

Strategic Plan: 2018-2022

2021 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. Changes in executive leadership led to the extension of the second Strategic Plan to 2022, giving staff the opportunity to continue work towards existing objectives. 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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Update Report January 2021	Update Report January 2022	Target
Annual influenza immunization coverage rate for children (6 months to 18 years of age) ¹	33%	36%	35%	35%	34%	53%
PDPH participation in emergency response drills ¹	65%	75%	82%	85%	81%	80%
Individuals with chronic hepatitis C virus (HCV)-infection who are successfully treated ¹	13%	19%	20%	25%	33%	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%.
 - PDPH was not able to do a widespread media campaign in the 2021-2022 flu season. However, we mailed out flu materials on two separate occasions - once in September to 156 sites and another mailing in December to 285 sites (which included physician offices, pharmacies, grocery stores, recreation centers and more).
 - The Immunization Program continued to partner with a wide variety of community organizations like Black Doctors COVID Consortium to increase flu immunization rates in communities of color. In addition, we supported special initiatives with CHOP to support vaccinating newly arriving Afghan refugees.
 - 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. We continued to offer flu vaccine to all interested FQHCs and increased our partnerships in our Community Flu program.
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 2021, the 24-hour response rate remained consistent between 81-83% (Winter – 82.4%, Spring – 82.8%, Summer – 81.1%, and Fall – 81.1%). PDPH has exceeded the 80% benchmark for twelve consecutive drills.

- A total of **8** trainings were conducted with Disease Control staff:
 - **5** were conducted with BT staff to discuss key topics within public health preparedness (including radiation response, volunteer management, mass care, mass prophylaxis, and risk assessment).
 - the **3** remaining trainings were vaccine-specific (2 were for first responder flu clinics, 1 was for COVID-19 vaccination clinics).
 - Currently, the number of staff enrolled in the PDPH and Public Health Emergencies course on the Learning Management System is 216. This is a decrease from the previous year. Staff turnover in 2021 may have impacted course enrollment. Staff will continue to raise awareness among new staff about the course and enroll additional employees who may be called upon to support emergency response operations in the future.
 - In total, **98** staff members and volunteers were trained to support work at response sites:
 - **37** staff were trained for vaccine clinics – 500 S. Broad, Pennsylvania Convention Center, and mass vaccination clinics.
 - **30** staff were trained for seasonal influenza clinics for first responders.
 - **31** staff were trained to support the Afghan repatriation efforts as a part of Operation Allies Welcome at Philadelphia International Airport.
3. Increase the proportion of reported individuals with chronic **hepatitis C** virus (HCV)-infection who are successfully treated from 13% to 30%.
- Through Dec 2021, >260 people living with a SUD and HCV diagnosis were contacted and >45 were linked to SUD and/or HCV care and treatment.
 - PDPH has convened a technical advisory committee to maximize engagement. The committee met once in 2021, along with two key partner sites who are actively treating HCV onsite with behavioral health services.
 - Efforts continue to coordinate HCV and HIV care for the coinfecting and at risk. HCV and HIV programs meet monthly to discuss collaborations, regularly match surveillance data, and prioritize coinfecting patients for follow-up services.
 - A draft Elimination Plan for HCV has been finalized and is undergoing internal approvals by PA DoH.

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	Update Report January 2021	Update Report January 2022	Target
Average annual ozone levels ¹	80 ppb	76 ppb	74 ppb	75 ppb	73ppb	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	8.2 µg/m ³	10.2 µg/m ³	10 µg/m ³
Annual emergency department visits for childhood asthma ²	12,322	14,968	11,565	4,509	6,045	4,000
Number of children exposed to lead (with blood lead levels above 5 µ/dL) ³	1,580	1,623	1,568	1,218	1,302	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.
 - By the end of 2021, we have completed 57 sampling sessions since May 2018. The sampling operation and sample analysis are ongoing.
 - Besides PM_{2.5} data, NO₂, Ozone and Black Carbon data have been processed and analyzed and will be included in future reports. The PM_{2.5} speciation analysis is in progress.
 - We are in the process of purchasing more PAQS instruments and continuing to measure air pollutants.
 - We expect to receive 14 PAQS monitors in Jan/Feb 2022.
 - We expect PAQS at 48 locations in the coming 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_{2.5}) levels to 10 µ/m³ for 2018-2020.
 - AMS inspected more than 500 construction and demolition sites in 2021. AMS also issued NOVs and one stoppage work order for a facility with no dust control permit and failure to use water or dust suppression. Because of this regulation, a lot of dangerous substances including PM_{2.5}, lead, and toxics were reduced.
 - On 10/21/2021, APCB approved AMR amendment – mimicking the language in City Code 3-207 to ban the burning of #4 and heavier commercial fuel oils.

