



Department of
Public Health

Strategic Plan 2022-2026

**Annual Progress Report
2023**

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 people who are disproportionately impacted by societal factors that limit their access to healthcare and other resources necessary for optimal health. In 2022, PDPH issued its third [Strategic Plan](#) that describes priorities, goals, and objectives for PDPH to achieve by 2026.

From the intended areas of strategic focus emerged eight strategic priorities centered around **equity, workplace wellbeing, efficiency in administrative operations, emergency preparedness, the health of the city's children, access to care, a data informed approach to the major causes of early death and disability, and accreditation of the health department's medical examiner's office**. The programmatic and administrative goals and objectives listed in the Plan reflect new activities that will increase PDPH's capability to address a variety of health issues. This annual report provides a summary of our progress in achieving the Strategic Plan's goals and objectives.

Strategic Priorities

Strategic Priority #1: Center equity in all our work

Objectives

- Create and implement a Health Equity Plan that connects across all divisions and programs and includes both internal strategies related to our workforce diversity and well-being and external strategies addressing our public health goals and strategies
- Regularly convene and consult with our internal Health Equity Council and our External Health Equity Committee, adding representation from groups not yet included, ensuring that we have mechanisms to quickly hear from community leaders and groups about public health problems that impact their members and can incorporate their expertise into our planning and programs
- Review our performance metrics and other publicly reported data and reports to ensure that they meet the goals of an equity-centered data system

Progress in 2023:

- The Chief Racial Equity Office (CREO) has led a collaboration across the department to create a new Health Equity Prospectus with five tenets: Community Engagement, Workforce Development, Data Justice, Public Health Ethics, and Communications. The respective divisions will undergo training to assist with the full integration of these principles through comprehensive skills labs developed by the CREO Training and Technical Manager.
- The CREO office has established both an internal and external Equity Council. The internal council comprises individuals nominated by the divisions representing demographic domains within the city. The external council includes leadership from diverse community-based organizations reflecting Philadelphia's population. These councils convene every 4-6 weeks, serving as steering committees to align PDPH with the health equity prospectus and the broader needs of Philadelphia.
- The CREO office plans to integrate performance metrics review and analysis of publicly reported data to guide equity initiatives. This approach aims to establish a foundation for measuring additional metrics as the project progresses through FY24.

Strategic Priority #2: Improve workplace wellbeing and staffing levels

Objectives

- Utilize our new CDC Workforce grant to provide support for professional development for staff through creation of a menu of training options in partnership with local academic institutions
- Create formal mentorship programs within the department
- Create leadership training programs within the department to help strengthen the skills of managers and supervisors
- Improve internal communications through use of internal newsletters, town halls, and other strategies to decrease silos, build pride across the department in our collective work and help us all to achieve a fuller understanding of the work done across the department
- Add a Health Fiscal Trainer to ensure that new fiscal staff have the support they need to learn and succeed in their positions
- Add a Workforce Director position, funded through the CDC Workforce Grant, who will work across civil service and contract staff positions, helping to implement strategies to improve staff well-being, improve conditions for our staff, and facilitate movement of contract staff into civil service positions where feasible
- Repeat our all-staff survey to assess progress and identify and areas in need of improvement
- Restart Public Health 101 training for new PDPH staff

Progress in 2023:

- Through a partnership formed with Drexel University, all department staff were invited to participate in Drexel's Summer Training Institute with course options free of charge to employees. These courses included prerequisite requirements, which were waived for all PDPH staff, to allow full participation in this learning experience. Additional partnering opportunities with academic institutions are being planned for staff professional development in the months to come.
- A formal group mentorship program is being planned for new hires during their 6-month probationary period. The Workforce Development Unit is developing a mentorship program to support new staff with getting acclimated to a public health environment by enhancing their ability to effectively communicate their needs and challenges to their colleagues and leadership, and to provide them with tools needed for success during the crucial probationary time period.

