Strategic Plan: 2014-2018

Philadelphia Department of Public Health

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LETTER FROM THE HEALTH COMMISSIONER

Dear public health partners,

Philadelphia is a vibrant, historic city with a long history of groundbreaking public health activity. Notably, we were the first city in the U.S. to establish a public hospital in 1729, and among the first municipalities to develop a comprehensive sanitation system. Nevertheless, Philadelphia faces critical 21st-century public health challenges. Of the 10 largest cities in the nation, we have the highest rates of poverty. Decades of de-industrialization and population loss have negatively impacted the underlying tax base along with housing, employment, and education. These social determinants of health are closely tied to the poor physical and mental health experienced by many of our residents—whether considering birth outcomes, sexual health, tobacco use, diet, or indoor and outdoor air quality.

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. Our 8 operating divisions and 1,200 employees pursue this mission every day. Over the last several years, we have seen improvements in life expectancy with the largest gains among racial/ethnic minorities; a lowering of infant mortality below 10 deaths per 1,000 live births for the first time in history; reductions in sexually transmitted infections after years of steady increases; a 15% reduction in adult smoking and 5% reduction in child obesity; and steady enhancements in air quality.

Through this Strategic Plan, PDPH lays out its vision and strategy for the next 5 years (2014-2018). A vision of a city in which every resident is able to live to live a long, healthy, and productive life; be free of preventable disease and disability; and live, work, learn, shop, and play in environments that promote health. This Strategic Plan reflects our core values—embracing evidence-based approaches; seeking to achieve policy and systems change; striving for equity; and working collaboratively with partners at all levels of government and with academia, community-based organizations, small and larger employers, and health care providers and payers.

Our 4 strategic focus areas are: 1) Women's and infants' health, 2) Sexual health, 3) Tobacco control and obesity prevention, and 4) Environmental health. This Strategic Plan describes a comprehensive set of objectives and strategies to secure and advance the health of all Philadelphians.

I want to thank our wonderful staff, partners, and funders who make this work possible. Together, we will make Philadelphia healthier, stronger, and more productive.

Sincerely,

Donald F. Schwarz, MD, MPH
Health Commissioner
Deputy Mayor, Health and Opportunity
City of Philadelphia

I. OVERVIEW

Background

The Philadelphia Department of Public Health (PDPH) is both the municipal and county public health agency for Philadelphia and is one of ten operating departments specified in the City's 1952 Charter. A Philadelphia Bureau of Health was first established in 1899, and the Department of Public Health and Charities was established in 1903.

The Health Commissioner is the Department's director, reporting directly to the Mayor, and he chairs the Board of Health. PDPH has over 1,200 employees and 9 operating divisions, including:

1. Disease Control
2. AIDS Activity Coordinating Office
3. Maternal, Child, and Family Health
4. Chronic Disease Prevention and Health Promotion
5. Environmental Health
6. Air Management Services
7. Medical Examiner's Office
8. Public Health Lab
9. Ambulatory Health Services (overseeing 8 federally-qualified look-alike health centers)

Mission

Our mission is to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable.

Vision

Our vision is of a city in which every resident is able to:

- Live a long, healthy, and productive life;
- Be free of preventable disease and disability; and
- Live, work, learn, shop, and play in environments that promote health.

Guiding principles

1. **Evidence** –We develop programs and policies based on the best available science, evaluate them rigorously, and share knowledge broadly within Philadelphia and across the country.

2. **Impact –**We implement policy, systems, and environmental changes that help to make the healthy choice, the easy choice for all Philadelphians.

3. **Equity** – We promote equity and eliminate disparities in health, including those related to race, ethnicity, nationality, gender, sexual orientation, gender identity, immigration status, language, and disability.

4. **Professionalism** – We maintain a diverse, well-trained, professional workforce and provide high quality, consistent services.

5. **Collaboration** – We foster partnerships with agencies and individuals inside and outside of government to promote the public's health.

Strategic priority areas, objectives, and strategies

1. **Women's and infants' health**

    a. **Objective 1 – Enhance the reproductive health of women**

        i. Policy strategies
            1. Promote awareness of and access to long-acting reversible contraception (LARC)
        ii. Health promotion strategies
            2. Educate the public and engage key community organizations on the importance of pre- and inter-conception health
        iii. Clinical care strategies
            3. Enhance capacity to provide effective reproductive health services to adolescents in easily accessible and acceptable venues

    b. **Objective 2 – Foster optimal infant health and development**

        i. Policy Strategies
            1. Conduct infant fatality reviews to identify actionable policies to reduce the risk of infant death
        ii. Health promotion strategies
            2. Encourage birth hospitals to support breastfeeding initiation and achieve *Baby Friendly* status
            3. Expand a universal home visiting initiative for newborns and their caregivers
        iii. Clinical care strategies
            4. Improve access to and use of prenatal care services

c. **Objective 3 – Improve immunization rates for young children**

   i. Policy strategies
      1. Educate and enforce immunization requirements at childcare settings
      2. Assure community-wide access to vaccines and regulatory compliance of pediatric care providers through the Vaccines for Children (VFC) federal entitlement
   ii. Health promotion strategies
      3. Identify and outreach to communities and families with low rates of childhood immunization
   iii. Clinical care strategies
      4. Improve electronic reporting of immunizations (HL7) from provider EHRs into citywide Immunization Information System, known as KIDS Plus registry
      5. Prevent perinatal transmission of Hepatitis B Virus (HBV) by assuring complete prophylaxis and follow-up of child

2. **Sexual health**

   a. **Objective 1 - Decrease STD rates and increase condom use among youth and young adults**

      i. Policy strategies
         1. Make free condoms readily available in all public high schools
         2. Assist in implementing evidence-based sexual education in all public middle and high schools
         3. Pursue expedited partner therapy (EPT) policy for teens receiving services in PDPH clinical settings
      ii. Health promotion strategies
         4. Utilize social media to (re)normalize condom use
         5. Offer STD screening, treatment, and prevention services in all public high schools funded through public health and clinical sources
      iii. Clinical care strategies
         6. Offer timely treatment to sexual partners of those diagnosed with an STD through disease reporting and partner services interventions
         7. Engage and train clinical providers—particularly family planning and primary care providers—to increase STD screening, decrease time between STD diagnosis and treatment, and enhance prevention through enhanced motivational interviewing
         8. Educate parents, teens, and clinical providers on importance of initiating and completing HPV vaccination

b. Objective 2 - Reduce new HIV infections and improve linkage to timely, high-quality HIV care

i. Policy strategies
1. Promote adoption of opt-out HIV testing among clinical providers citywide

ii. Health promotion strategies
2. Offer community-based HIV screening and education, particularly among MSM, high-risk heterosexuals, and IV drug users
3. Offer prison-based HIV screening and education
4. Support syringe access services

iii. Clinical care strategies
5. Improve linkage to care for HIV positive persons
6. Improve retention in care and quality of care for HIV positive persons, including achievement of viral suppression
7. Offer timely screening and linkage to care for sexual partners of those diagnosed with HIV through disease reporting and partner services interventions
8. Coordinate citywide provision of pre-exposure prophylaxis (PrEP)

3. Chronic diseases related to tobacco use and obesity

a. Objective 1 – Decrease rates of youth and adult smoking

i. Policy Strategies
1. Promote smoke-free policies for City parks, universities, and large employers
2. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units
3. Foster changes in the pricing, placement, and promotion of tobacco products in retail settings

ii. Health promotion strategies
4. Implement social marketing campaigns regarding quitting, the health effects of smoking and secondhand smoke, and tobacco de-normalization
5. Engage neighborhood organizations, community leaders, and youth to be local tobacco control champions

iii. Clinical care strategies
6. Support clinical providers to integrate tobacco use dependence treatment into routine care

b. Objective 2 – Improve nutrition and physical activity to decrease obesity

i. Policy strategies
   1. Implement nutrition standards for all food procured by City agencies and other institutional purchasers
   2. Leverage federal food programs to improve nutritional offerings in schools, afterschool settings, and childcare
   3. Advocate for minute-based PE requirements in schools

ii. Health promotion strategies
   4. Enhance the availability, affordability, and promotion of healthy foods in retail settings through retailer and manufacturer/distributor engagement
   5. Implement social marketing campaigns to promote healthier eating and physical activity
   6. Promote greater and safer physical activity through bicycle, pedestrian, and open space initiatives

iii. Clinical care strategies
   7. Enhance surveillance system for obesity and related chronic diseases
   8. Advance health-promoting policies in hospitals

4. Environmental health

a. Objective 1 – Protect children from environmental health hazards

i. Policy strategies
   1. Meet the National Ambient Air Quality Standard for particulate matter, ozone, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead, and reduce exposure to air toxics through regulatory activities
   2. Reduce health and safety hazards in low-income housing, with an emphasis on lead poisoning prevention by improving property owner awareness of and compliance with the Philadelphia Property Code and Health Code
   3. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

ii. Health promotion strategies
   4. Reduce health and safety hazards, including asthma triggers, through Healthy Homes and Lead Poisoning Prevention programming
   5. Implement periodic neighborhood-focused rodent, pest, and home safety survey and educational activities

iii. Clinical care strategies
   6. Improve pediatric providers' knowledge, counseling, and referral practices to prevent lead poisoning, increase lead screening, and reduce environmental triggers of asthma

b. **Objective 2 – Promote food safety through education and inspection of food establishments**

i. Policy strategies
    1. Ensure routine annual inspections of food establishments, re-inspection within 30 days, and timely pre-court inspections of all court cases

ii. Health promotion strategies
    1. Develop and disseminate resources on starting various types of food businesses
    2. Develop and disseminate resources for food vendors on how to prepare for a successful food safety inspection
    3. Provide online availability for all food business-related applications and fees

iii. Clinical care strategies
    1. N/A

II. STRATEGIC PLANNING CONTEXT AND PROCESS

The Philadelphia Department of Public Health (PDPH) Strategic Plan reflects a year-long process involving internal and external stakeholders to assess the state of public health in Philadelphia, identify priority areas and objectives, and develop strategies and measures to achieve and assess progress. The Strategic Plan was created in the context of a larger citywide community planning effort and key national health initiatives, including the Affordable Care Act and the National Prevention Strategy. Along with enhancing internal organizational priorities, the Strategic Plan comprises a key part of PDPH's application for Public Health Accreditation, which it will seek in 2015.

Philadelphia's health

Philadelphia is the fifth largest city in the U.S. with a population of 1.5 million. Philadelphia's population peaked in 1950 at 2.2 million and decreased steadily for the next 60 years until 2010, when the city saw a small increase. It is the poorest of the 10 largest cities with approximately 30% of all residents and nearly 40% of children living below the federal poverty level. Philadelphia is diverse—42% of the population is Black; 37%, White; 12%, Hispanic; and 6%, Asian. Nearly 1 in 5 Philadelphia births in 2011 were to women born outside of the U.S.

Over the last 10 years, mortality rates for most major causes have declined steadily, including a 55% decline in deaths from HIV, a 48% decline for influenza and pneumonia, a 26% decline for heart disease, and a 21% decline for cancer.[1] Life expectancy has increased for men from 69 to 73 years and for women from 76 to 80 years. Nearly two-thirds of the core health indicators tracked by PDPH have shown improvements in the last decade, including 3rd-grade reading proficiency, youth and adult smoking, child obesity, new HIV diagnoses, breastfeeding initiation, childhood immunizations, restaurants passing food safety inspections, and homicides.

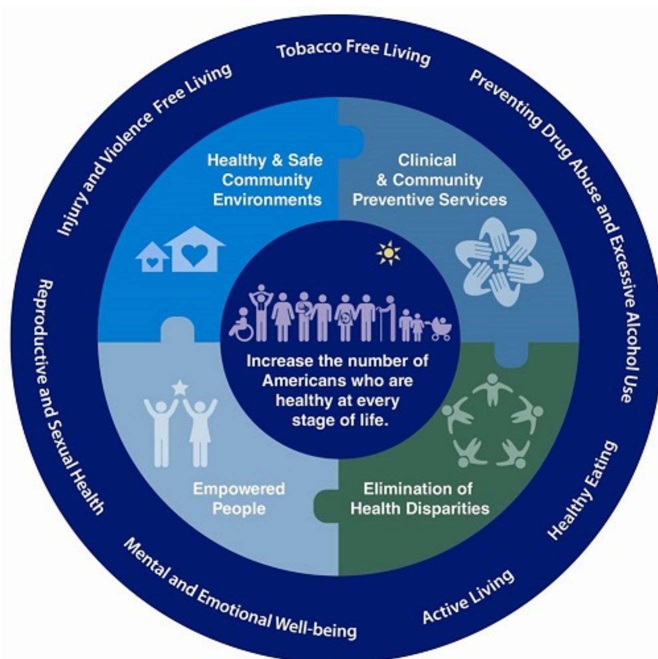
Despite these gains, some health indicators are moving in the wrong direction, and racial/ethnic and geographic disparities are common. For example, rates of diabetes, hypertension, child asthma hospitalizations, and adult uninsurance have increased consistently since 2000. The infant mortality rate recently dropped below 10 deaths per 1,000 live births, but this is among the highest rates in the U.S., and Black infants in the city are 3 times more likely to die than White infants in their first year of life. The life expectancy difference between Black men and Asian men is 16 years. Hispanic adults are the most likely to be uninsured, and Hispanic children have the highest levels of obesity. Neighborhoods with large racial/ethnic minority populations—particularly North and Lower North Philadelphia—have the poorest health outcomes across a range of issues, including poverty, educational attainment, premature death, teen births, breast cancer screening, rat complaints, and homicide.