- The EPA approved the 2008 ozone Control Techniques Guidelines RACT certification for Philadelphia County and AMS started working on the 2015 Ozone standard.
 - Field sampling for Community Scale Air Toxics Monitoring (a program to conduct community-scale air toxics monitoring in Philadelphia) started in 2021 and will last 12 months. Because of COVID-19 a lot of companies have a shortage of manpower and materials. AMS installed the monitors at all five locations. In Jan 2022 AMS plans to start measuring the toxics as soon as the company sends the standards and completes a three-day training for AMS employees. AMS also completed the agreement with UPENN and GAMP school for outreach. AMS subsidized the school \$35,000 for the outreach program.
 - In 2021, AMS purchased a mobile van equipped with a number of air monitoring instruments to measure criteria pollutants and air toxics. The vehicle will be deployed to various parts of the city, especially EJ areas, to monitor air quality. We will receive the mobile monitor at the beginning of 2022.
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.
- PDPH continues partnership with the nonprofit providing home-based asthma services to families of children with high rates of asthma-related hospital utilization. As of December 2021, 410 families were enrolled, and 1,200 home and virtual visits were completed.
 - To date, Integrated Pest Management contractors have completed over 242 treatments for families who have mice and/or cockroach infestations.
 - No new pediatric outpatient asthma referral sites were added in 2021, however two are planned to be onboarded in 2022. It was decided to not add an additional service provider but to instead redouble efforts with the current service provider.
 - New case management software was deployed to help Community Health Workers track and manage caseload and report data to PDPH. A new Community Health Worker Supervisor was hired to provide close case management and supervisory support.
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.
- Enforcement of the Lead and Rental Properties Law is ongoing and lead certificates are being submitted within the lead database.
 - The media campaign launched in 2020 to increase lead screening was completed in 2021.

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	Update Report January 2021	Update Report January 2022	Target
Adult smoking prevalence ¹	22%	23%	19%	20%	16%	18%
Child obesity (ages 5-18) ²	20.6%	21.9%	--	--	--	18.5%
Annual drug overdose deaths ³	1,217	~1,100	~1,100	1,150	~1,250	1,000
Annual number of cases of syphilis ⁴	428	459	408	470	494	390
HIV Diagnoses ⁵	507	439	439	332		315