- Professional leadership training opportunities to develop leadership skills were extended to Division Directors and other departmental leaders in accord with suggestions on the staff survey and will continue to be available.
- The Health Commissioner's Office of Communications has made great strides in developing and implementing a broad internal communications program in 2023.

Through November 30, the HCO-C has distributed 11 monthly *HealthHappens* newsletters and expects to publish a December newsletter before the end of the year. Each newsletter contains updates from operational and administrative divisions, highlights key new staff and accomplishments, quick access to information about trainings and job opportunities, and an interactive quiz about the Health Department and public health. Staff who successfully complete the quiz are entered into a drawing to be highlighted to the rest of the department in a future newsletter. While it is not a primary analytical tool, each quiz has received more than 100 responses, demonstrating high levels of engagement by staff.

The HCO-C is on track to hold four quarterly virtual town hall events, where senior Health Department staff can present on a topic relevant to the department and then field questions from staff. Town halls are held on a rotating schedule on different days, with two taking place during the workday and two taking place in the evening for staff that do not have ready access to computers during their workdays. Except for the July town hall, which experienced technical difficulties, more than 100 concurrent participants were recorded in each town hall, even those held during evening hours.

The Health Commissioner's Office is also making a concerted effort to provide email updates on timely and relevant situations to ensure that employees have the latest information on what's going on. These emails were put to great use during the Canadian wildfires in June, providing daily updates on the situation and recommended actions that employees could undertake to protect themselves and others.

The Health Commissioner's Office has been working with representatives from Human Resources, Health Techs, and Health Fiscal to ensure that the Health Department's intranet website is current and up to date. It is expected that the intranet will be moved to a new platform in 2024. This process will align PDPH's intranet with all other City departments and make it easier for staff to find and navigate it.

Finally, the HCO-C is in the final stages of hiring a part-time Internal Communications Coordinator, who will be charged with taking over all parts of the internal communications program and identifying new opportunities to decrease silos, build pride across the department in our collective work, and help us all to achieve a fuller understanding of the work done across the department.

- HCO has posted a position for and is actively recruiting a Fiscal Compliance and Training Officer. This position will be responsible for developing financial controls and training staff to ensure adherence to regulations and internal policies. The position will be in place by FY24 Q3.

- The Workforce Director position was filled in March 2023 through workforce grant funding from the CDC. This position works across the department – with civil service, civil service exempt, and contracted staff to implement strategies related to the wellness of staff, policies/procedures, staffing, recruitment, contract to civil service employment transitions, training, and professional development opportunities.
- The all-staff survey was distributed to staff in May 2023 and the results disseminated department-wide in September 2023. A total of 743 staff members responded to the survey (of whom 249 included narrative comments). This was compared to 2022 results of 846 staff responses (of whom 301 included narrative comments). Overall, improvements were made from 2022 to 2023 results; however, more work is needed with regard to training, supportive programs for staff (e.g., mentorship), and promotional opportunities.
- Public Health 101 training was relaunched for the first time since 2019. The PH101 training currently consists of 13 presentations across various departmental areas of work. Two training sessions were held in 2023. Twenty-four new/recent hires attended the January 24th session. The second training was held on October 26, 2023, and was attended by 33 new/recent hires. Sessions for 2024 are being planned/scheduled, with the first training date scheduled for January 18, 2024.

Strategic Priority #3: Focus on strategies to ease administrative barriers to day-to-day operations within the department and enhance teamwork across divisions

Objectives

- Work across divisions to identify barriers to smooth operations; conduct problem-solving sessions across divisions to strategize potential solutions followed by PDSA cycles to identify and implement effective strategies.
- Identify opportunities for synergy to avoid duplicative work
- Identify opportunities for shared work across divisions including both public health goals and processes
- Create opportunities for staff to spend time working with another division to improve teamwork across divisions and enhance cross-pollination of ideas

Progress in 2023:

- The Department has established two cross-divisional teams in health equity and epidemiology and analytics. Each team consists of mid-level managers/supervisors from each programmatic division across the department. An objective in this first year has been to identify operational or functional redundancies. Another objective is integrating the execution of complex or shared

projects across broader teams to improve efficiency in divisions with less of an analytic and reporting footprint. The Department plans to reconstitute the cross-divisional Quality Improvement Council to identify operational barriers impacting programmatic implementation and advance a quality improvement culture in the upcoming year.