National context

Three key national initiatives shape the work of PDPH: 1) the National Prevention Strategy, 2) the Affordable Care Act, and 3) Public Health Accreditation (which is described in the next subsection).

The **National Prevention Strategy** serves as a framework for improving the health of the country. It focuses on 4 strategic directions and 7 evidence-based priorities; and aligns with Healthy People 2020. The Strategy highlights the importance of creating healthy and safe environments, which often requires policy and systems change efforts. It values the idea of empowering people to improve their own health and the health of their communities. And it describes the need to focus on achieving health equity in all our efforts, while also noting the importance of partnering with providers and advocates in the health care sector.

Figure 1. National Prevention Strategy



The **Affordable Care Act** (ACA) provides a vehicle and a roadmap for insuring 30 million Americans, improving health care quality and reducing costs, and enhancing population health. For the ACA to be truly successful, partnerships between public health and health care will be critical. The ACA provided direct funding for public health activities through the Prevention and Public Health Fund, including support for public health infrastructure activities, childhood immunization, and chronic disease prevention via the Community Transformation Grant program. The ACA also included a federal menu labeling law and policies to promote breastfeeding. Moreover, the ACA calls on health systems to change how they provide and coordinate care, creating an opportunity to partner with government and community agencies.

The insurance expansions will impact PDPH directly as some of the 100,000 patients in our 8 community health centers become newly insured. A key remaining question is whether and how the Commonwealth of Pennsylvania will expand Medicaid.

Public health accreditation

Public health accreditation is a new process by which public health agencies assess and document their ability to provide the 10 essential public health services. The Public Health Accreditation Board (PHAB) has developed a set of standards for accreditation for state, county, and territorial public health departments. Through accreditation, PHAB seeks to advance quality and performance within public health departments across the U.S.

While public health accreditation is not currently required, federal agencies—such as the U.S. Centers for Disease Control—will likely require accreditation within the next several years as a condition of grant awards. PDPH seeks to become accredited by 2015.

There are five main components of accreditation: 1) completion of an organizational Strategic Plan, 2) creation of an organizational Quality Improvement Plan (QIP), 3) completion of a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and 4) documentation of how the department fulfills over 300 standards and measures related to the 10 essential public health services.

The strategic planning process occurred concurrently with the development of the QIP, CHA, and CHIP from mid-2012 to early 2014.

Table 1. Areas of synergy between Strategic Plan, QIP, and CHIP

	Strategic Plan	QIP	CHIP
Women's and infants' health	x	x	
Sexual health	x	x	
Tobacco	x	x	
Obesity	x	x	x
Cancer prevention	x	x	x
Cardiovascular disease	x	x	x
Environmental health	x	x	
Access to care	x	x	x
Behavioral health		x	x
Alcohol and drug use			x
HIV/AIDS	x	x	
Public health administration		x	

Whereas the Strategic Plan is more targeted, the **QIP** encompasses the full range of PDPH's activities, including administrative functions such as human resources, fiscal management, and facilities. Each of the 8 division directors and his/her staff worked with PDPH's Performance Management Director to develop a comprehensive plan for performance management and quality improvement while also identifying specific areas in need of focused quality improvement interventions. The QIP and Strategic Plan make use of many of the same performance measures for monitoring progress, particularly in the case of population health outcomes. The QIP also includes process and structure measures that are more germane to performance management. Specific quality improvement activities that align with strategies in the Strategic Plan include: increasing the percentage of medical providers reporting immunization data via electronic health records, shifting all food safety applications to online processing, and enhancing social media communications related to sexual health and chronic disease.

The **CHA and CHIP** processes were done in conjunction and involved meetings with 13 external stakeholder groups, representing public, private, and non-profit agencies. Through an iterative, participatory process, the CHIP stakeholders identified 3 priority areas: 1) Obesity prevention, 2) Access to care, and 3) Behavioral health. Obesity prevention is also a priority area in the Strategic Plan. The CHIP and Strategic Plan share many strategies for improving nutrition and physical activity, with the former focusing on the role of non-governmental organizations and the latter focusing on the role of government. However, both plans recognize the need for close coordination and collaboration. The *FoodFit Philly Coalition* will serve as the key coordinating body related to obesity prevention. The *Coalition* was founded in 2010 and includes over 100 members representing non-profit agencies, school and afterschool providers, universities, health care providers and payers, food retailers, youth advocates, and governmental housing, transportation, and planning agencies.

The second CHIP priority area—access to care—focuses on increasing access to high-quality affordable primary care. While the Strategic Plan does not specifically address this issue, each priority area and objective includes *clinical care* strategies, reflecting the importance of coordinating public health and clinical services to improve birth outcomes, childhood immunization rates, smoking cessation, lead poisoning prevention, and asthma management.

The third CHIP priority area—behavioral health—focuses on increasing access to high-quality affordable behavioral health care services and empowering residents to recognize when family, friends, or neighbors may need mental health support. The Strategic Plan does not specifically address behavioral health as a priority area, as the City's Department of Behavioral Health and Intellectual disAbility Services is the main agency responsible for promoting behavioral health and providing behavioral health services. However, the Strategic Plan does include strategies for addressing the mental health of women as part of reproductive health initiatives, mitigating the effects of substance use on sexual risk behaviors, and integrating tobacco dependence treatment into behavioral health care.

Strengths, weaknesses, opportunities, and threats

PDPH's Strategic Plan reflects a number of strengths, weaknesses, opportunities, and threats, which are described below.

Strengths

PDPH has a strong track record of improving population health outcomes (see *Philadelphia's health* section above) via policy, systems, and environmental change strategies. Key areas of improvement include: life expectancy; infant mortality, breastfeeding initiation, child immunizations, and child lead poisoning; teen births, STDs, new HIV diagnoses, and HPV vaccination; teen and adult smoking, child obesity, healthy food access; and food safety.

PDPH has been able to achieve these results because of a strong workforce and a robust network of partners both within and outside of government, who provide expertise, resources, and reach into communities across the city. In addition, PDPH has been successful at obtaining and managing funds from local, state, and federal sources.

Weaknesses

While PDPH has been able to improve many population health metrics, certain measures are worsening, and disparities persist. For example, rates of infant mortality have improved for the entire population, but Black infants are three times as likely to die in the first year of life as White infants. This derives from inequalities in socio-economic conditions; the underlying health of women, particularly as it relates to chronic disease and stress; access to pre-, post-, and inter-natal care; and safe parenting practices and home environments.

STD and HIV rates have improved in Philadelphia, but use of condoms has steadily declined over the last decade. This represents a missed public health opportunity and accounts, at least partially, for the unacceptably high rates of STDs among Black teens and HIV among Black men who have sex with men (MSM). Social, behavioral, and structural approaches are needed to reverse this trend.

Historical increases in obesity are now manifesting as diabetes and hypertension among adults, necessitating public health action to mitigate their complications and prevent future disease. Strategies must promote better nutrition and greater physical activity in schools, communities, and workplaces.

Lastly, rates of asthma hospitalization have more than doubled in the past 10 years despite improvements in outdoor air quality, home secondhand smoke exposure, and children's access to medical care. To address this challenge, interventions should focus on enhancing home environmental quality and coordinating public health and health care asthma management efforts.

Opportunities

As described above (*National context* section), the Affordable Care Act (ACA) provides numerous opportunities to improve the public's health. Increased insurance coverage will enable many Philadelphians to access clinical prevention and management services. Plus, the ACA encourages health care providers and health insurers to partner with community organizations and public health agencies. Moreover, the ACA provides direct funding for public health activities through its Prevention and Public Health Fund. PDPH has received funding through at least three programs supported by the Fund. (However, the Fund is vulnerable—see *Threats*.)

Another opportunity is harnessing the power of information technology and digital communications to inform and empower residents to make healthier decisions; spark change in their own communities; and hold their leaders accountable for creating healthy environments. PDPH has some success in this arena, which can serve as a blueprint for broader efforts.

Threats

While the ACA is a tremendous opportunity for improving access to care, the Commonwealth of Pennsylvania has yet to decide on whether and how it will expand Medicaid in the state. This decision is crucial for the many low-income uninsured residents of Philadelphia.

The economic downturn, the slow recovery, and recent cuts to the SNAP program (food stamps) threaten to place Philadelphians under increased financial distress. Poverty—at the individual and community level—is closely linked with food insecurity, greater stress, lesser ability to manage chronic conditions, compromised reproductive health, and a wide-range of other poor health outcomes.

Another key threat for PDPH is funding cuts, particularly at the state and federal levels. Since 2008, public health agencies across the U.S. have had to eliminate 44,000 positions. PDPH has experienced recent large reductions in funding for lead poisoning prevention, tobacco control, obesity prevention, and communicable disease control, including federal cuts to the Prevention and Public Health Fund. In addition, the diversity of our funding is limited, as most resources come through categorical grant programs. Moving forward, PDPH must seek a greater variety of funding and make the case for more dedicated local (City) funding for core public health activities.

Lastly, the transition in Mayoral administrations in 2016 comes in the middle of this strategic planning period. Mayor Nutter has championed the cause of public health and enabled PDPH to achieve meaningful improvements in the health of all Philadelphians. A new Mayor needs to see the value in continuing such efforts.

Roles, responsibilities, and process

The strategic planning process was led by PDPH's Office of Policy and Evaluation and a Leadership Team comprised of the Health Commissioner, Chief of Staff, Director of Policy and

Planning, the Deputy Commissioner for Finance, the Deputy Commissioner for Administration, and the directors of the 9 operating divisions.

The Office of Policy and Planning was responsible for:
1. Determining the planning process
2. Gathering and reviewing relevant data and plans
3. Convening meetings with the Leadership Team to discuss the strategic priority areas
4. Drafting and revising the Strategic Plan
5. Leading the development of the Community Health Assessment and Community Health Improvement Plan

The Leadership Team was charged with:
1. Assessing high-level opportunities, strengths, and threats to the department
2. Identifying priority areas, objectives, and strategies
3. Drafting portions of the Strategic Plan and reviewing the plan as a whole

A small group of external experts from schools and programs of public health at local universities provided critical feedback on drafts of the Strategic Plan.

Table 2. Strategic planning timeline and process

Date	Activity
June-July 2013	-Review National Prevention Strategy -Review PHAB strategic planning requirements -Review preliminary CHA findings -Review strategic plans from other cities -Review division- and topic-specific strategic priorities -Conduct SWOT analysis
Aug-Sep 2013	-Determine planning process -Outline preliminary strategic areas -Convene CHA/CHIP external stakeholder meetings
Oct-Dec 2013	-Convene internal meetings around 4 strategic priority areas -Draft portions of plan -Convene CHA/CHIP external stakeholder meetings -Review draft CHIP and QIP and seek areas for alignment
Jan-March 2014	-Complete full draft of Strategic Plan
April 2014	-Vet Strategic Plan with departmental leaders -Vet Strategic Plan with external advisors
Apr-May 2014	-Finalize Strategic Plan

CHA- Community Health Assessment; **CHIP**- Community Health Improvement Plan; **QIP**- Quality Improvement Plan

III. Strategic Priority 1 – Women's and Infant's Health

The health of women and infants is a good gauge of the overall vitality of communities. Rates of infant mortality, for example, reflect the underlying socio-economic, cultural, and environmental conditions of a city. The health of women and young children is also a critical predictor of future educational and economic success. Biological trajectories are set in the pre- and peri-natal periods, and the first few years of life can have a profound influence on health-related attitudes, norms, and behaviors.

In Philadelphia, key aspects of women's and infants' health have improved over the last decade, including child immunizations, teen birth rates, and breastfeeding initiation. Yet significant racial/ethnic disparities remain, and certain indicators are worsening. Infant mortality rates in the city have hovered around 10 deaths per 1,000 live births since 2000, with Black infants dying at three times the rate of White infants. Contraceptive use among teens peaked in the early 2000s, but use has declined steadily since then. Long-active reversible contraception (LARC) is particularly underutilized despite its favorable effectiveness, acceptance, and cost. More than 15% of pregnant women are initiating prenatal care in third trimester or not at all, and critical parenting practices that promote infant health have not been fully adopted (e.g., back-to-sleep, smoke-free homes).

To enhance the health of women and infants, policy and programmatic initiatives are needed, and public health agencies must find ways to partner with clinical providers, social service agencies, employers, schools, families, community leaders, and grassroots networks. Below, we describe key strategies for improving the health of reproductive-aged women, optimizing infant health and development, and further increasing child immunization rates.