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

⁵PDPH, 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 2020 BRFSS reported adult smoking prevalence at 16%. This is not a statistically significant decline from 2019, but it is an encouraging trend and matches a parallel decline seen in smoking among patients at the city health centers.
 - 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 1,962 in the first 5 years of implementation. Overall decreases in retailer density have been greater in low-income areas.
 - This translates to a decrease in retailer density from 1.97 to 1.19 per 1,000 daytime residents, a 39% decrease.
 - In low-income planning districts, the tobacco retailer density has decreased by 44% since 2016, and in non-low-income districts density has decreased by 31% since 2016.
 - The Board of Health passed a regulation facilitating implementation of the law banning minors from establishments with exceptions to the Clean Indoor Air Workforce Protection Law. Implementation of the new law was slowed by the pandemic, but is now in progress, including a training of EHS staff for enforcement purposes and the production of health warning signs that will be mailed to the approximately 40 impacted establishments.
2. Stop the increase in adult **obesity** and decrease obesity among public school children ages 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 2020 BRFSS data show a slight, not statistically significant decline in obesity to 31% among Philadelphians. Obesity rates are comparable in Philadelphia and the US. The trend in Philadelphia appears flat, while the national trend continues to rise; however, this difference has not reached statistical significance. We will continue to monitor the data.
- The comparison of FQHC and CHOP data for BMI has been delayed by the pandemic. We will aim to restart this work in 2022.
- We are working with the School District's facilities and sustainability departments to install more hydration stations in schools as a follow up to the assessment. The goal is to ensure every school reaches the 1:100 ratio (hydration stations: students) and that those efforts are coordinated with maintenance, testing, signage and communications to ensure trust and appeal of water. Some stations will be installed in the assessment sample, with a plan for prioritizing additional installation district wide. Installation will be informed by some findings from the assessment, including coordinating installation with testing, signage and communication, prioritizing gyms and areas, removing "do not drink" signage, and training engineers in troubleshooting to address common temperature and flow issues.
- The Let's Get Moving Spring 2021 cohort wrapped up in June 2021 – it engaged 12 providers in the traditional model plus two cohorts of Child Development Associate classes. We are in the middle of the FY22 cohort – finishing recruitment, pre-assessments, PD and coaching. This is the last year of this program as is so we will also be envisioning what our future plans should look like. Multiple engagements with early childcare providers promoted nutrition, physical activity, water access, staff wellness, and the Child and Adult care food program including:
 - Hosting 8 drop-in community conversations for approximately 200 childcare providers to learn more about CACFP, connect with state program administrators and address issues with enrollment or program maximizations.
 - Convening a Shared Services Workgroup of 18-21 providers to assess needs and opportunities regarding food purchasing and food and nutrition programming. In 2022, the group will pilot group food purchasing of hard to find products with easier delivery, and garden training and technical assistance.
 - Selecting 10 recipients of our open call for Family Engagement mini-grants – alumni of our previous programs who want to further engage families around these health practices (to be implemented by June 2022).
- We Walk PHL continued throughout 2021. The Spring season was held from 5/1/2021-6/30/2021 at 15 parks offering 1-3 walks/park/per week (28 weekly walks total). The Fall season was held from 9/1/2021-10/31/2021 at 16 parks offering 1-3 walks/park/per week (32 weekly walks total). In total in 2021, we trained over 46 walk leaders and reached over 3000 participants. As of December 2021, the We Walk PHL Facebook group has over 2000 members.

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.

In 2021, we:

- Launched a naloxone mass media campaign, which generated >50M impressions both digitally and via traditional paid media.
- Coordinated the distribution and reporting of over 54,000 doses of naloxone.
- Trained over 1,700 people in overdose prevention and naloxone use, in-person and virtually.
- Contributed to the decriminalization of fentanyl test strips by a Mayoral Executive Order; distributed over 100,000 fentanyl test strips to individuals at high risk of a fentanyl overdose, including a 45-day campaign across the city.
- Educated 650 prescribers about incorporating buprenorphine into their outpatient practices.
- Virtually connected with 17 families with a newborn who had NAS, linking 14 of them to services.
- Supported Action Wellness' linkage to care for over 30 individuals released from the city's jail.
- Picked-up over 132,000 syringes between Project Reach, the syringe boxes, KIND and CLIP.
- Provided bereavement care services to more than 1,250 people and started new support groups.

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 continued to maintain PrEP clinic and offer doxy PEP to all HC1 PrEP patients. In October 2021, we reopened new enrollment for PrEP.
- We continue to prioritize patients with both risk and symptoms of syphilis and continue to find and treat syphilis. During the height of the pandemic, telehealth was maintained for other patients.
- We continue to provide Partner Services/field follow up on priority syphilis patients and their contacts using updated COVID-appropriate protocols.
- A syphilis health alert was distributed through Phila.Gov. We continue to promote the option to request at home blood tests for syphilis and HIV testing. Promotion is on Do You Philly's Instagram, Facebook, and Twitter Platforms.

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.

- During 2021, PDPH/AACO began implementation of the Ending the HIV Epidemic (EHE) Community Plan.
- In 2021, PDPH/AACO completed the following:
 - Implemented engagement and re-engagement activities for treating people with HIV at 5 HIV care sites in Philadelphia.

