is being developed for home visiting providers.

- A new *social media toolkit* campaign has been developed to share resources with community members and clinical providers on the topics of maternal behavioral health and abuse prevention/parenting support. Information will be shared through a regular newsletter sent to partner organizations with large social media followings that include the two target audiences mentioned above.

## **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 2020, there was continued annual reporting of chronic health conditions and smoking from community health centers through Health Federation of Philadelphia's electronic health record population health tool – PopIQ.
2. Establish routine **surveillance for risk behaviors using online surveys**.
  - PDPH may discontinue the online survey panel of health behaviors and chronic disease.
  - 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.
  - Growing Up Philly, the first children's health report was released in March 2020. The report provides a summary of the health and well-being of Philadelphia's youngest residents from birth to adolescence.
  - PDPH plans to release a biennial children's health report.
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 2020, PDPH continued to participate in 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.
  - PDPH is utilizing data from the HealthShare Exchange to improve the reliability of race/ethnicity for the unknown COVID data.
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 identified funding for approximately 4 FTE of IT support staff to help deploy staff to work remotely and from home during the COVID-19 pandemic. This change in processes resulted in many processes that were formerly very paper-heavy becoming electronic processes.
- The Health Commissioner's Office and Information Technology Division identified and implemented a policy management system that is electronic and located on the Department's intranet page. The system, PolicyStat, enables reminder emails, renewal tracking, searchable capabilities, and is able to be accessed via mobile devices. The rollout included training for general staff as well as for approvers and power-users.
- The Fiscal Division participated in a City-wide project to replace the City's old fiscal systems, FAMIS, ADPICS, and ACIS.

6. Develop and implement an **electronic staff time tracking** system.

- Several divisions transitioned from paper timesheets to electronic time reporting, leaving only the Ambulatory Health Services Division that has not yet completed the transition.
- Budget reductions and the impact and urgency of the COVID-19 pandemic caused the Department to prioritize other projects before this one.

## **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.
  - Health HR partnered with division directors and OHR/HRT with recruitment for hard-to-fill positions. Recruitment efforts were strengthened through collaborations, which resulted in larger applicant pools for civil service and exempt positions, including but not limited to positions for Public Health Laboratory and Air Management Services. Through the guidance of OHR, Health HR and the Health Commissioners Office identified a recruitment firm (CCI Consulting Firm) to assist with national recruitment of high-level positions, such as Medical Care Clinical Director and Deputy Commissioner/Chief Operating Officer.
  - Health HR formed relationships and worked with external business partners such as PA Career Link to inform unemployed job seekers of Department of Public Health employment opportunities. This partnership increased visibility and applicant pools for the department's Temporary employment opportunities (i.e. DDC's temporary Clerical Assistant positions). In addition to utilizing PA Career Link as a free source of recruitment; Health HR continued to utilize Smart Recruiter, LinkedIn, and Social media platforms.
  - In the Spring of 2020, Health HR participated in a Virtual Career Fair coordinated by Hire! Philly using Social Media (Brazen Platform) to further increase visibility of Health

- employment opportunities.
- In 2021, monthly communication will be sent to each division directors and hiring liaison (if applicable) providing updates pertaining to certifications/staffing in progress, PER statuses, and progression/succession planning.
2. Strengthen and better coordinate **internship programs** across the Department to identify and recruit highly qualified future employees.
- Six Philly Forward Internship Program, which is coordinated through contracted agency PMHCC, was placed on hold in 2020 due to the pandemic.
  - Health HR Divisions, such as the Medical Examiner's Office and Chronic Disease Prevention have temporarily placed internship opportunities on hold due to the pandemic. Divisions have expressed their intention to restart their internship program(s) when it can be done safely.
  - Health HR intended to engage in new internship opportunities but due to the pandemic, initiatives have been placed on hold.
    - For example, discussions developed with Streets Department, in the beginning of 2020, regarding launching an internship program. Streets Department has been successful in transitioning internships into permanent civil service positions. This creative pipeline has resulted in an ongoing talent pool for filling entry level positions that career pathed to positions that were challenging to fill. Due to unprecedented times, further discussions with Streets Department have been placed on hold at this time.
  - Air Management Services continued the Engineering Internship Program; through grant funding, incumbents of this program perform critical services such as:
    - Collect and analyze data on air quality;
    - Deliver Health Biowatch and Division of Disease Control lab specimens;
    - Prepare and analyze ambient air pollutant samples including volatile organics and particulates.
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 2020, PDPH launched new online trainings on the City of Philadelphia Learning Management System (COP LMS). Topics included Nutrition Standards for food purchasing and procurement, HIV reporting requirements, opioid overdose, and laboratory safety. Updates were made to several existing trainings such as HIPAA requirements, quality improvement, and cyber security.
  - PDPH renewed the SmarterU Essentials package of 100 professional development courses for a second year. The courses are available to staff at no cost. Topics include communication, leadership, management, and software skills such as Excel, Word, and PowerPoint. Topics were selected based on staff feedback from the 2019 Training Needs Assessment. As of December 2020, a total of 362 staff had enrolled in at least one professional development course. On average, users enrolled in approximately 10 courses. Of those who enrolled, the number of courses completed ranged from 1 to 98