- To identify opportunities for synergy, DDC and PHL meet bimonthly; DDC, SUPHR and HIV Health meet bimonthly to discuss commonality in work and opportunities for collaboration.
- Shared work across divisions has been demonstrated by HCO staff that have been trained and assist divisions in invoice payment, purchase and confirming order processes. This effort was undertaken to assist divisions that may be experiencing backlogs in these processes due to staff shortages, workload increases or other issues. HCO staff can perform these processes using information provided by the divisions. HCO staff have also been trained in essential Human Resources processes including intake and recording of performance evaluations as well as sorting, organizing, and cataloging paper leave and overtime authorization slips. Assistance with these processes has helped Health Human Resources staff meet deadlines for performance evaluations as well as verify the accuracy of employee timecards.

Strategic Priority #4: Prepare for future public health emergencies with a focus on equity

Objectives

- Develop and implement a comprehensive outreach strategy that focuses on engaging community-based partners, incorporating community input in planning, response and outreach activities, and promoting health equity for our Disease Control/Preparedness work
- Create a PDPH Emergency Response Corps made up of PDPH staff across divisions who will receive additional training to enable them to be ready to respond to public health emergencies
- In partnership with community organizations, integrate strategies for people with disabilities in all emergency response plans
- Work with partners across the city to create a plan for a health response to large-scale displaced person events
- Update emergency response plans to include best practices and lessons learned from recent responses, including COVID-19, the Mpox outbreak, and displaced person events
- Create brief, concise documents for department leadership on the immediate response needed for potential public health emergencies along with public health communications messages that can be prepared and translated in case they are needed

- Achieve Laboratory Response Network (LRN) status for the PDPH Public Health Laboratory and relocate the lab to a new state of the art facility to support future testing services including those needed in public health emergencies

Progress in 2023:

- Through the CDC grant OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, PDPH funded six organizations to conduct community-based preparedness work beginning in late 2022 and continuing into 2024. Those organizations have conducted various projects for their communities and also participate in the Community Preparedness Advisory Committee. The Community Preparedness Advisory Committee was launched in February 2023 to ensure that emergency planning efforts are conducted collaboratively with communities and that plans effectively meet community needs.

Through the same grant, the Division of Disease Control has expanded health equity work, including creation of a Health Equity Workgroup with representation from all DDC programs that meets on a monthly basis and creation of a draft Health Equity Action Plan for the Division. The Public Health Preparedness Program has also created a preparedness health equity checklist, which is a guide to ensure that emergency response plans incorporate equitable practices.

- The Public Health Preparedness Program launched an Emergency Response Corps program in January 2023. The Emergency Response Corps is comprised of approximately 50 staff from across the Department who have indicated willingness to be called upon to respond to emergencies. In 2023, these staff participated in four quarterly trainings and two lunch & learn sessions on emergency preparedness and response topics. A new round of recruitment was initiated in October 2023 to expand participation in this program.
- In 2021, the Public Health Preparedness Program established the Disability Health Committee, a group of stakeholders representing diverse disability communities throughout the city. In 2021 and 2022, this group consulted PDPH on various projects related to the COVID-19 response, including implementation of an in-home vaccination program and community-based trainings. In 2023, the group has worked with the Program to review and provide input on its emergency response plans to ensure they meet the needs of people with disabilities. The group meets on a quarterly basis.
- PDPH has been supporting the City's Migrant Welcome Center since November 2022 through provision of on-site health services and connections to case management. An after-action review of this response is underway. Best practices and lessons learned from the asylum seekers response, the Operation Allies Welcome response, and other displaced population events will be incorporated in a proposed playbook for large-scale displaced person events.
- In 2023, the Public Health Preparedness Program updated the Public Health Emergency Response Plan (PHERP) and supporting annexes to reflect best practices and lessons learned from recent responses. Plan updates incorporate several best practices, including: 1)