- Opened the low threshold HIV clinic at the local syringe site.
- Completed an RFP to fund 4 sites using a new model to provide low threshold sexual health services to priority populations (Black/African American, Hispanic/Latinx, LGBTQ+ and underserved part of Philadelphia (Southwest)).
- Increased funding for 6 organizations to provide focused, status-neutral community-based programs through an RFP.
- Completed an RFP and funded the first-ever Philadelphia non-occupational post-exposure prophylaxis (nPEP) center of excellence (opening in 2022) that will serve all of Philadelphia.
- Published the first-ever AACO HIV Health Equity Policy, which includes an equity assessment process for our funded providers. AACO completed Health Equity assessments in 9 EHE funded agencies.
- AACO issued an RFP to establish and provide telemedicine for HIV prevention in the City of Philadelphia, regardless of insurance status. The Philadelphia TelePrEP Program (PTP) will be designed and operated with the mission to enable all people eligible for Pre-exposure prophylaxis (PrEP) in the City of Philadelphia to access PrEP through a new telemedicine HIV prevention program. This program is within PDPH's existing sexual health platform PhillyKeepOnLoving.com.
- Final data from 2021 is not available for HIV diagnoses. The number of newly diagnosed people living with HIV decreased by 34% from 507 diagnoses in 2017 to 332 new diagnoses in 2020. The declines in HIV diagnoses in 2020 mirrored declines in HIV screening tests performed through the city. It remains unclear if the decline in new diagnoses is a true decline or due to the interruption of services.
- PDPH/AACO looks at viral suppression in several ways:
 - Population-based viral suppression – this method looks at people living with HIV who have had evidence of care in the last 5 years and whose current address is in Philadelphia. In 2020, 11,503 of the 14,714 people meet these criteria (78.2%); 6,773 (46.0%) were retained in care; and 9,904 (67.3%) had a suppressed viral load. In 2020, there was a significant decrease in the volume of viral load testing, which serves as a surveillance proxy for evidence of HIV care. It remains unclear if declines in retention in care and viral suppression is a true decline or due to the interruption of services and deferral of care in persons who are well.
 - Viral suppression among patients seen in PDPH-funded HIV medical programs (in the 9 county EMA) was 84.9% for the 11,012 patients seen in the period 1/1/21 - 12/31/21. The outcome on Retention of Unsuppressed Patients was 69.9% for the 734 unsuppressed patients in this measure receiving RW services in Philadelphia. By contrast, retention in medical care for all 9,392 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 30.1% from 2,475 in 2017 to 3,221 in 2020. Overall PrEP coverage with those that have an indication for it increased from 28.7% to 32.7% during this time period. 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 over 7 million in CY21.

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

	Strategic Plan December 2017	Update Report January 2019	Update Report January 2020	Update Report January 2021	Update Report January 2022	Target
Percentage of patients seen in PDPH health centers with controlled hypertension ¹	60%	67%	64%	62%	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.
 - In 2021, work on the Health of the City report is ongoing.
 - A primary care access finder tool is being developed and is expected to launch in summer 2022. It will serve as a central compilation of services available at Federally Qualified Health Centers and look-alikes in Philadelphia. The tool will be shared widely, including with community partners and Philadelphia residents to improve access and connection to primary care for all Philadelphians.
 - As another means to measure inadequate primary care, analysis of PHC4 data has commenced to identify potentially preventable hospitalizations due to hypertension.
2. Complete certification of all eight health centers as **Patient Centered Medical Homes (PCMH)**.
 - All 8 health centers received annual NCQA re-certification in May 2021 for both Patient Centered Medical Homes and Integrated Behavioral Health.
 - Care management activities were maintained and continue to date as required for PCMH recognition.
 - AHS continues working with HealthPartners, United Healthcare and Cigna in ensuring patients with ER/hospital discharges are seen by their primary provider after discharge,

and additionally with Health Partners with respect to tracking lost to care patients and pediatric wellness visits.

- AHS initiated care management activities with Keystone Mercy for 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%.
- AHS piloted the BP initiative in April 2021, and continues to refine workflows, data documentation, and reports. The program was implemented at all health centers; staff resources are available at each site to engage patients.
 - Between April and December of 2021 AHS engaged over 400 patients in the SMBP initiative.
 - AHS was awarded HRSA's 3-year supplemental grant for Hypertension in January 2021.
 - AHS identified speakers and obtained commitment for presentations at the HTN Update session to take place at the April 2022 CME session for providers.
 - AHS initiates program evaluation to determine effectiveness in improving patient outcomes and increasing rate of patients with controlled BP.
 - AHS is utilizing BHCs and RD as part of a team approach in the HTN initiative.