Objective 1 – Enhance the reproductive health of women

Key Measures

Measure	Value
1) Adolescents who report using contraception at last intercourse[1]	78.8% (2011)
2) Women who report use of long-acting reversible contraception (LARC)	TBD
3) Birth rate per 1,000 for women age 15 to 19 years[2]	52.7 (2010)
4) Births that are 5 or higher order[2]	6.2% (2010)

[1]Youth Risk Behavior Survey, Centers for Disease Control and Prevention
[2]PDPH, Philadelphia Vital Statistics

Policy strategies

1. Promote awareness of and access to long-acting reversible contraception (LARC)

Health promotion strategies

2. Educate the public and engage key community organizations on the importance of pre- and inter-conception health.

Clinical care strategies

3. Enhance capacity to provide effective reproductive health services to adolescents in easily accessible and acceptable venues

Objective 2 – Foster optimal infant health and development

Key measures

Measure	Value
1) Infant mortality rate per 1000 live births[1]	10.7 (2010)
1a) Infant mortality rate per 1000 live births (white, non-Hispanic)	5.5 (2010)
1b) Infant mortality rate per 1000 live births (black, non-Hispanic)	13.8 (2010)
2) Pregnant women receiving late or no prenatal care[1]	15.5% (2010)
3) Breastfeeding initiation[1]	60.4% (2010)
4) Early intervention referral and receipt[2]	TBD

[1]PDPH, Philadelphia Vital Statistics

[2]MOM Program

Policy Strategies

1. Conduct infant fatality reviews to identify actionable policies to reduce the risk of infant death

Health promotion strategies

2. Encourage birth hospitals to support breastfeeding initiation and achieve *Baby Friendly* status
3. Expand a universal home visiting initiative for newborns and their caregivers

Clinical care strategies

4. Improve access to and use of prenatal care services

Objective 3 – Improve immunization rates for young children

Key measures

Measure	Value
1) Children aged 19-35 months up-to-date on recommended vaccines[1]*	78% (2012)
2) Children who are immunization-delayed and then brought up-to-date through community-based outreach[1]	1,400/26% (2012)
3) Percentage of childhood immunizations reported electronically to the KIDS Plus registry[1]**	20% (2012)

[1]PDPH, Division of Disease Control

*4:3:1:3:3:1 vaccine series (DTaP, Polio, MMR, Hib, HepB, VZV)

**HL7 interface

Policy strategies

1. Educate and enforce immunization requirements at childcare settings
2. Assure community-wide access to vaccines and regulatory compliance of pediatric care providers through the Vaccines for Children (VFC) federal entitlement

Health promotion strategies

3. Identify and outreach to communities and families with low rates of childhood immunization

Clinical care strategies

4. Improve electronic reporting of immunizations (HL7) from provider EHRs into citywide Immunization Information System, known as KIDS Plus registry
5. Prevent perinatal transmission of Hepatitis B Virus (HBV) by assuring complete prophylaxis and follow-up of child

Objective 1 – Enhance the reproductive health of women

Policy strategies

1. Promote awareness of and access to long-acting reversible contraception (LARC)

Long acting reversible contraception (LARC), including intrauterine devices (IUDs) and contraceptive implants, are highly effective and preferred by many women. Lack of information and lack of access (via insurance or providers) can prevent their use. PDPH will work with partners to increase awareness of and access to LARC. This effort will require partnerships with insurers, family planning providers, hospitals, and community organizations; and should be embedded in broader efforts aimed at increasing access to all effective forms of contraception.

Key Milestones

2014	-Identify data sources for surveillance -Identify barriers to accessing and using LARC in Philadelphia
2015-16	-Implement LARC promotional strategies -Expand insurance coverage for LARC through Medicaid
2017-18	-Expand access to LARC throughout PDPH clinical sites, delivery hospitals, and family planning providers

Health promotion strategies

2. Educate the public and engage key community organizations on the importance of pre- and inter-conception health

Women face many health issues outside the context of pregnancy, yet health promotion efforts do not adequately addresses these concerns. Often, it is only during pregnancy that mental health, nutrition, smoking, alcohol use, diabetes, and hypertension are managed. To promote better health through the life-course (including before and between pregnancies), PDPH will promote greater awareness of and engagement in healthy behaviors through communications campaigns and phone- and web-based supports. This program will bring together insurers, health care providers, and other stakeholders. Messages will stress the importance of having a primary care provider, taking folic acid, quitting smoking, controlling alcohol use, addressing mental health needs, and managing chronic illnesses, like diabetes and hypertension.

Key Milestones

2014	-Create liaisons of insurers, providers and stakeholders that agree on targeting pre-and inter-conception health issues and can coordinate to create a set of messages to address these issues

2015-16	-Develop and implement a campaign for young women highlighting the importance of wellness and health maintenance throughout the life-course
2017-18	-Assess and modify the campaign to increase women's awareness of and engagement with pre-conception and inter-conception health

Clinical care strategies

3. Enhance capacity to provide effective reproductive health services to adolescents in easily accessible and acceptable venues

To enable adolescents to manage their reproductive health, they need readily available access to testing for pregnancy, HIV, and sexually transmitted infections; and counseling on a range of sexual health issues. These services can be batched as a "teen screen", allowing for mobile, quick, and one-stop access. This work would be coordinate across multiple divisions within PDPH and with family planning providers.

Key Milestones

2014	-Identify clinical resources that can be mobilized to support testing and counseling for specific populations -Identify venues that are teen-friendly and suitable for testing in both the summer months and during the school year
2015-16	-Pilot "teen screen" to assess acceptability, use of, and impact of teen screening program -Modify intervention based on this assessment
2017-18	-Expand, evaluate and modify "teen screen" to enable screening and treatment of teens living in communities with high rates of STIs

Objective 2 – Foster optimal infant health and development

Policy strategies

1. **Conduct infant fatality reviews to identify actionable policies to reduce the risk of infant death**

   Reducing infant mortality and improving infant health will require an in-depth understanding of the unique issues that place infants at risk for death in Philadelphia. These reviews are led by the Philadelphia Medical Examiner's Office and involve a multidisciplinary team that works to identify trends in infant death and, based on these findings, develops and implements interventions to reduce future infant deaths. Key partners include pediatric providers, daycare centers, emergency shelters, public housing agencies, the City's Department of Human Services, and the City's Department of Behavioral Health and Intellectual disAbility.

   Key Milestones

2014	-Create report focused on infant deaths related to sleep and unintentional injuries
2015-16	-Develop intervention and policies that address infant deaths related to sleep and unintentional injury
2017-18	-Implement, assess and modify (as needed) an intervention or set of interventions to reduce infant deaths

Health promotion strategies

2. **Encourage birth hospitals to support breastfeeding initiation and achieve *Baby Friendly* status**

   Breastfeeding can promote mother-infant bonding, reduce the risk of infant infections, and help establish healthy weight among children. PDPH aims to increase the number of women who initiate, sustain, and exclusively breastfeed their infants. Philadelphia delivery hospitals play a critical role in creating environments that fully support breastfeeding initiation. The World Health Organization has identified 10 key strategies that hospital should implement to optimally promote breastfeeding, such as providing training to all clinical staff, assuring skin-to-skin contact at delivery, and encouraging co-rooming. Hospitals that engage in all of these strategies are designated as *Baby Friendly*. In Philadelphia, all 6 delivery hospitals are currently on the official pathway toward achieving this designation.

   Key Milestones

2014	-100% of delivery hospitals engage in Baby Friendly process
2015-16	-50% of delivery hospitals achieve Baby Friendly designation

2017-18	-100% of delivery hospitals achieve Baby Friendly designation

3. Expand a universal home visiting initiative for newborns and their caregivers

Public sector human capital programs provide positive return on investment when initiated before the age of 8. However, funding and programs tend to focus on school-aged children, teens, and young adults.

The MOM Program is a PDPH initiative squarely focused on early childhood, providing universal home visiting services to every child who is not admitted to the neonatal intensive care unit. Currently, the program is enrolling children born in Hahnemann Hospital and Temple Hospital who live in Philadelphia zip codes 19121, 19122, 19125, 19132, 19133. The program enrolled its first cohort of children in 2011 and currently includes 1,300 mother-child dyads. In the next 5 years, PDPH will expand the program.

Trained lay health workers visit enrolled families before each well-child visit during the first 5 years of life; visits are augmented by telephonic support. Interactions focus on educating parents about healthy development, the importance of well-child care, and the benefits of early education. At a cost of less than $1,000 per child, the program positively impacts childhood immunization rates, receipt of early intervention services, and use of Head Start.

Key Milestones

2014	-Expand MOM Program to 1,000 additional families from 3 hospitals and 5 zip codes
2015-16	-Expand MOM Program to 1,500 additional families annually
2017-18	-Expand MOM Program to 2,500 additional families annually

Clinical care strategies

4. Improve access to and use of prenatal care services

Access to high-quality prenatal care can reduce the risk of premature delivery, birth defects, and peri-natally transmitted infections, and improve maternal health outcomes. Yet, nearly 16% of women in Philadelphia begin prenatal care in the third trimester or not at all. PDPH will work with health systems and health insurers to expand prenatal care access points, facilitate easy entry into prenatal care, and offer treatment choices (ie, traditional models, centering models). Community health workers, case managers, and nurses will facilitate entry into and navigation through the prenatal care system.

Key Milestones

2014	-Develop strategies for increasing accessibility, affordability, and

	participation in prenatal care
2015-16	-Assess and address issues related to wait time for appointments, access to insurance, and attendance at prenatal appointments
2017-18	-Modify (as needed) and expand strategies

Objective 3 – Improve immunization rates for young children

Policy strategies

1. **Educate and enforce immunization requirements at childcare settings**

Since children in daycares and other group settings are at increased risk for exposure to vaccine preventable diseases (VPD), all 50 states have laws requiring immunization for childcare entry. In spite of these laws, up-to-date (UTD) rates among children aged 19 to 35 months are not significantly higher for children who are attending daycare compared with those who are not in daycare. In fact, childcare attendees under 19 months of age have the lowest UTD rates.

Better enforcement of immunization regulations for childcare entry should increase attendee UTD rates and vaccination timeliness. High UTD rates among daycare attendees are essential to prevent and disrupt VPD transmission in these settings and to protect household contacts who are not eligible for vaccination due to young age or pre-existing conditions. In Philadelphia, as with other locations nationally, we continue to suffer the consequences of insufficient vaccination among young children. When pockets of susceptible and under-immunized individuals accumulate, the likelihood of an outbreak or resurgence of VPDs in these populations is increased.

PDPH will begin to work with local childcare centers to improve childhood immunization coverage rates locally. The Department will assess the nature of the gaps, implement childcare immunization inspections, educate childcare center providers, enact policy, and initiate enforcement, as indicated.

Key milestones

2014	-Evaluate attendee vaccination status (UTD rate) in sample of childcare centers -Assess relevant regulations and policies
2015-16	-Develop and implement a performance improvement plan for childcare center compliance with vaccination requirements
2017-18	-Establish benchmarks for compliance -Monitor compliance among childcare centers

2. **Assure community-wide access to vaccines and regulatory compliance of pediatric care providers through the Vaccines for Children (VFC) federal entitlement**

The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees (i.e., state health departments and certain local public health agencies),which in turn distribute them at no

charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). Eligible children are those covered by Medicaid insurance plans or those who are uninsured.

In Philadelphia, 70% of children are immunized using VFC-purchased vaccine. Therefore, it is essential to have a strong and geographically-dispersed network of providers registered as VFC providers. Providers are trained by PDPH in relevant VFC requirements, policies, and procedures. In turn, these providers are held accountable for performance and vaccine management, which includes annual audits and compliance checks conducted by PDPH.

Key milestones

2014	-Identify, enroll, and train providers in VFC, including use of online vaccine ordering system known as VTRCKS -Achieve participation by 90% of pediatric care providers in Philadelphia
2015	-Conduct annual Audit and Feedback site visits to 60% of VFC provider offices annually -Achieve 90% VFC provider compliance
2016	-Conduct annual Audit and Feedback site visits to 80% of VFC provider offices annually -Achieve 95% VFC provider compliance
2017-18	-Conduct annual Audit and Feedback site visits to 95% of VFC provider offices annually -Achieve 95% VFC provider compliance

Health promotion strategies

3. Identify and outreach to communities and families with low rates of childhood immunization

A variety of strategies are recommended to improve childhood immunization coverage, including reminding parents when their child's vaccinations are coming due and re-call of parents whose child has fallen behind the recommended immunization schedule. Immunization information systems (IIS) can be useful in implementing these strategies on a large scale by allowing for identification of individual children who are past due for age-appropriate vaccinations, and by providing contact information for parents and providers. PDPH operates an IIS, known as KIDS Plus, that can assist in promoting timely receipt of childhood immunizations by allowing for outreach to children who may be at risk for under immunization.

PDPH will use KIDS Plus to identify high-risk children who have missed vaccinations and will initiate outreach to their parent/guardian. Geocoded data in KIDS Plus will allow for more efficient targeting of children who are truly not up-to-date. Outreach will determine the

reasons for falling behind on immunizations and will implement corrective action. Ideally, the child will be returned to medical care so that immunizations may be brought up-to-date. Systemic issues (e.g., financial, knowledge, access) that allow for children to fall behind on immunizations will be identified and addressed on a larger scale.