identification of mechanisms to receive community input before, during, and after emergencies; 2) expansion of strategies to address the needs of populations that may be at high risk for adverse outcomes during emergencies, such as persons with disabilities and access and functional needs and persons experiencing homelessness; and 3) opportunities for public/private partnerships that can be leveraged during emergencies to expand the City's response capacity. After updating the Mass Prophylaxis Plan, the Public Health Preparedness Program launched a workshop and tabletop exercise (TTX) series in October 2023 to review roles and responsibilities with collaborating organizations and to address remaining gaps.

- The Public Health Preparedness Program developed Executive Leadership Response Guides for the Public Health Emergency Response Plan (PHERP) and 11 plan annexes, including Mass Care and Sheltering, Radiological Response, Excessive Heat, Mass Vaccination, Mass Oral Medical Countermeasure Dispensing, and Community Engagement. These guides summarize the hazard, PDPH responsibilities, major response functions, and administrative considerations for situational awareness among PDPH leadership. Risk communications playbooks to complement these guides are in progress, with several playbooks completed. The playbook for air quality emergencies was successfully activated and utilized during multiple air quality emergencies in 2023, including both wildfire smoke and junkyard fire events.
- Public Health Laboratory was successfully relocated to a new state of the art facility at 1930 South Broad Street on October 16th, 2023. We did not achieve the LRN-B status in 2023 due to the lab move priority and changes in project scope. We are working to procure a BSL-3 Mobile testing unit in the spring of CY2024 through approved state grant funding. Once the unit is purchased, we can move forward with the LRN-B certification status.

Strategic Priority #5: Address the environmental factors impacting the health of Philadelphia's children

Objectives

- Complete a home visit including education, environmental assessment, and assistance with remediation for 75% of children with a lead level of 3.5 mcg/dL or higher
- Pass a regulation to limit Air Toxics (Hazardous Air Pollutants) to improve outdoor air quality
- Work with stakeholders across the city to create and implement a plan to address childhood asthma in Philadelphia
- Work with stakeholders across the city to create and implement a plan to address tobacco use during pregnancy and during the first year post-partum

Progress in 2023:

- EHS has established a baseline of 26% for home visits. In July 2023, we dropped the level of concern and service from 5.0 to 3.5 mcg/dL. This has added an average of 40 additional cases

per month. We have several program vacancies that we are working to fill. Our program reaches out to every family; however, we also have a very high no-contact rate. We reach out to each family via phone and in-person and leave a notice, but there is not always a response. We are working to improve our no-contact rates.

- Regulation to limit air toxics was approved by the APCB and responses were provided to comments from the public. AMS is now in the implementation phase, which will start on January 1st, 2024. All new sources and major sources during renewals will apply for air toxics permits.
- CDIP has made progress partnering with MCFH to address childhood asthma in Philadelphia. Meetings were held with stakeholders from across the city to understand existing work, challenges, and priorities related to childhood asthma, and a plan outlining PDPH's Asthma Prevention and Control program was developed. Together, MCFH and CDIP launched and conducted two meetings with our Citywide Asthma Strategy Advisory Group, comprised of cross-sector stakeholders working toward the common goals of reducing the burden of asthma on children and families and reducing racial disparities in asthma-related outcomes.
- The Division of Maternal Child and Family Health and the Tobacco Policy and Control Program within the Division of Chronic Disease and Injury Prevention engaged in a joint effort to determine physician practices and training needs regarding tobacco screening and cessation in the perinatal period. Information from existing data sources and provider surveys on the topic were used to inform and develop strategies for training, quality improvement, and media to reduce postpartum tobacco use. Implementation will begin in early 2024. Additionally, literature reviews of best practices were conducted and key informant interviews of experts in caregiver tobacco cessation are in progress. All of this information is currently being synthesized into a set of recommendations which will be reviewed and prioritized with stakeholders.