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%.
 - As of December 2021, the Home Visiting Outreach and Intake Coordinators have referred 411 families to home visiting services in the City of Philadelphia.
 - In May 2021, *Philly Families CAN* was launched publicly with a social media campaign and Mayoral announcement, resulting in the first families signing up directly via PhillyLovesFamilies.com.
 - MCFH conducted an email outreach campaign to 246 referring providers and CBOs with a printable flyer for distribution.
 - MCFH developed and presented a referring provider tutorial to over 162 referring providers at healthcare organizations and CBOs (virtually), including a live demo and practice.
 - All participating home visiting agencies except for one continued sharing their data.
 - New collaborations include the People's Emergency Center's Parents as Teachers program to offer personalized support for pregnant people and people with infants and toddlers who are homeless, in transitional housing, or a shelter.
 - In June 2021, MCFH hired and virtually onboarded a 2nd Centralized Intake

- Coordinator.
 - In July of 2021, MCFH forged a partnership with Office of Children and Families (City of Philadelphia) to apply for a federal grant with the goal of reducing racial inequity in child welfare.
 - In October 2021, the Family Support through Primary Prevention Demonstration Site federal grant was awarded to Philadelphia, expanding and sustaining Philly Families CAN.
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 was launched August 2021. The library of e-modules—created by local subject-matter experts with support from PDPH staff—have been viewed over 750 times by more than 60 Philadelphia agencies and organizations (frontline staff and caseworkers). Additional e-modules are being developed and marketing efforts are expanding.
 - The Safe Sleep action plan called for distribution of infant safe sleep books and stronger training for child welfare and Early Intervention staff. More than 7,500 books on infant safe sleep (English & Spanish) were distributed to local hospitals and community-based organizations that serve pregnant and postpartum persons. A working group was created to bolster safe sleep trainings for staff from Office of Children and Families’ child welfare division. Early Intervention efforts will commence in 2022.
 - A Running Start—Health expanded its membership and is incorporating design thinking strategies to help innovate its work.

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 2021, 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 discontinued the online survey panel of health behaviors and chronic disease because it was not very representative.
 - In 2021, 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.

- 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.
 - In 2021, PDPH continued to utilize the CARES integrated data warehouse to analyze data on several topics. PDPH also shared data with the Philadelphia School District (SDP) to assist in the SDP’s COVID response.
 - PDPH continues to utilize the HealthShare Exchange (HSX) interface to improve on race/ethnicity data. HSX data is also utilized to improve or confirm address data.
 - A PDPH HCO Epi working group was established during 2021 to better coordinate needs across divisions.
 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 work supporting remote workers and field operations during the pandemic continues and has transitioned to the Health IT field team.
 - PolicyStat is operating and remains an important tool to manage policies electronically. Policies are reviewed and updated, routinely.
 - The Fiscal Division continues to participate in City-wide project planning. The expected roll-out will be staggered by Departments and is expected to kick-off in July 2024.
 6. Develop and implement an **electronic staff time tracking** system.
 - All employees, including those in Ambulatory Health Services have transitioned to using One Philly (the electronic system) for time reporting.

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 OHR to update job specifications, which could result in a more qualified and diverse applicant pool.
 - Health HR filled critical and hard-to-fill positions such as Chief Operating Officer, Deputy Health Commissioner, and Health Fiscal Director.
 - In 2021, Ambulatory Health purchased membership through American Registry of Radiologic Technologists to announce Mammographer (ARRT) positions. The Medical Examiner’s Office joined the National Association of Medical Examiner’s (NAME) to announce/recruit Medical Examiners.
 - Health HR continues to build relationships with external business partners such as Pennsylvania Career Link, which resulted in a robust applicant pool of candidates to fill Clerical Assistant positions (COVID-19 positions for Division of Disease Control). Health

HR will continue to utilize social media platforms such as Smart Recruiter, LinkedIn, Facebook, and Twitter.