Key milestones

2014	-Add geocoding to KIDS Plus immunization data that will allow for improved referral of children for immunization outreach
2015	-Improve efficiency in outreach process so that 30% of referred cases are brought up-to-date
2016	-Increase number of children whose immunizations are brought up-to-date annually to 2,000
2017-18	-Increase number of children whose immunizations are brought up-to-date annually to 2,500

Clinical care strategies

4. Improve electronic reporting of immunizations (HL7) from provider EHRs into citywide Immunization Information System, known as KIDS Plus registry

All immunizations administered to Philadelphia residents are reportable to PDPH as per local Board of Health regulations. To provide a single consolidated vaccination record for Philadelphia residents, the PDPH Immunization Program houses this data in the KIDS Immunization Database/Tracking System (KIDS Plus). KIDS Plus informs over 2,000 health care providers who currently use the system about required and missing immunizations for their patients. KIDS Plus houses vaccination records for over 95% of children born after 1992 in Philadelphia. In addition, an increasing number of adult immunizations are being added to the registry.

Maintenance of the KIDS Plus registry through manual data entry of individual vaccination events is a laborious process. In addition, missing or delayed immunization reports limit the utility of the registry. As electronic health records (EHRs) proliferate in Philadelphia, the ideal manner in which to collect immunization data is through HL7-based interconnectivity of KIDS Plus with local EHRs. This has the potential to make the immunization data in KIDS Plus highly accurate, complete, and real-time. Therefore, utility to providers and PDPH improves.

Key milestones

2014-2015	-Establish interoperability between KIDS Plus and EHRs for 90% of eligible providers -Measure #/% providers achieving Meaningful Use for this standard
2016	-Increase proportion of childhood immunizations reported to the KIDS

	Plus registry through HL7 to 50%
2017	-Increase proportion of childhood immunizations reported to the KIDS Plus registry through HL7 to 75%
2018	-Increase proportion of childhood immunizations reported to the KIDS Plus registry through HL7 to 90%

5. **Prevent perinatal transmission of Hepatitis B Virus (HBV) by assuring complete prophylaxis and follow-up of child**

Hepatitis B virus (HBV) infections can be transmitted from pregnant mother to infant during pregnancy and childbirth. If recommended treatment (Hepatitis B immune globulin) and a dose of vaccine are given at birth, followed by a series of HBV vaccine doses in the first year, chronic HBV infection can be prevented. PDPH houses a Perinatal Hepatitis B Prevention Program (PHBPP) that identifies HBV positive pregnant women in the city in an effort to provide services to prevent transmission of HBV to infants. This includes vaccination and follow-up of the infant, screening for disease in the infant and contacts of the mother, and various educational efforts. Based on the predicted birth rate among HBV-infected women (compared to the actual number of cases reported), many pregnant women are not identified or properly reported to PDPH and their at-risk infants may not receive services. Increased efforts need to target these gaps.

PDPH aims to identify a greater proportion of HBV surface antigen positive pregnant women through improvements in screening and reporting methods. We will more efficiently receive and track data, and improve methods for identifying women-child pairs who were not captured by traditional means. In addition, the Health Department will increase awareness in Philadelphia about important strategies in perinatal Hepatitis B prevention. This will include activities to educate local providers on appropriate screening, treatment, and vaccination procedures, and to identify missed opportunities for prevention through these activities. Populations at elevated risk, such as Asian Americans and African immigrants, will be specifically targeted for education and screening.

Key milestones

2014	-Determine reasons for missing infants exposed to Hepatitis B Virus (HBV) perinatally -Evaluate missed opportunities and failures
2015-16	-Develop performance improvement plan to increase identification of HBV-exposed infants -Implement corrective actions
2017-18	-Achieve identification rate of 90% for exposed infants -Implement HBV education program in high-risk immigrant communities

IV. Strategic Priority 2 – Sexual Health

Sexually transmitted diseases (STDs)—such as gonorrhea, chlamydia, and HIV—impact the lives of tens of thousands of Philadelphians, particularly racial/ethnic minorities and young adults. Despite recent improvements, rates of gonorrhea and chlamydia among 15 to 19 year-olds in the city increased by 50% and 20%, respectively, within the last 8 years. In some neighborhoods, more than 1 in 10 teens had an STD in the past year. Condom use by teens peaked in 2003 but dropped steadily since then.

A 2013 study from the Philadelphia Department of Public Health (PDPH) demonstrated that teens with an STD were more than twice as likely to contract HIV as teens without a history of STD.

[2] While the number of new HIV diagnoses has declined in Philadelphia over the past 5 years, rates are 4 times higher among African Americans than whites. Approximately half of new HIV diagnoses are due to heterosexual transmission; 40% among men who have sex with men; and less than 10% due to intravenous drug use. Despite broad-based efforts to promote better screening and treatment, 1 in 5 Americans who has HIV is unaware of his/her status and only 44% of Philadelphians with HIV have received regular care in the past year.

Over the next 5 years, PDPH will build on successful efforts to prevent STDs, expand screening, and link affected individuals and their partners to timely, high-quality clinical care.

Objective 1 - Decrease STD rates and increase condom use among youth and young adults

Key measures

Measure	Value
1) Gonorrhea cases per 100,000 15 to 19 year-olds[1]	1,834 (2012)
2) Chlamydia cases per 100,000 15 to 19 year-olds[1]	6,611 (2012)
3) Condom use with last sexual encounter among 9th to 12th graders[2]	60% (2011)
4) Completion of 3-dose HPV vaccination series among 13 to 17 year-old girls[1]	21% (2011)

[1]PDPH, Division of Disease Control

[2]Youth Risk Behavior Survey, Centers for Disease Control and Prevention

Policy strategies

1. Make free condoms readily available in all public high schools
2. Assist in implementing evidence-based sexual education in all public middle and high schools
3. Pursue expedited partner therapy (EPT) policy for teens receiving services in PDPH clinical settings

Health promotion strategies

4. Utilize social media to (re)normalize condom use
5. Offer STD screening, treatment, and prevention services in all public high schools funded through public health and clinical sources

Clinical care strategies

6. Offer timely treatment to sexual partners of those diagnosed with an STD through disease reporting and partner services interventions
7. Engage and train clinical providers—particularly family planning and primary care providers—to increase STD screening, decrease time between STD diagnosis and treatment, and enhance prevention through enhanced motivational interviewing
8. Educate parents, teens, and clinical providers on importance of initiating and completing HPV vaccination

Objective 2 - Reduce new HIV infections and improve linkage to timely, high-quality HIV care

Key measures

Measure	Value
1) New HIV diagnoses per 10,000 residents[1]	4.5 (2011)
2) HIV Incidence in adults and adolescents[1]	872 (2011)
3) Linkage to HIV care within 90 days[1]*	82% (2011)
4) Retention in HIV care within last year[1]**	44% (2011)
5) Viral Suppression[1]***	42% (2011)

[1]PDPH, AIDS Activity Coordinating Office

*Percentage of persons diagnosed with HIV in the previous year who were linked to HIV care within 90 days following diagnosis

**Percentage of persons living with diagnosed HIV having had 2 or more CD4 or viral load test results, at least 3 months apart, during a 12 month period

*** Percentage of persons diagnosed living with HIV, who were alive at yearend, and had a viral load ≤200 at most recent test

Policy strategies

1. Promote adoption of opt-out HIV testing among clinical providers citywide

Health promotion strategies

2. Offer community-based HIV screening and education, particularly among MSM, high-risk heterosexuals, and IV drug users
3. Offer prison-based HIV screening and education
4. Support syringe access services

Clinical care strategies

5. Improve linkage to care for HIV positive persons
6. Improve retention in care and quality of care for HIV positive persons, including achievement of viral suppression
7. Offer timely screening and linkage to care for sexual partners of those diagnosed with HIV through disease reporting and partner services interventions
8. Coordinate citywide provision of pre-exposure prophylaxis (PrEP)

Objective 1 – Decrease STD rates and increase condom use among youth and young adults

Policy strategies

1. **Make free condoms readily available in all public high schools**

   Consistent and correct use of latex condoms is highly effective in reducing the risks of acquiring STDs. Furthermore, consistent and correct use of latex condoms greatly reduces the potential for unintended pregnancies. A recent meta-analysis supports the efficacy of condom distribution as a structural-level intervention and found that not only do these interventions increase condom use and carrying, but they also promote delaying sexual initiation among youth.[3]

   In response to high local STD rates among adolescents, PDPH's STD Control Program has recently intensified program activities targeting youth, including expanding condom access for adolescents. The STD Control Program manages the most comprehensive network of free condom distribution sites in Philadelphia, which include community health centers, community based organizations, churches, corner stores, sneaker stores, beauty salons, club and party promoters, house/ball mothers and fathers, and college health centers. In addition, the Program distributes free condoms through a home-mailing initiative for teens, known as the *Mail-Me* program.

   Over the next five years, the PDPH proposes to enhance its current condom distribution efforts to include availability of condoms in all School District of Philadelphia public high schools. The implementation of this structural-level intervention will increase condom access and availability for youth in Philadelphia. The intervention is intended to reduce teen barriers to condom use, whether real or perceived, by making them available in a supportive education-based setting. PDPH will work closely with the School District to implement the program in individual schools.

   Key milestones

2014	-Implement condom distribution in 25% of high schools
2015-16	-Implement condom distribution in 50% to 75% of high schools
2017-18	-Implement condom distribution in 100% of high schools

2. **Assist in implementing evidence-based sexual education in all public middle and high schools**

   Helping adolescents make healthy choices requires the involvement of families, communities, and many other sectors of society, including schools. Schools have direct contact with most adolescents for at least 6 hours a day and for 13 critical years of their social, physical, and intellectual development. Just as schools are critical to preparing students academically and socially, they are also vital partners in helping young people take

responsibility for their health, and teaching prevention strategies and behaviors that can last a lifetime.

Well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students. Sexual health education programs result in a delay in first sexual intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use.

PDPH will work with the School District of Philadelphia over the next five years to enhance and standardize its sexual health curriculum for middle and high school students. The optimal curriculum will be medically accurate, consistent with evidence of effectiveness, and teach critical skills such as effective refusal and negotiation strategies. Teachers will also be provided with state-of-the-art professional development to ensure they have the knowledge and skills to effectively teach young people how to protect themselves from STDs.

Key milestones

2014	-Review evidence and develop curriculum
2015-16	-Train teachers and school leadership -Begin implementation
2017-18	-Disseminate to all public middle and high schools

3. Pursue expedited partner therapy (EPT) policy for teens receiving services in PDPH clinical settings

EPT is defined as the clinical practice of treating sex partners of patients diagnosed with an STD by providing prescriptions or medications to the patient to deliver to his or her sex partners, without the partner first being examined by a health care provider. In Philadelphia, EPT consists of providing to adult patients infected with chlamydia and/or gonorrhea medication and instructions for delivery to their sex partners. The goal of EPT is to reduce the risk of re-infection of persons treated for STDs, prevent disease complications, and reduce transmission to others.

The Philadelphia Department of Public Health (PDPH) implemented use of EPT for adults (≥18 years of age) in the categorical STD clinics at Health Centers 1 and 5 in April 2012. Overall experience and outcomes with EPT have been excellent. Patient acceptance was high and no adverse events were identified among persons given EPT partner packs or among the partners intended to receive the partner packs. Efficacy of EPT over traditional partner management in preventing reinfection was encouraging. Because of favorable experiences, use of EPT will be expanded to all city-operated District Health Centers in January 2014.

Adolescents in Philadelphia have especially high rates of STDs, particularly chlamydia and gonorrhea. Although these infections are easily treated with antibiotics, many adolescents are reinfected within 3–6 months, usually because their partners remain untreated. Over the next five years, PDPH plans to assess and address any legal barriers that may limit use of EPT as an option for STD care among chlamydia- or gonorrhea-infected adolescents.

Key milestones

2014	-Review evidence and laws
2015-16	-Develop clinical policy -Begin implementation
2017-18	-Evaluate impact

Health promotion strategies

4. Utilize social media to (re)normalize condom use

Communication permeates every aspect of public health. *Healthy People 2020* has made a priority of combining health communication strategies and health information technologies to improve health and service delivery to the public. Social media is of special interest when attempting to communicate health information to adolescents. Approximately 90% of teens in Philadelphia are regular users of Facebook, Twitter, and/or similar social media sites.

With the decline of comprehensive sexual health education in many schools, teens increasingly use the internet to learn about sex. Despite a growing role for the internet in teen education, there remains a significant gap between the availability of sexual health information and the availability of sexual health services. PDPH intends to incorporate use of social media into local public health efforts to promote healthy behaviors and sexual health services for teens. Specifically, social media will be used to target messages to teens and to focus on sexual health prevention strategies.

Key milestones

2014	-Use adolescent focus groups to define needs and preferences
2015-16	-Develop social media strategy and plan
2017-18	-Implement social media campaign; evaluate results

5. Offer STD screening, treatment, and prevention services in all public high schools funded through public health and clinical sources

STDs disproportionately affect adolescents. Since many young people infected with an STD are asymptomatic, routine screening (testing) is essential to preventing complications of infection and spread to others. Free and confidential STD testing needs to be readily available to all adolescents. Schools are the best way to reach young Philadelphians for testing and information concerning disease prevention.