Strategic Priority #6: Ensure that all Philadelphians have access to primary care

Objectives

- Commit to sites for building 2 additional health centers to address the long-standing lengthy wait times and lack of safety net clinics in the lower Northeast
- Conduct health center repairs and renovations to make existing facilities welcoming to patients, avoid unplanned closures due to systems failures, and allow for expansion of services
- Decrease the vacancy rate for staff positions at the city health centers from 26% to below 10%
- Continue dissemination of the Primary Care Finder through 311 and community partners

Progress in 2023:

- The Mayor's FY24 budget includes the final piece of funding needed to build two new health centers: one at the Frankford Transportation Center (FTC) and the other on the Friends Hospital campus. The Historical Commission has approved both the demolition of the Lawnside building and the construction of the health center on the proposed location on the Friends campus. Community meetings have begun and will continue into January, prior to consideration of zoning variance for the Friends site (which would need Council approval). VSBA architects are working to finalize schematic design for the FTC site. The FTC site HC is part of a multi-tenant project to include the health center, a supermarket and mixed income housing. The developer is pursuing two forms of tax credits to support the project construction and Health is working with the group to provide the HC information needed to submit the application. Having recently received confirmation on the total square footage allocated to the health center, VSBA architects are working to develop a floor plan design for the space as AHS administration determines the size and location of services for the site.
- Over \$4 million dollars in renovations, equipment replacements and improvements to existing city health centers were completed in FY23. Architectural plans for many more plans were funded and completed. We await final approval of additional Class 200 dollars to complete the general contracting portion of these projects.
- Health HR has been actively working with OHR to decrease vacancies. Although we did not reach the goal of getting to below 10% at the city health centers, the department has been working with OHR to announce job titles more often, find more ways to advertise exam announcements, and increase salaries to improve recruitment and retention.
- As of October 2023, there have been over 2,000 unique users of the Primary Care Finder. CDIP continues to disseminate the Finder by distributing physical promotional materials at a number of venues and community events. CDIP also developed a social media toolkit and released a blog post during National Primary Care Week on the City's website highlighting the Primary Care Finder and the importance of primary care services. In June 2023, CDIP trained 6 staff supporting 311 calls to use the Finder if they receive requests for support with accessing health care services. CDIP will continue working with 311 to explore ways that their call line may leverage the Finder to connect individuals to care.

Strategic Priority #7: Use data informed strategies to inform our work on major causes of early death and disability

Objective:

Gun violence

- Create a non-fatal shooting review to complement and expand learning and recommendations from the Homicide Death Review team, a cross departmental team convened by PDPH, and ensure community awareness of this process

- Hire a social worker to expand grief counseling options for families of victims of gun violence
- Expand the injury prevention dashboard to include an asset map with a wide range of injury prevention assets and resources by place

Progress in 2023 (Gun Violence):

- In 2023, CDIP reviewed and compiled historical learnings and recommendations from the Homicide Death Review to inform a non-fatal shooting review process. We are in the process of developing a final report from Homicide Death Review meetings to date.
- CDIP partnered with the Medical Examiner’s Office to hire an additional social worker to provide dedicated bereavement care for families of victims of gun violence.
- CDIP has completed data collection for phase I of the asset map and developed a finder tool. These resources will make publicly accessible an interactive map of community partners that provide gun violence intervention, prevention, or related services to Philadelphia residents impacted by gun violence. The Gun Violence Prevention Program Finder is scheduled to launch in 2024.