- In November 2021, Health HR met with OHR and the Community College of Philadelphia to discuss the development and planning for recruitment pipelining opportunities for STEM (Science, Technology, Engineering, and Mathematics). The purpose of the discussion was to make an introduction regarding health driven opportunities.
 - In 2021 Health HR, Hiring and Staffing Unit established regular and ongoing meetings upon request of the division directors and hiring liaisons to discuss hiring needs and objectives. These include providing certification updates, PER statuses, job specification revisions/updates, and hiring strategies. In addition to hiring updates, Health HR, Hiring and Staffing Unit communicates with division directors and hiring liaisons for quarterly workforce planning.
2. Strengthen and better coordinate **internship programs** across the Department to identify and recruit highly qualified future employees.
- DPH successfully hired (4) four students through PMHCC for the 8-week Philly Forward Internship Program in 2021. The goal for 2022 is to continue working with PMHCC to hire more students for the Philly Forward Internship Program.
 - The MEO did not resume their internship program in 2021. The division has expressed interest in resuming their internship program in 2023.
 - Efforts for new internship program opportunities have been placed on hold due to pandemic and staffing shortages; the plan is to resume in 2022.
 - Air Management Services filled 3 positions in 2021.
 - Urban Health Policy Fellow program was on hold in 2020 and resumed in 2021. One position was filled for a 2-year fellowship period. EHS filled 11 Summer Student Trainee Intern positions for Food Protection.
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 2021, PDPH saw an increase in use of the LMS across the Department, which was in part due to COVID, as several divisions previously offering in-person trainings began using the LMS to offer virtual trainings to staff working remotely. Divisions also added new trainings for staff to stay abreast of new COVID-related protocols. The new COVID Containment division also used the LMS for staff trainings. Some examples of new trainings added to the LMS in 2021 include:
 - COVID Containment Division: BinaxNOW COVID-19 Ag Card Training
 - Environmental Health Services: Special Events Inspections
 - Environmental Health Services: Inspection Protocol for Reusable Containers
 - Ambulatory Health Services: eCW Front Office Telehealth Tutorial
 - The Ambulatory Health Services (AHS) division collaborated with the Health Federation to launch a mini-series of five trainings for providers. The new trainings are available to all AHS staff for self-enrollment on the LMS. Topics included Verbal De-escalation, Motivational Interviewing, Trauma Informed Care, and Implicit Bias Training. The Implicit Bias training was required for all

AHS staff, as it met the requirement for cultural competency training. A total of 232 AHS staff completed the training in 2021.

- The Maternal, Child, and Family Health (MCFH) division created a new training program called the Family Health Training Academy. The Academy is a library of 12 new e-learning modules for Philadelphia caseworkers and frontline staff on various emerging health topics. Topics included COVID-19 Infection Control, Early Child Health Promotion and Intervention, and Lead and Healthy Homes.
- In 2021, PDPH renewed the SmarterU Essentials 100 Professional Development courses for a third year. The courses are available to staff at no cost. Staff can self-enroll in up to 100 short trainings in the LMS. 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 2021, a total of 459 staff had enrolled in at least one professional development course, an increase of 97 new users from 2020. On average, users enrolled in approximately 9 courses. The number of courses completed by staff in 2021 range from 1 to 65 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 to the LMS in March 2020. PDPH had planned to promote the training, but the COVID pandemic shifted departmental priorities in the spring of 2020. So far, a total of 90 staff have completed some or all of the four-part series. While the trainings remain available for staff self-enrollment, in the summer of 2022, a communication will be sent to all PDPH employees and Division Directors promoting the training, encouraging staff to complete all four modules.
- To streamline the process of uploading new trainings to the LMS, PMU trained eight staff across several programmatic divisions to prepare trainings in Articulate Storyline 360. Divisions can finalize trainings more quickly and with less assistance from PMU, resulting in trainings being available in the LMS much faster.
- In 2021, Health Information Technology (Health IT), the Division of Disease Control (DDC) and the COVID Containment Division (CoCo) worked together to automate several time-consuming data processes that were previously done manually. This collaboration provided epidemiologists in DDC and CoCo more time to perform ad hoc analyses and answer pressing questions rather than spending time primarily on data management. Examples include:
 - Automating the generation of COVID vaccination rosters: The three divisions collaborated to create a data import roster to be integrated into a DDC surveillance database called the Communicable Disease Management System (CDMS). This database helps reduce errors that occur when the task is performed manually.
 - SFTP Upload: A large number of datasets for COVID surveillance from external sources have converted from paper/fax to SFTP. Health IT