PDPH, in cooperation with the School District of Philadelphia, provides STD testing that is free, voluntary, and confidential. Each year, approximately 30,000 students receive an educational presentation and are offered urine-based STD testing for gonorrhea and chlamydia. To date, more than 130,000 tests have been performed and 6,500 infections found, with nearly 100 percent of all infections treated. Presentations, testing, and treatment are offered at no cost to the student, parent, or School District.

The overall cost of the Philadelphia High School STD Screening Program is substantial. Because preventive services, such as STD screening, are a covered service under the Affordable Care Act, there will be health insurance resources that could support continuation of the Program in light of dwindling grant support. PDPH will work with local insurers to identify effective financial support for this important program.

Key milestones

2014	-Continue existing program in all high schools -Develop model to finance screenings through health insurance billing
2015-16	-Implement and expand health insurance billing model
2017-18	-Sustain screening and prevention program through health insurance billing

Clinical care strategies

6. Offer timely treatment to sexual partners of those diagnosed with an STD through disease reporting and partner services interventions

Partner services are a broad array of clinical and prevention services offered to persons with HIV, syphilis, gonorrhea, or chlamydial infection, and their partners. A critical function of partner services is partner notification, a process through which partners of infected persons are confidentially notified of their possible exposure or potential risk. Other functions of partner services include prevention counseling, testing for HIV and other STDs, hepatitis screening and vaccination, treatment or linkage to medical care, and linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse

treatment, social support, housing assistance, legal and mental health services).

PDPH plans to expand Partner Services activities over the next five years to reach more individuals, especially those at highest risk. In addition to syphilis and referred HIV cases, services will be offered to persons with newly diagnosed gonorrhea who are co-infected with HIV, out-of-care HIV patients, and persons with multiple/recurrent STDs. In addition, PDPH will innovate internet-based Partner Services by eliciting usernames of contacts, suspects, and associates from various websites. PDPH intends to establish a benchmark to determine the number of named internet contacts who are located, tested, and, if needed, treated.

Key milestones

2014	-Increase partner services capacity; hire and train staff
2015-16	-Implement performance improvement activities to provide treatment within 30 days of partner diagnosis -Analyze missed opportunities and gaps in services
2017-18	-Evaluate partner services program -Make additional program improvements

7. Engage and train clinical providers—particularly family planning and primary care providers—to increase STD screening, decrease time between STD diagnosis and treatment, and enhance prevention through enhanced motivational interviewing

Although the Department of Public Health is a key provider of STD services in Philadelphia, the vast majority of asymptomatic patients receive routine care from their primary care and family planning providers. This routine care should include regular STD/HIV screening, counseling, and prevention services, depending on the patient's age, sex, and risk behaviors. A critical function of PDPH is to assure that private providers are skilled in diagnosis, treatment, and counseling of patients with STDs.

Over the next five years, PDPH will initiate a program to assure the delivery of high quality STD services in all medical practices across the city. Key objectives are to: (1) increase Chlamydia screening rates among young females (15-24 years) seen in Medicaid programs and Title X and other family planning clinics, using the Chlamydia HEDIS measure; (2) increase syphilis and rectal gonorrhea screening rates among MSM seen in high volume HIV care settings; and (3) increase the proportion of patients with gonorrhea who are correctly treated according to current CDC guidelines.

Key milestones

2014	-Convene clinical providers and assess current practices -Develop training and technical assistance
2015-16	-Implement training and technical assistance

	-Evaluate program impact
2017-18	-Evaluate program impact -Make additional program improvements

8. Educate parents, teens, and clinical providers on importance of initiating and completing HPV vaccination

In Philadelphia, HPV vaccine initiation among adolescent females is relatively high, but has remained stagnant since 2008. Furthermore, a gap exists between HPV vaccine initiation and MCV or TdAP administration in this same age group, which demonstrates missed opportunities for HPV vaccine administration. There are still over 40,000 Philadelphia adolescents who have yet to receive a dose of HPV. But most dramatically, fewer than half of the female adolescents in Philadelphia who start the series end up completing it, compared to nearly 70% of nationally. Philadelphia completion rates decline most among African American and Latino adolescents.

Over the next five years, PDPH will launch a comprehensive communication campaign to promote acceptance of HPV vaccine in Philadelphia. In addition, PDPH will conduct a multi-step reminder/recall program for adolescent patients who have not completed the 3-dose HPV series using data in the centralized immunization registry (KIDS Plus). To augment outreach to patients/families, PDPH will also launch a multi-faceted provider education program to increase provider knowledge regarding HPV-related diseases and HPV vaccination, and improve provider skills to support their administration of HPV vaccination. The overall goals are to increase adolescent HPV vaccine uptake and series completion, and to create an environment that sustains high adolescent vaccine coverage rates.

Key milestones

2014	-Implement reminder recall intervention for young women who have received one dose of HPV vaccine -Develop and implement media campaign for parents and teens
2015-16	-Engage clinical providers in quality improvement activities -Evaluate program impact
2017-18	-Evaluate program impact -Make additional program improvements

Objective 2 – Reduce new HIV infections and improve linkage to timely, high-quality HIV care

Policy strategies

1. **Promote adoption of opt-out HIV testing among clinical providers citywide**

   Diagnosis of HIV is important in reducing risk of transmission by behavioral change; connecting HIV+ persons to care, which improves individual quality of life; and decreasing community viral load and thus the likelihood, on a population basis, of transmission of HIV.

   CDC and USPSTF guidelines recommend opt-out HIV screening in healthcare settings. Routine screening is cost effective and is a strategy that will diagnose individuals who do not perceive themselves at HIV risk. Incorporation of HIV screening as part of routine medical care will reach the many people who access medical care. PDPH will promote testing-related policy changes among providers rather than funding "testing programs in healthcare settings." This will integrate HIV testing into routine care emergency and primary care settings.

   In order to facilitate true opt-out HIV testing in Philadelphia, PDPH has issued a memorandum stating that effective January 1, 2014, all medical facilities that receive **any** type of funding from PDPH's AIDS Activity Coordinating Office (AACO) must have developed and implemented a routine HIV testing policy in accordance with CDC and USPSTF recommendations and in alignment with PA Act 59.

   Key milestones

2014	-Disseminate policy guidance to providers -Incorporate providers' screening policies into funding decisions -Develop metrics and reporting methods for evaluation
2015-16	-Ensure full implementation of policy in healthcare settings -Monitor implementation -Provide technical assistance as needed
2017-18	-Evaluate and modify strategies as needed

Health promotion strategies

2. **Offer community-based HIV screening and education, particularly among MSM, high-risk heterosexuals, and IV drug users**

   Evidence shows many people at the highest risk for HIV infection within the high-risk populations do not access medical care, rendering targeted community-based testing necessary to reach those at highest risk. PDPH will implement targeted testing strategies by funding community-based organizations that have access to target populations. A range of strategies will be used, including social network strategies, mobile testing, storefront-type

venues, and colocation at sites providing social services. Community-based providers were selected through competitive processes in 2012 and 2013. Beginning in 2014, to improve targeting and case finding, PDPH will set goals based on newly identified HIV diagnoses rather than number of HIV tests conducted. In addition, contract requirements are being updated to emphasize linkage to care activities.

Key milestones

2014	-Implement new contract service provisions and goals -Aim to identify 200 newly diagnosed HIV positive persons
2015-16	-Evaluate system performance and make changes as appropriate -Aim to identify 200 newly diagnosed HIV positive persons
2017-18	-Evaluate system performance and make changes as appropriate -Aim to identify 200 newly diagnosed HIV positive persons

3. Offer prison-based HIV screening and education

HIV screening based in the Philadelphia Prison System can identify HIV-positive individuals who may not access medical services in the community. In addition, HIV screening at intake identifies already infected persons who can be provided continuity of care in Prison Health Services. Testing is currently provided at medical intake.

Key milestones

2014	-Maintain intake testing program at 30,000 tests per year
2015-16	-Conduct 30,000 tests per year
2017-18	-Conduct 30,000 tests per year

4. Support syringe access services

Philadelphia has had a syringe exchange program (SEP) since 1991. Ensuring access to clean needles is a proven structural intervention to reduce HIV transmission. In Philadelphia, the greatest shift over the last 5-10 years has been a decline in new infections among injection drug use (IDU). Currently, IDU represents less than 10% of new diagnoses in Philadelphia, while in the 1990s, IDU was the number one mode of transmission in Philadelphia.

The SEP in Philadelphia is supported exclusively through local funding. Neither State nor Federal funds may be utilized to support syringe exchange activities. The current funding level is insufficient to meet the demand of this proven, highly effective, structural intervention to prevent HIV and Hepatitis C. Support and funding from the federal level is required to sustain and scale-up syringe exchange programming.

Key milestones

2014	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia
2015-16	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia per year
2017-18	-Provide 1.3 million syringes through exchange services at 8 sites throughout Philadelphia per year

Clinical care strategies

5. **Improve linkage to care for HIV positive persons**

According to the CDC, "To optimize HIV outcomes, prompt linkage to HIV medical care is necessary. That is, persons should enter HIV medical care very soon after initial HIV diagnosis." Based on CDC guidelines, PDPH has a goal of linking people to HIV care within 90 days of diagnosis.

Recently, PDPH implemented new contract requirements emphasizing prompt linkage to care for funded HIV testing providers, and related technical assistance and quality improvement projects will begin in 2014. In addition, PDPH has funded several organizations to provide an evidence-based linkage intervention, ARTAS (Antiretroviral Treatment Access Services), beginning in 2014.

Key milestones

2014	-Develop quality improvement projects to improve linkage to care among prevention providers -Train providers in and implement ARTAS activities -Develop strategy to utilize surveillance data to assist in linkage to care
2015-16	-Refine the quality improvement activities -Monitor and evaluate implementation of ARTAS -Implement the surveillance strategies to improve linkage to care
2017-18	-Evaluate and modify linkage to care strategies

6. **Improve retention in care and quality of care for HIV positive persons, including achievement of viral suppression**

Antiretroviral therapy (ART) can durably suppress the plasma HIV viral load, restoring and preserving immunologic function. Effective ART improves individual survival and quality of life and dramatically reduces further HIV transmission, making it a priority for both individual health and public health. In Philadelphia, the largest lost opportunity to achieve a

suppressed viral load occurs among individuals who have unsuccessfully been linked to or retained in HIV medical care. Demonstration projects from around the country have suggested that good partnerships and information exchange between the local health department and HIV clinics are essential to linkage/reengagement programs.

PDPH will build on its retention and clinical quality management initiatives, which are in alignment with federal Ryan White program standards. Surveillance data will be used to monitor performance and set standards. If funding is available, additional PDPH staff will be deployed in re-engagement services for HIV-positive persons who have dropped out of care. Key measures will include the percentage of HIV-positive individuals with CD4 or viral load testing twice per year (at least 3 months apart) and viral loads <=200 at the most recent testing.

Key milestones

2014	-Continue retention and quality management activities -Develop protocols for surveillance-enhanced re-engagement programs -Seek funding for enhanced activities
2015-16	-Implement surveillance-enhanced re-engagement
2017-18	-Evaluate and modify initiatives as needed

7. **Offer timely screening and linkage to care for sexual partners of those diagnosed with HIV through disease reporting and partner services interventions**

Research suggests that individuals infected with HIV who are unaware of their status contribute disproportionately to ongoing disease transmission in the community. The primary goal of the Partner Services initiative is to notify persons, who are high-risk partners of HIV-infected individuals and are unaware of their possible exposure, so that they may access testing and treatment, if infected. The sooner an infected individual is linked to care, the more quickly viral load can be controlled and the likelihood of subsequent transmission decreased.

Voluntary partner services is one of the most effective means of identifying infected individuals who are not aware of their status. National and local data illustrate that partner services is more effective at finding infected individuals who are unaware of their status than any of the following: routine counseling and testing, social networks testing, and targeted testing initiatives. Partner Services also reaches many people who are aware of their status but are not currently engaged in HIV medical care.

Key milestones

2014	-Increase partner services capacity
2015-16	-Implement performance improvement activities to provide screening within 30 days of partner diagnosis -Evaluate partner services program

2017-18	-Evaluate partner services program -Make additional program improvements

8. Coordinate citywide provision of pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a promising approach to HIV prevention but is not well understood by persons likely to benefit. PDPH funding cannot be used to pay for the clinical care aspects of PrEP, but the Department can coordinate outreach and education for PrEP providers across the city. Through this process, clinical providers and their patients will better understand the benefits of PrEP, its appropriate use, and how to effectively offer/receive PrEP in their practice settings.