Overdose deaths

- Reduce the number of stimulant-involved overdoses by 20% through community outreach and education focused on the risk of fentanyl contamination in stimulants and measures to reduce risk (distribution of and education about fentanyl test strips and naloxone, avoiding use alone)

Progress in 2023 (Overdose Deaths):

- PDPH expanded SUPHR’s Community Engagement Team to further provide outreach, naloxone, fentanyl test strips, and education to those zip codes with the highest burden of stimulant involved overdose deaths. This also has included outreach, distribution, and education in neighboring zip codes. To date, the Community Engagement Team has distributed 7,500 doses of naloxone and 13,241 fentanyl test strips in 11 zip codes (19120, 19131, 19132, 19133, 19138, 19139, 19140, 19141, 19143, 19144, 19148).

PDPH completed an academic detailing campaign focused on stimulant use and cocaine use. This included completing a total of 255 follow-up visits and 876 academic detailing sessions with medical, behavioral health, and community-based organizations. PDPH provided harm reduction kits which included safer smoking supplies¹ as well as Nicotine Replacement Therapy (NRT) and tobacco cessation information. A total of 677 harm reduction kits were sent to 430 providers.

¹ Safer smoking kits include: a pouch, rubber mouthpiece, Chore Boy, lip balm, disinfectant wipes, disposable straws, plastic cards, plastic scooping spoons, naloxone, a card with naloxone instructions, fentanyl test strips, a card with fentanyl test strip instructions, a card with smoking cessation information, samples of nicotine replacement therapy (with warning to keep away from children), and a cocaine safe use pamphlet.

PDPH conducted a fentanyl awareness campaign that focused on reaching all households in select North Philadelphia zip codes that have exhibited an increase in overdoses. They developed post cards which were mailed to all households in zip codes 19133, 19132, and 19140 on 8/15/23. Those mailers were expected to be delivered to residents 3-7 days post shipment, falling between 8/18/23 - 8/22/23. The second batch of postcards were mailed to all households in 19144 and 19141 on Tuesday 9/5/23. They were estimated to have been delivered between 9/8/23 – 9/12/23. 85,508 postcards were mailed, with the following distribution:

- 19133: 10,307
- 19141: 14,314
- 19132: 16,811
- 19140: 21,642
- 19144: 22,434

Heart disease/cancer

- Reduce adult smoking rate from 16% to 14% through a combination of policy, environmental, and systems approaches
- Work with stakeholders across the city to create and implement a plan to address tobacco use during pregnancy and during the first-year post-partum (as above)
- Work with other city departments and agencies to decrease the number of city residences without access to running water by at least 50% by ensuring that public health expertise and evidence inform the City’s water shutoff and affordability policy and expand community outreach through our CDC-funded Community Health Workers to help Philadelphians avoid water shutoffs, including by enrolling in customer assistance programs

Progress in 2023 (Heart Disease/Cancer):

- Adult smoking declined from 16% in 2020 to 15% in 2021, according to the most recent BRFSS estimates. 2022 data will be available soon. These declines can be attributed to the combined effects of local and state mass media campaigns, evidence-based programmatic efforts, preventing youth initiation, helping tobacco users to quit, and tobacco control policy.
- (As reported for strategic priority #5) The Division of Maternal Child and Family Health and the Tobacco Policy and Control Program within the Division of Chronic Disease and Injury Prevention used existing data sources and provider surveys regarding tobacco screening and cessation in the perinatal period to determine physician practices and training needs. This information was used to inform and develop strategies for training, quality improvement, and media to reduce postpartum tobacco use. Implementation will begin in early 2024. Additionally, literature reviews of best practices were conducted and key informant interviews of experts in caregiver tobacco cessation are in progress. All of this information is currently being synthesized into a set of recommendations which will be reviewed and prioritized with stakeholders.
- In 2022, the City of Philadelphia committed to protecting all residents with low incomes from nonpayment-related water shutoffs. In 2023, the City augmented the low-income protections

with additional protections for tenant households and households with children under 18, adults over 65, and/or occupants with disabilities. Together, these protections allowed the City to prevent over 200,000 households from receiving shut-off notices; additional households self-identified as protected after receiving notices.