created jobs to migrate that data into the CDMS with an automated SFTP download/aggregation followed by human review before it is fully pushed to the CDMS. This has expanded visibility into several previously unreported areas. This process frees up epidemiology staff time and integrates data into the surveillance database, dashboards, and reports to partners much more quickly.

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.
 - Collaborative efforts in 2021 with OIT (formerly ODDT) continued to create and manage multiple Health Department websites (including COVID-specific websites) to respond to the COVID-19 pandemic. Those efforts are complete, including the maintenance of these websites.
2. **Develop an annually reviewed communications infrastructure (including staff, policies, and processes) that can successfully integrate new priorities, coordinate existing infrastructure and priorities, surge and retract in response to crises, and improve internal communication.**

(Please note: this objective combines and replaces former objectives regarding branding strategy and internal communications).

- A survey tool was developed in July of 2021 to survey:
 - up to five comparable health departments and three operational City departments on their communications structure and processes. The surveys were issued in July of 2021 and reports of survey results were drafted in August of 2021.
 - PDPH operational divisions and staff about stakeholders, communications needs, and existing and planned capacity. The survey was issued in July of 2021 and reports of survey results were drafted by September of 2021.
- In 2021, there were updates/revisions of:
 - all communications policies to match new organizational and relational chart, including News Media, Digital, Internal, Style Guide, Branding and others as identified to be submitted and approved by HCO in 2022.
- In 2021, there was development of:
 - PDPH communications organizational and relational chart incorporating PDPH needs, capacity, and identification of best practices. A chart was submitted and approved by HCO and staff are expected to be hired, as necessary beginning January of 2022.

- A policy and org chart roll-out, training plan, and annual review plan is to be submitted and approved by HCO in 2022.

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.
 - The joint meetings of grants quarterly discussions have proven to be an efficient communication and management tool, and continues to improve communications that reduce the amount of grant funds returned due to underspending. They have stalled with a turnover in management but will resume in 2022.
2. Systematically identify strategies to **increase funding for high-impact programs** that are under-funded or that face declining funding.
 - PDPH continues to explore opportunities to increase funding for under-funded programs.
3. Assess and, where appropriate, **adjust program fees, fines, and other revenue sources** to support work required to implement programs.
 - Fiscal continued throughout 2021 to manage two financially beneficial revenue generating contracts.
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.
 - Health has transitioned to the policy and procedure management tool, PolicyStat. Fiscal maintains and updates policies regularly.
 - Fiscal has updated the fund reconciliation process and has established review and approval protocols.
 - Fiscal is available for shoulder-to-shoulder training on an as needed basis. Fiscal plans to increase training offerings with the addition of a training and compliance officer.
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.
 - The electronic invoice processing is ongoing and continues to add value by decreasing processing time for 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.
 - SUPHR (located at 1952 E. Allegheny, 4th Floor) was expanded from approximately 5,000 to 7,500 square feet and Prevention Point moved in permanently in July of 2021.
 - EHS Vector Group relocations are ongoing, with most of the group having relocated to 1825 Hilton Street in Kensington in 2020. Staff have not fully moved into 7800 Ogontz Avenue at this time. IT issues and resolution needed on an NDAA Compliant building camera system have caused a delay.
 - DDC currently occupies the office space on the 6th Floor of 123 S. Broad; they perform the vaccine clinics throughout the City. This move was completed in the Fall of 2021.
 - Moving the Medical Examiner's Office (MEO) to the Philadelphia Public Services Building (PPSB) at 400 N Broad is ongoing with completion to occur in the following phases:
 - Phase 1: Toxicology lab move completed November 2021.
 - Phase 2: Majority of MEO staff to move February 8th, 2022 to PPSB.
 - Phase 3: Remaining MEO staff (skeleton crew) move to PPSB (TBD).