Key milestones

2014	-Develop and implement a plan to inform the public of the availability of PrEP in coordination with local providers
2015-16	-Monitor the uptake of PrEP
2017-18	-Evaluate and modify plan as needed

V. Strategic Priority 3 – Chronic Diseases Related to Tobacco Use and Obesity

Diseases related to tobacco use, poor diet, and physical inactivity are the leading causes of death and disability in Philadelphia. These behaviors are linked to heart disease, cancer, stroke, diabetes, emphysema, and kidney failure. Over the last 10 years, obesity and smoking have led to 45,000 deaths in the city.[4] Each year, smoking results in $700 million in productivity losses for city employers,[5] and obesity leads to $750 million in health care spending.[6]

Low-income Philadelphians and racial/ethnic minorities suffer disproportionately from obesity and smoking. Poor adults in the city are 40% more likely to smoke than non-poor adults,[7] poor children are 50% more likely to be exposed to secondhand smoke.[8] The rate of death from diabetes for African American women is twice as high as that for White women.[9]

Our communities, schools, workplaces, and the media profoundly impact our individual decisions. In turn, many Philadelphians live in environments that make unhealthy choices the default. Philadelphia is the poorest of the 10 largest U.S. cities.[10] These socioeconomic realities are exacerbated by policies that enable tobacco, junk foods, and sugary drinks to be relatively cheap, abundantly available, and heavily marketed.

Therefore, policy, systems, and environmental change strategies are necessary to effectively address tobacco use and obesity. Through the ***Get Healthy Philly*** initiative, the Department of Public Health and its partners have made the healthy choice the easier choice in the places that Philadelphians live, work, learn, shop, and play. Over the next 5 years, the Department will build on this foundation to prevent chronic disease and promote better population health.

Objective 1 – Decrease rates of youth and adult smoking

Key measures

Measure	Value
1) Adult smoking[1]	23.3% (2012)
2) Youth smoking[2]	9.6% (2011)
3) Smoking-related deaths[3]	2,175 (2010)

[1] Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation
[2] Youth Risk Behavior Survey, U.S. Centers for Disease Control and Prevention
[3] Philadelphia Vital Statistics

Policy Strategies

1. Promote smoke-free policies for City parks, universities, and large employers
2. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units
3. Foster changes in the pricing, placement, and promotion of tobacco products in retail settings

Health promotion strategies

4. Implement social marketing campaigns regarding quitting, the health effects of smoking and secondhand smoke, and tobacco de-normalization
5. Engage neighborhood organizations, community leaders, and youth to be local tobacco control champions

Clinical care strategies

6. Support clinical providers to integrate tobacco use dependence treatment into routine care

Objective 2 – Improve nutrition and physical activity to decrease obesity

Key measures

1) Adult obesity[1]	31.9% (2012)
2) Child obesity[2]	20.5% (2009-10)
3) High blood pressure[1]	37.5% (2012)
4) Diabetes[1]	16% (2012)

[1] Southeastern Pennsylvania Household Health Survey, Public Health Management Corporation
[2] School District of Philadelphia

Policy strategies

1. Implement nutrition standards for all food procured by City agencies and other institutional purchasers
2. Leverage federal food programs to improve nutritional offerings in schools, afterschool settings, and childcare
3. Advocate for minute-based PE requirements in schools

Health promotion strategies

4. Enhance the availability, affordability, and promotion of healthy foods in retail settings through retailer and manufacturer/distributor engagement
5. Implement social marketing campaigns to promote healthier eating and physical activity
6. Promote greater and safer physical activity through bicycle, pedestrian, and open space initiatives

Clinical care strategies

7. Enhance surveillance system for obesity and related chronic diseases
8. Advance health-promoting policies in hospitals

Objective 1 – Decrease rates of youth and adult smoking

Policy Strategies

1. Promote smoke-free policies for City parks, universities, and large employers

Outdoor smoke-free policies prevent exposure to secondhand smoke (SHS), promote anti-smoking norms, encourage smokers to quit, reduce sanitation and maintenance costs, and protect the environment. Cigarettes are, in fact, the most littered item in the world. A recent study estimated that municipalities spend $0.22 on sanitation costs for every cigarette pack smoked in the city.[11] For Philadelphia, that translates to nearly $10 million annually.

Building on the experience with City recreation centers and playgrounds, PDPH will work with partners to make City parks, universities, and large employer campuses smoke-free. PDPH will provide technical assistance with policy development, staff and patron engagement, and communications and enforcement strategies. Currently, none of the City's 100-plus neighborhood parks or three watershed parks is smoke-free, and only two universities (The Restaurant School at Walnut Hill College and La Salle University) have implemented smoke-free policies.

Key Milestones

2014	-Implement smoke-free parks policy through executive order and regulation -Complete baseline evaluation of smoke-free parks policy -Assist one university/employer to go smoke-free
2015-16	-Complete follow-up evaluation of smoke-free parks policy -Assist two universities/employers to go smoke-free
2017-18	-Assist one universities/employers to go smoke-free

2. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

There is no safe level of exposure to secondhand smoke (SHS), which can cause heart attacks, strokes, lung cancer, asthma exacerbations, respiratory infections, ear infections, and sudden infant death. Low-income children and non-smoking adults are significantly more likely to be exposed to SHS than higher income groups, and SHS exposure comes not just from smoke in one's own home but also from neighbors who smoke. In fact, up to two-thirds of the air in an apartment unit comes from outside that apartment, including hallways and neighboring units via HVAC systems, doors, windows, cracks in walls, and other sources.

To protect residents from SHS and encourage smokers to quit, PDPH will work with the Philadelphia Housing Authority (PHA) to implement and evaluate a smoke-free policy for all public housing. Smoke-free policies not only safeguard health but also decrease the risk of fire, lower property insurance costs, and reduce property maintenance and turnover costs.

Over the last two years, PDPH and PHA have partnered to engage residents in SHS education, smoking cessation, and policy development. With the Drexel University School of Public Health, PDPH has conducted formative and baseline evaluation, demonstrating that 20% of non-smoking apartments have detectable levels of air nicotine. Over the next three to five years, PDPH and PHA will implement a smoke-free policy for all multi-unit public housing in Philadelphia.

Key milestones

2014	-Enact and implement policy for 2 pilot sites
2015-16	-Collect follow-up data on smoking behaviors and air quality in 2 pilot sites -Collect baseline data in 12 additional sites -Expand policy to an additional 12 sites
2017-18	-Expand policy to remaining public housing sites

3. Foster changes in the pricing, placement, and promotion of tobacco products in retail settings

Price, advertising, and availability are among the strongest predictors of smoking, and many of these issues manifest in the retail environment. In Philadelphia, a pack of cigarettes costs $6, compared to $10 in Chicago and $11 in New York City. A recent study in Philadelphia revealed that, on average, tobacco retailers had 3.5 outdoor tobacco ads and 9 indoor tobacco ads. As 75% tobacco retailers are within 2 blocks of a school, children have substantial exposure to this advertising. This is exacerbated by the fact that illegal tobacco sales to minors remain common and the tobacco industry continues to introduce new products that appeal to youth, including e-cigarettes.

PDPH has successfully reduced tobacco sales to minors by 30% through merchant education, higher fines, and more consistent enforcement. Through partnerships with small business owners, PDPH has also begun to support tobacco retailers in selling healthier products. Moreover, Philadelphia City Council recently passed laws that limit retail advertising—in a content neutral manner—to 20% of window and door space, and impose a $2 per pack tax on cigarettes. For the latter, the PA General Assembly has not yet passed authorizing legislation. Over the next several years, PDPH will build on these efforts to modify pricing, placement, and promotion of tobacco products.

Key milestones

2014	-Work with City Council to pass laws prohibiting e-cigarette sales to minors and indoor use of e-cigarettes

	-Advocate for passage of authorizing legislation from the PA General Assembly for a local $2/pack tax on cigarettes
2015-16	-Consider increases to the local tax on other tobacco products and a change from weight-based to price-based tax strategies -As needed, advocate for passage of authorizing legislation from the PA General Assembly for a local $2/pack tax on cigarettes -Consider time, place, and manner restrictions on tobacco advertising
2017-18	-Consider time, place, and manner restrictions on tobacco advertising

Health promotion strategies

4. **Implement social marketing campaigns regarding quitting, the health effects of smoking and secondhand smoke, and tobacco de-normalization**

Media campaigns are a key component of comprehensive tobacco control programs. They can effectively warn consumers about the harms of smoking and secondhand smoke (SHS), encourage smokers to quit, and promote anti-smoking norms. Over the last several years, PDPH implemented the first set of local mass media campaigns targeting smoking. These led to increased quit attempts and contributed to a 15% reduction in adult smoking. For example, in spring 2013, a television, radio, and public transit campaign about the harms of SHS to children led to a 3-fold increase in calls to the Quitline.

PDPH will build on these successes to implement social marketing campaigns for 3-6 months of each year. They will be coordinated with federal campaigns sponsored by the CDC and FDA and will highlight local issues, including relevant policy changes. Various traditional and non-traditional mediums will be utilized to achieve sufficient reach—approximately 1,200 Total Rating Points per 3 months (ie, insuring that 100% of the target audience sees or hears an ad each week).

Key milestones

2014	-Implement campaign to promote smoke-free parks and clean air
2015-16	-Implement campaigns to highlight health effects of smoking and secondhand smoke exposure, and promote tobacco de-normalization
2017-18	-Implement campaigns to highlight health effects of smoking and secondhand smoke exposure

5. **Engage neighborhood organizations, community leaders, and youth to be local tobacco control champions**

Tobacco use impacts every Philadelphian. By engaging with residents, sharing ideas, and developing a collective voice, tobacco control initiatives can achieve long-lasting success. This is particularly important as low-income residents and racial/ethnic minorities are targeted by the tobacco industry.

PDPH has pursued such partnerships by hosting community dialogues about tobacco use, creating a virtual network of ex-smokers through social media, and convening a Get Healthy Philly Youth Council to help young people become local change agents. Over the next several years, PDPH will engage more youth, residents, and neighborhood organizations to shape tobacco control policies and assist family members, friends, and co-workers with quitting.

Key milestones

2014	-Assess experience with the inaugural year of the Get Healthy Philly Youth Council -Develop brief smoking cessation training program for community leaders/organizations -Assist 5 community organizations in implementing an *Ex-Smokers' Hall of Fame* program
2015-16	-Recruit and train 10 youth each year to be tobacco control leaders -Train 100 community leaders/organizations annually to provide brief cessation services to staff and clients -Assist 10 community organizations in implementing an *Ex-Smokers' Hall of Fame* program
2017-18	-Recruit and train 10 youth each year to be tobacco control leaders -Train 100 community leaders/organizations annually to provide brief cessation services to staff and clients -Assist 10 community organizations in implementing an *Ex-Smokers' Hall of Fame* program

Clinical care strategies

6. **Support clinical providers to integrate tobacco use dependence treatment into routine care**

While most clinical providers believe that helping their patients quit smoking is critically important, they face several barriers in providing effective and consistent counseling and treatment. Many providers are not comfortable or well-trained in behavior change counseling, such as motivational interviewing. Others feel that they don't have the time to help patients, even though brief, targeted advice can be effective. Many get discouraged by

the fact that their patients relapse without fully appreciating the nature of addiction. And, in certain settings, misperceptions about smoking and quitting prevail. This is particularly the case among behavioral health providers, who commonly believe that smoking helps people cope with mental illness and is a lesser problem than the primary behavioral health issue. However, smoking-related diseases account for a large portion of the 20-year life expectancy gap that is observed among patients with behavioral health problems, and smoking cessation generally leads to significant improvements in a range of psychiatric conditions.

To address these challenges, PDPH partnered with the Comprehensive Smoking Treatment Program at the University of Pennsylvania to develop a public health detailing program to assist clinicians in providing smoking counseling and treatment. Through in-person visits, treatment decision supports, and online continuing medical education, the detailing program increased prescription writing and referrals to the PA Free Quitline among 300 physicians. This model was recently adapted for use in behavioral health settings. Over the next several years, PDPH will expand detailing-based supports for clinical providers and assist practices and hospitals in implementing systems changes to promote smoking cessation, such as: electronic health record (EHR) integration; standardized formularies, order sets, and discharge instructions; quit-smoking posters/fliers/messaging; and smoke-free policies.

Key milestones

2014	-Continue public health detailing in primary care practices -Begin public health detailing in City-funded behavioral health practices -Develop tool-kit with community cessation resources, EHR integration recommendations, and guidance for formularies, order sets, and discharge instructions -Convene nursing leaders to discuss educational and practice reforms related to cessation
2015-16	-Expand public health detailing to all City-funded behavioral health practices -Disseminate tool-kit with community cessation resources, EHR integration recommendations, and guidance for formularies, order sets, and discharge instructions -Implement nursing educational and practice reforms -Convene dental leaders to discuss educational and practice reforms related to cessation
2017-18	-Implement dental educational and practice reforms

Objective 2 – Improve nutrition and physical activity to decrease obesity

Policy strategies

1. **Implement nutrition standards for all food procured by City agencies and other institutional purchasers**

   The City of Philadelphia purchases approximately $20 million in food annually either directly or through contracted organizations. The City agencies that purchase food include: the Departments of Human Services and Parks & Recreation for afterschool, summer feeding, and concessions programs; the Office of Supportive Housing for homeless shelters; the Prisons Systems; and the Procurement Department for beverage and snack vending machines in City buildings. While most agencies have some nutrition standards, they are often inconsistent or incomplete, leading to lost opportunities for improving the health of vulnerable Philadelphians.