for a given employee.

- In early 2020, PDPH finished developing a four-part training on Data for Decision Making, created in collaboration with Drexel University Dornsife School of Public Health. The training was launched in the LMS in March 2020. In early 2021, a communication will be sent to all PDPH employees and Division Directors announcing the training, and staff will be encouraged to complete all four modules.

## **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.
  - The Health Department has worked collaboratively with OIT (formerly ODDT) to create and manage multiple Health Department websites to respond to the COVID-19 pandemic, including: <https://www.phila.gov/covid>, <https://www.phila.gov/testing>, and <https://www.phila.gov/saferathome>.
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 has been applied to hundreds of documents developed in response to the COVID-19 pandemic.
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 Department has integrated the PolicyStat tool into the structure of the intranet in order to facilitate policy development, management, and distribution.

## **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 continues to encourage divisions to take advantage of grants quarterly discussions. This joint effort has improved communications and has reduced the amount of grant funds returned due to underspending.
2. Systematically identify strategies to **increase funding for high-impact programs** that are

under-funded or that face declining funding.

- In 2020, PDPH increased access to HRSA's Health Center Program New Access Points grant funding by including an additional health center.
3. Assess and, where appropriate, **adjust program fees, fines, and other revenue sources** to support work required to implement programs.
    - In 2020, PDPH successfully applied methods for realizing revenue from Medicaid and other sources to cover costs and medical 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 were updated and posted on the Health Employee Resources Hub (Intranet).
    - New credit card purchase procedures were added as a result of the COVID-19 pandemic.
    - PDPH has implemented some training sessions due to feedback received in the previous year and will continue to do so on an as needed basis.
  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.
    - Electronic invoice processing and submission was implemented due to the pandemic. This has improved processing time and has resulted in more timely payments to vendors.

## **Facilities**

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

### **Objective**

1. Consolidate office locations to increase intra-departmental collaboration and coordination.
  - Completed the two offices for Substance Use Prevention and Harm Reduction (SUPHR) staff including 1952 E Allegheny, 4<sup>th</sup> Floor and 123 S Broad, 11<sup>th</sup> Floor. Six SUPHR staff were relocated to the Allegheny office and the remaining 20 SUPHR staff were relocated to the 123 S Broad suite. The Allegheny office will also share space with Prevention Point Philadelphia who will move in after the pandemic in 2021.
  - Renovated two offices for Environmental Health Services (EHS) Vector Group who moved out of the Hunting Park office at the request of the Department of Public Property. Most of Vector was moved to 1825 Hilton Street in the Kensington neighborhood and the remaining EHS staff was moved to 7800 Ogontz Avenue to share space with the Fire Department.
  - Teamed with Health Federation to share an office suite on the 6<sup>th</sup> Floor of 123 S Broad. Space for 14 DPH employees will be available in early 2021. DPH Division who will use this space is to be determined.



- Renovated the remainder of the 13<sup>th</sup> Floor at 1101 Market (approximately 13,000 sf) for the new COVID Containment (Coco) Division just created in 2020. The space includes 11 offices, 59 workstations, three conference rooms and two flex spaces for training and collaboration. The Coco office is expected to support over 150 staff that will come into the office on a rotating basis.
- Move planning for the Medical Examiner's Office (MEO) move from 321 University Avenue to the Philadelphia Public Services Building (PPSB) at 400 N Broad has intensified in 2020. The move out of the existing University Avenue building was delayed due to the pandemic. The move of 70 MEO staff is expected to occur in 2021.