Maternal Mortality

- Develop a surveillance system for maternal morbidity and then discuss cases as part of the Maternal Mortality Review Committee

Progress in 2023 (Maternal Mortality):

- A Board of Health regulation to allow for the surveillance of maternal morbidity was passed. The staff to oversee the surveillance program have been hired and are currently working with hospitals to finalize the surveillance protocols.

Ending the HIV Epidemic (EHE)

- Diagnose all Philadelphians with HIV as early as possible with a goal of 97% of Philadelphians living with HIV knowing their status by 2025
- Treat people with HIV quickly and effectively with a goal of 95% of Philadelphians living with HIV on effective HIV treatment by 2025
- Prevent new transmissions by promoting pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP), and syringe service programs with a goal of 50% of Philadelphians with a PrEP indication on PrEP, and 100% of Philadelphians seeking nPEP and syringe services able to receive these services by 2025
- Respond quickly to all HIV outbreaks in Philadelphia

Progress in 2023 (Ending the HIV Epidemic):

- To reach Ending the HIV Epidemic goals by 2030, Philadelphia needs to diagnose all Philadelphians with HIV as early as possible with a goal of diagnosing 95% of Philadelphians with HIV by 2030. Our interim goal for 2021 (most recent data available) was 89.7%. In 2021, 89.8% of Philadelphians were aware of their status. Philadelphia is on track to meet the 2030 target.
- To reach the Ending the HIV Epidemic goal by 2030, Philadelphia needs to treat all people with HIV quickly and effectively with a goal of 95% of Philadelphians with HIV having undetectable viral loads by 2030. Our interim goal for 2022 (most recent data available) was 72.4% of Philadelphians with HIV having an undetectable viral load. In 2022, 73.5% of Philadelphians with evidence of care in the last 5 years had an undetectable viral load. Philadelphia met the interim goal and is on track to meet the 2030 goal of 95% viral suppression.
- Philadelphia has already met the 2025 Ending the HIV Epidemic goal of 50% of people with a PrEP indication on PrEP. PrEP coverage estimates are improving and have surpassed the 2025

Target of 50%. In 2022, PrEP was prescribed to 50.8% of the local estimated number of persons who had indications for PrEP. Through the Philadelphia postexposure prophylaxis (PEP) Center of Excellence, Philadelphia has been able to get PEP to all Philadelphia seeking this service in 2022.

- PDPH continually monitors community data to identify outbreaks and clusters of HIV infection. When identified, PDPH executes a response, working with a wide variety of partners to get HIV testing, treatment, and prevention programs to the people who need them most. While HIV diagnoses are decreasing among men who have sex with men and heterosexuals, there are continued increases in HIV diagnoses among persons who inject drugs, highlighting the need for continued response efforts within this community including the expansion of harm reduction service like syringe services programs.

Strategic Priority #8: Achieve accreditation by 2025 and build public trust in our Medical Examiner's Office

Objectives

- Decrease the vacancy rate for staff positions in the MEO from 14% to below 10%
- Add 22 additional positions to meet current needs of the office, which have increased due to the high number of overdose and homicide deaths in the city
- Create written policies and procedures for the office
- Create a brochure and website page that explains MEO procedures in language accessible to the public

Progress in 2023:

- Health HR has actively been working with OHR but due to staffing issues we have been unable to meet our metric to decrease the MEO vacancy rate. We have been working with OHR to increase salaries for recruitment and retention; these are specialized positions and there is a high demand.
- The additional MEO positions were added through the budgeting process, and Health HR is working to fill these vacancies.
- MEO has completed 10% of written policies and procedures for the office.
- MEO has completed 90% of the frequently asked questions section, which can be turned into a brochure.