   PDPH has begun working with relevant City agencies to review current food procurement practices and nutrition standards. Over the next several years, citywide standards—focusing on calories, fat, sodium, and sugar which are tailored to specific populations (children, adults, etc)—will be developed and implemented. PDPH will provide technical assistance through nutritional analysis, menu planning, RFP and contract development, vendor analysis, and training for contracted organizations that purchase food with City funds. After work with City agencies has commenced, PDPH will work with other institutional purchasers (eg, universities, hospitals) to develop and implement similar standards.

   Key milestones

2014	-Develop nutrition standards for City agencies -Enact executive order codifying nutrition standards -Begin implementation with 2 City agencies
2015-16	-Implement standards for remaining City agencies -Develop toolkit for other institutional purchasers -Partner with 2 other institutional purchasers to implement nutrition standards
2017-18	-Partner with 2-3 other institutional purchasers annually to implement nutrition standards

2. **Leverage federal food programs to improve nutritional offerings in schools, afterschool settings, and childcare**

   The School District of Philadelphia serves over 166,000 meals every day or 29 million meals annually. Three hundred-plus afterschool programs serve meals to 20,000 children every day, while hundreds of childcare providers provide food to tens of thousands of pre-school-aged children. Over the last decade, PDPH has worked with school and afterschool

providers to develop and implement local nutrition standards that often exceed federal targets set through the USDA's School Lunch and Breakfast Program, and the Child and Adult Care Food Program.

However, barriers to full implementation and uptake remain. Vendors may not have the ability to provide healthy meals at the available level of reimbursement; program staff may not have the capacity to manage and assess the nutritional quality of foods; meals may meet nutrition standards but still not be tasty and appealing; and the procurement process, particularly for childcare providers, may be decentralized. Over the next several years, PDPH will work with school, afterschool, and childcare providers to develop (as needed) and implement comprehensive nutrition standards with a focus on fresh, tasty, kid-friendly foods.

Key milestones

2014	-Assist School District in choosing a new pre-plate school food vendor -Provide support to School District in meeting new federal meal standards and increasing access to water for students
2015-16	-Implement nutrition standards for City-funded afterschool programs, including vendor outreach, assistance with contracting, and menu development -Develop plan to engage childcare providers
2017-18	- Implement nutrition standards for childcare programs, including vendor outreach, assistance with contracting, and menu development

3. **Advocate for minute-based PE requirements for schools**

Only 24% of Philadelphia middle-schoolers get recommended levels of physical activity. While school physical education (PE) requirements were robust in prior generations, current standards for Pennsylvania schools are minimal. The PA Department of Education requires that districts provide PE in elementary school every year and at least once in middle and high schools. There are no weekly minute requirements. Because of the vagueness of these requirements, most Philadelphia students get intermittent PE in elementary and middle school and only one semester of PE during their four years of high school and even this may not be daily.

Research demonstrates that students in jurisdictions with strong minute-based requirements (eg, 100 minutes of PE per week) are much more likely to get recommended levels of physical activity than students in places without such requirements.[12] Over the next several years, PDPH and SDP will develop and implement minute-based PE requirements for all public and charter schools. Technical assistance will be provided to principals for rostering (i.e., fitting PE class into daily schedules), and training and equipment will be offered to PE teachers for maximizing moderate to vigorous physical

activity during class-time. Better fitness can lead to improved health and greater readiness to learn.

Key milestones

2014	-Develop public health and education rationale for minute-based PE requirements
2015-16	-Create timeline and workplan for changing PE requirements -Obtain funding to assist with implementation -Pass local rule, setting minute-based PE requirements
2017-18	-Implement and evaluate minute-based PE requirements

Health promotion strategies

4. Enhance the availability, affordability, and promotion of healthy foods in retail settings through retailer and manufacturer/distributor engagement

Over the last generation, the American diet has shifted from home-based meals to food purchased and consumed outside the home. In Philadelphia, thousands of corner stores and takeout restaurants offer cheap, heavily marketed unhealthy foods and beverages for purchase. In communities with limited access to supermarkets, these retail businesses are a key part of the food landscape. Even in supermarkets, many of the products are packaged, industrially manufactured foods with high levels of calories, sodium, fat, and sugars.

In the last decade, Philadelphia has seen an expansion in supermarkets and farmers' markets through innovative financing mechanisms and greater availability of healthy options in corner stores and takeout restaurants through voluntary health promotion efforts. Affordability of healthy foods has also been addressed through changes to the federal WIC food package and locally via Philly Food Bucks, which provides $2 of free fruits and vegetables for every $5 of SNAP benefits spent at participating farmers' markets.

PDPH will build on these successes to sustain efforts with corner stores, takeout restaurants, and farmers' markets; explore bonus incentive programs for healthy food purchases in additional retail environments; assess the need for local regulation; and engage manufacturers and distributors to offer healthier foods at a competitive cost.

Key milestones

2014	-Implement healthy retail certification standards for 25 corner stores -Open 2 new farmers' markets -Maintain support for 200+ healthy Chinese take-out restaurants
2015-16	-Implement healthy retail certification standards for 25 additional corner stores -Develop plan for bonus incentive programs in supermarkets

	-Engage 2 regional food manufacturers/distributors to make voluntary commitments to improve the nutritional quality of their products -Assess need for local regulation
2017-18	-Engage 2 regional food manufacturers/distributors annually to make voluntary commitments to improve the nutritional quality of their products -Implement local regulations

5. **Implement social marketing campaigns to promote healthier eating and physical activity**

Social marketing campaigns have successfully changed norms and behaviors regarding smoking and, more recently, sugary drink consumption in Philadelphia and across the U.S. PDPH's sugary drinks media education campaign was seen or heard over 40 million times, and exposure was associated with greater knowledge about the link between sugary drinks, weight gain, and diabetes in children.[13]

Based on this experience, PDPH will develop and implement evidence-based media campaigns to reduce salt consumption and promote physical activity. African American and low-income Philadelphians at the greatest risk for obesity-related illness will prioritized through media placements. The goal will be to achieve 1,200 Total Rating Points (TRPs) per quarter, translating into 100% of the target audience seeing or hearing the campaign at least once per week. The campaign will make use of television, radio, retail, and digital mediums. Employers, medical providers, and other partners will disseminate the messages further through their networks. Evaluation will measure campaign exposure among the target audience and changes in attitudes, beliefs, norms, and behaviors.

Key milestones

2014	-Implement salt reduction social marketing campaign
2015-16	-Continue salt reduction social marketing campaign -Develop and implement social marketing campaign promoting physical activity
2017-18	-Develop and implement additional social marketing campaigns

6. **Promote greater and safer physical activity through bicycle, pedestrian, and open space initiatives**

Philadelphia's physical form affects the health of its residents and communities. A robust and growing body of research continues to identify associations between the built environment – streets, buildings, parks, and other human-made components of cities and places – and a variety of health determinants and outcomes, including physical activity, nutrition, obesity, and chronic diseases such as diabetes and hypertension.

Through Get Healthy Philly, PDPH has partnered with the Philadelphia City Planning Commission (PCPC), the Mayor's Office of Transportation and Utilities (MOTU), and Philadelphia Parks & Recreation to promote more accessible, walkable, and bike-able communities. Key activities have included incorporation of active living principles into the city's Comprehensive Plan (Philadelphia2035), expansions in the bike and trail network, and education and engineering interventions to reduce bicyclist and pedestrian crashes. Over the next several years, PDPH will build on these partnerships to enhance access to safe, well-maintained open space, trails, and street-based walking and biking infrastructure.

Key milestones

2014	-With MOTU, implement low-cost safety improvements to 100 intersections -With MOTU, launch bike share program -With PCPC, complete 2 district plans
2015-16	-With MOTU, implement low-cost safety improvements to 50 intersections annually -With MOTU, expand bike share program -With PCPC, complete 2 district plans annually -With PPR, plan and implement enhancements to 2 open spaces annually
2017-18	-TBD

Clinical care strategies

7. Enhance surveillance system for obesity and related chronic diseases

Chronic disease surveillance systems are currently in their infancy. Most data on diet/activity-related diseases—such as obesity, hypertension, and diabetes—come through self-reported phone-based surveys. Therefore, the data may not be fully accurate, sufficiently detailed, or truly representative of the city and its subpopulations. To address these deficiencies, PDPH has begun to work with partners to develop a more robust surveillance system. Key activities have included accessing and analyzing height and weight data from the School District of Philadelphia, collecting field data on retail advertising for sugary drinks, and analyzing Medicaid claims data on hypertension medication adherence.

PDPH will build on these experiences to enhance surveillance for obesity, hypertension, diabetes, and other related chronic conditions. Partnerships with multiple sectors will be required, including health care providers and payers, academic entities, and public and private data aggregation platforms.

Key milestones

2014	-Complete annual report on obesity among schoolchildren for data

	through 2012-2013 -Create phase 1 of a citywide hypertension dashboard with data on prevalence, adherence, morbidity, and mortality
2015-16	-Develop data sharing agreements with charter schools for height and weight data on schoolchildren -Augment existing electronic data sharing platforms to collect height and weight data from clinical EHRs -Create phase 2 of a citywide hypertension dashboard with data on prevalence, adherence, morbidity, and mortality
2017-18	-Augment existing electronic data sharing platforms to collect data on hypertension and diabetes from clinical EHRs

8. Advance health-promoting policies in hospitals

Philadelphia is home to over 20 hospitals, and local health systems—such as Penn, Jefferson, and Temple—are among the largest private sector employers in the region. Hospitals can improve health not only through clinical care but also through policy and systems changes that impact patients, staff, visitors, and the surrounding community.

Through Get Healthy Philly, PDPH has partnered with hospitals to promote breastfeeding, healthier vending options, and smoke-free campuses. Over the next several years, PDPH will enhance these partnerships to help all 6 birthing hospital to achieve *Baby Friendly* status, improve food offerings through nutrition standards and procurement reforms, and increase physical activity via stairwell promotion and active design principles.

Key milestones

2014	-Assist 1 birthing hospital to achieve *Baby Friendly* status
2015-16	-Assist 3 birthing hospitals to achieve *Baby Friendly* status -Support 2 hospitals in implementing nutrition/procurement standards -Develop physical activity design and promotion guidelines for hospitals
2017-18	-Assist 2 birthing hospitals to achieve *Baby Friendly* status -Support 2 hospitals in implementing nutrition/procurement standards -Help 2 hospitals in implementing physical activity design and promotion guidelines

VI. Strategic Priority 4 – Environmental health

Our physical environment has a tremendous but often underappreciated impact on health. For example, outdoor air pollution leads to 3.7 million deaths worldwide each year, increasing the risk for heart disease, stroke, and chronic respiratory disease. Moreover, many of the contributors to air pollution are exacerbating climate change. Within homes, particularly poorly maintained urban housing, lead paint still poisons hundreds of Philadelphia children annually; and mold, insect and mouse allergens, and secondhand smoke contribute to thousands of asthma hospitalizations each year. Environmental health is a social justice issue, as low-income residents and racial/ethnic minorities are disproportionately exposed to unhealthy surroundings.

The Philadelphia Department of Public Health (PDPH) is responsible for promoting environmental health through air quality monitoring and regulation; restaurant food safety inspections; and home environmental risk reduction. While many environmental health indicators have steadily improved over time, substantial risk remains. To continue to improve air quality, partnerships with state and federal agencies are critical, as are consistent, rigorous, evidence-based policy making and enforcement. To enhance food safety, restaurants must understand and comply with local rules, and inspections should prioritize the highest risk conditions. As traditional funding for home-based environmental risk reduction declines, PDPH must seek out new sources of support to prevent lead poisoning and asthma exacerbations, including partnerships with health care providers and payers.

Over the next 5 years, PDPH will build on its long history of environmental health promotion by focusing on the protection of children from home, community, and outdoor air health hazards; and the promotion of restaurant food safety.

Objective 1 – Protect children from environmental health hazards

Key measures

Measure	Value
1) Children and adults exposed to secondhand smoke in the home[1]	11.1% (2012)
2) Asthma hospitalization rate per 100,000 children[2]	1,001 (2010)
3) Number of days with good air quality[3]	147 (2012)
4) Rat complaints per 10,000 residents[4]	18.9 (2011)
5) Elevated blood levels per 1,000 children 0 to 5 years[4]	3.0 (2012)

[1]Southeastern Pennsylvania Household Health Survey, PHMC
[2]Pennsylvania Health Care Cost Containment Council
[3]PDPH, Air Management Services
[4]PDPH, Environmental Health Services

Policy strategies

1. Meet the National Ambient Air Quality Standard for particulate matter, ozone, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead, and reduce exposure to air toxics through regulatory activities
2. Reduce health and safety hazards in low-income housing, with an emphasis on lead poisoning prevention by improving property owner awareness of and compliance with the Philadelphia Property Code and Health Code
3. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

Health promotion strategies

4. Reduce health and safety hazards, including asthma triggers, through Healthy Homes and Lead Poisoning Prevention programming
5. Implement periodic neighborhood-focused rodent, pest, and home safety survey and educational activities

Clinical care strategies

6. Improve pediatric providers' knowledge, counseling, and referral practices to prevent lead poisoning, increase lead screening, and reduce environmental triggers of asthma

Objective 2 – Promote food safety through education and inspection of food establishments

Key measures

1) Food establishments in compliance with food safety regulations at initial inspection[1]	39% (2012)
2) Food establishments inspected within the past year[1]	75% (2012)

[1]PDPH, Environmental Health Services

Policy strategies

1. Ensure routine annual inspections of food establishments, re-inspection within 30 days, and timely pre-court inspections of all court cases

Health promotion strategies

2. Develop and disseminate resources on starting various types of food businesses
3. Develop and disseminate resources for food vendors on how to prepare for a successful food safety inspection
4. Provide online availability for all food business-related applications and fees

Clinical care strategies

N/A

<u>Objective 1 – Protect children from environmental health hazards</u>

<u>Policy strategies</u>

1. **Meet the National Ambient Air Quality Standards for particulate matter, ozone, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead, and reduce exposure to air toxics using regulatory activities**

   The Federal Environmental Protection Agency (EPA) has established acceptable concentrations for criteria pollutants in the ambient air in order to protect public health. There are no standards for air toxics since no level is considered safe. However, the agency's goal is to reduce excess cancer risk from air toxics to less than one in one million. PDPH's Air Management Services focuses its activities on developing and enforcing regulations to meet criteria pollutant standards and reducing public exposure to toxic pollutants in Philadelphia.

   Key milestones

2014	-Implement diesel retrofit construction of public works -Ensure continued compliance with the dry cleaning, emergency generators, and complex sources regulations -State submits State Implementation Plan for ozone control -Enact ordinance requiring low sulfur in fuel oil
2015-16	-Finalize dust control plan regulation -Obtain a robust emissions inventory from the Port of Philadelphia
2017-18	-Reduce transport and greenhouse gas emissions

2. **Reduce health and safety hazards in low-income housing, with an emphasis on lead poisoning prevention by improving property owner awareness of compliance with the Philadelphia Property Code and Health Code**

   With its high percentage of older, poorly maintained housing, Philadelphia cannot successfully protect children from lead poisoning, severe asthma, injury and other harm due to the child's home environment without increased compliance with the City's Property and Health Codes including the Lead Paint Disclosure and Certification Law.

   This is particularly true in rental housing where low-income children in Philadelphia frequently are put at risk by health and safety hazards which violate City law. These hazards include chipping and peeling lead paint, water leaks and mold growth, pest infestation, electrical hazards, gas leaks, structural damage; lack of running water, heating, bath/shower, toilet, or kitchen facilities; and lack of smoke alarms, CO alarms, banisters, and other safety hazards. Lead poisoned children in Philadelphia are most often harmed by chipping lead paint and lead dust in their rental units.

PDPH hopes to reduce health and safety hazards that put children at risk of lead poisoning, worsened asthma, and injury through increased public awareness, improved voluntary compliance, and stricter enforcement of relevant Philadelphia laws. Potential partners include: landlord associations, tenants' advocates, the Philadelphia Department of Licenses and Inspection (L&I), the Philadelphia Law Department, the Philadelphia Housing Authority, the Philadelphia Lead Court, and local pediatricians.

Key milestones

2014	-Strengthen lead court operations
2015-16	-Convene partners -Begin PDPH Property Code enforcement -Develop educational campaign and monitoring systems
2017-18	-Continue expansion of Property Code enforcement, as feasible

3. Partner with the Philadelphia Housing Authority to implement a smoke-free policy for all indoor spaces, including residential units

There is no safe level of exposure to secondhand smoke (SHS), which can cause heart attacks, strokes, lung cancer, asthma exacerbations, respiratory infections, ear infections, and sudden infant death. Low-income children and non-smoking adults are significantly more likely to be exposed to SHS than higher income groups, and SHS exposure comes not just from smoke in one's own home but also from neighbors who smoke. In fact, up to two-thirds of the air in an apartment unit comes from outside that apartment, including hallways and neighboring units via HVAC systems, doors, windows, cracks in walls, and other sources.

To protect residents from SHS and encourage smokers to quit, PDPH will work with the Philadelphia Housing Authority (PHA) to implement and evaluate a smoke-free policy for all public housing. Smoke-free policies not only protect health but also decrease the risk of fire, lower property insurance costs, and reduce property maintenance and turnover costs.

Over the last two years, PDPH and PHA have partnered to engage residents in SHS education, smoking cessation, and policy development. With the Drexel University School of Public Health, PDPH has conducted formative and baseline evaluation, demonstrating that 20% of non-smoking apartments have detectable levels of air nicotine. Over the next three to five years, PDPH and PHA will implement a smoke-free policy for all multi-unit public housing in Philadelphia.

Key milestones

2014	-Enact and implement policy for 2 pilot sites
2015-16	-Collect follow-up data on smoking behaviors and air quality in 2 pilot sites -Collect baseline data in 12 additional sites

	-Expand policy to an additional 12 sites
2017-18	-Expand policy to remaining public housing sites

Health promotion strategies

4. **Reduce health and safety hazards, including asthma triggers, through Healthy Homes and Lead Poisoning Prevention programming**

   In some neighborhoods, particularly in the north and southwest sections of Philadelphia, as many as 1 in 3 children have been diagnosed with asthma, and asthma hospitalization rates far exceed state and national averages. At the same time, lead poisoning has remained a devastating threat to thousands of Philadelphia's low-income children primarily due to chipping and peeling lead paint and lead dust in old houses.

   PDPH will integrate lead poisoning prevention/remediation and Healthy Homes programming in order to provide comprehensive clinical, environmental, and educational strategies to prevent and manage environmentally-mediated conditions. Services will be provided to children with difficult to control asthma (and their families) who are patients of St. Christopher's Hospital for Children and to children who are lead poisoned throughout the city. At the same time, PDPH will initiate a multi-faceted strategy to prevent lead poisoning and improve the housing conditions in high-risk neighborhoods. Finally, PDPH will augment surveillance and data management capacities related to home environmental health, including developing a new database and increasing staff capacity and expertise.

   Key milestones

2014	-Develop plan for improved infrastructure and training to integrate the lead poisoning prevention and Healthy Homes programs -Develop new database
2015-16	-Fully integrate lead poisoning prevention and Healthy Homes programs -Develop and implement neighborhood initiative -Begin using database and add epidemiologic/surveillance staff -Review collected data, evaluate the effectiveness of these services, and implement any needed changes
2017-18	-To be determined based on evaluation

5. **Implement periodic neighborhood-focused rodent, pest, and home safety survey and educational activities**
   Based on the available data from the Healthy Homes and Food Inspection programs, 97% of Healthy Homes residences and one-third of all inspected food establishments have mice. Mice are pervasive in urban environments, carrying and spreading Salmonella and other

bacteria. They pose a substantial challenge for residential and commercial food establishments.

PDPH will implement a pilot neighborhood-focused rodent, pest, and home safety survey, which will include treatment for household pests and rats, integrated pest management instruction, and provision of home safety information and items, such as smoke detectors. PDPH's traditional "rodent survey" will be amended to include efforts to reduce the mouse population. Also, if needed, referrals will be made to other City agencies (Licenses and Inspections, Water, Police) for housing code, sewer maintenance, and abandoned vehicle violations in order to alleviate rat infestations in the neighborhood.

Key milestones

2014	-Develop a program plan, budget, and proposed revenue strategy -Convene partners
2015-16	-Implement the initiative in a targeted neighborhood -Review the data and community feedback to make changes as needed -Possibly expand to additional neighborhoods or to commercial food establishments
2017-18	-To be determined based on evaluation and available resources

Clinical care strategies

6. Improve children's clinical providers' knowledge, counseling, and referral to reduce the risk of lead poisoning, increase lead screening, and reduce environmental triggers of asthma

Building on the PDPH's current collaboration with St. Christopher's Hospital for Children in the Healthy Homes program, PDPH will develop resources to improve Philadelphia's clinical providers' knowledge and awareness of health and safety hazards in a child's home and develop strategies to reduce health risks. Other partners may include the Division of Ambulatory Health Services, the American Lung Association, the Children's Hospital of Philadelphia, and the Medicaid managed care organizations serving Philadelphia's children. Special focus will be on providing education and referrals to reduce the risk of lead poisoning, increase lead screening, and reduce environmental asthma triggers. Methods of information dissemination may include written materials for clinicians, community based agencies and patients' families; and in-service trainings and/or public health detailing.

Key milestones

2014	-Identify and convene partners including clinicians, asthma educators and Medicaid managed care companies to develop plan
2015-16	-Begin initiative with PDPH pediatric clinical providers

	-Develop and distribute written materials for clinicians and their patients; provide in-service training as needed
2017-18	-Evaluate and adapt the program

Objective 2 – Promote food safety through education and inspection of food establishments

Policy strategies

1. **Ensure routine annual inspections of food establishments, re-inspection within 30 days, and pre-court inspections of all court cases**

   When unreported cases are taken into account, an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths nationally each year may be associated with microorganisms in food. Therefore, the mission of PDPH's Office of Food Protection (OFP) is to reduce foodborne illness by regulating food handling practices and educating food handlers about the causes of foodborne diseases. OFP's current goal is to inspect annually all food establishments that prepare and serve food and to conduct the associated re-inspections and pre-court inspections within the appropriate time. Currently all pre-court inspections are being completed on time, but only 75% of food establishments are inspected annually.

   Key milestones

2014	-Inventory all food establishments in the Digital Health Department database and categorize their associated inspection frequency -Provide inspection lists to all staff to ensure that all initial inspections are completed -Use the database to monitor re-inspections and provide re-inspection lists to staff
2015-16	-Continue to monitor all initial, re-inspections, and pre-court inspections to make sure they are being completed in a timely manner -Develop new strategies and implement changes as needed
2017-18	-Evaluate effectiveness of the monitoring techniques -Develop new strategies and implement changes as needed

Health promotion strategies

2. **Develop and disseminate resources on starting various types of food businesses**

   Every food business in Philadelphia must comply with the local zoning code, the local building code, and the health code. The process of achieving compliance can often be a daunting task. To promote compliance and prevent businesses from operating illegally, a step-by-step manual was created jointly by the Philadelphia Department of Licenses and Inspections and PDPH to help businesses understand and comply with local regulations.

Key milestones

2014	-Continue efforts to distribute the Stationary Business manual and finalize the Mobile Vending business manual -Develop a Special Events manual
2015-16	-Receive customer feedback on the manuals and implement any needed changes
2017-18	-Converted all manuals to on-line applications

3. **Develop and disseminate resources for food vendors on how to prepare for a successful food safety inspection**

Achieving food safety is a partnership between regulatory agencies and the industry being regulated. Commonly, many food establishments are confused or lack knowledge regarding the inspectional process. This lack of knowledge often leads to failed inspections and establishments being out of compliance. To assist with this process, PDPH's Office of Food Protection is proposing to offer training and education for the industry about the inspectional process and related violations. The goal would be to have the industry be in compliance with the regulations so that the food establishments in the City are operating safely.

Key milestones

2014	-Review the types of violations cited most frequently and industry feedback about the inspection process -Develop a "what to expect when inspected" handout for establishment owners -Conduct presentations and trainings for establishment owners and employees to better understand risk factors and the most common failures of inspection
2015-16	-Develop educational videos of inspections and other special processes and make these videos available through the PDPH website
2017-18	-Evaluate effectiveness of these efforts and implement changes as needed

4. **Provide online availability for all food business-related applications and fees**

With PDPH's ever-increasing efforts to become more business friendly while streamlining its business practices, the Office of Food Protection is now offering e-pay. E-pay is a payment service that allows businesses and individuals to pay departmental fees with credit cards or checks online. As a result of this service, all entities can eliminate the processing time needed for payments, which results in a faster servicing of the needs of the businessperson by the Office of Food Protection. This service is currently available for plan review and inspection fees, and the goal is to expand online payment to all fees.

Key milestones

2014	-Food establishments will be able to pay for their Food Safety Certificates online with EPAY
2015-16	-Expand online payment to Special Events fees
2017-18	-Evaluate effectiveness and increased revenue as a result of these online payment services

Appendices

Organizational Chart – Philadelphia Department of Public Health – October 2013

City of Philadelphia
Department of Public Health
10/4/2013

- Commissioner — Donald Schwarz,MD,MPH
  - Board of Health
  - Air Pollution Control Board
  - Accreditation
  - Policy and Planning — Giridhar Mallya
    - Chronic Disease Prevention
  - Finance & Administration — Deputy Commissioner Tara Mohr
    - Budget
    - Audit
    - Contracts Management
    - Revenue
    - Accounts Payable
  - Operations — Chief of Staff Nan Feyler
    - Disease Control
    - Maternal, Child and Family Health
    - Office of the Medical Examiner
    - Air Management Services
    - Public Health Laboratory
    - AIDS Activities Coordinating Office
    - Environmental Health Services
  - Administration — Deputy Commissioner Kevin Vaughan
    - Human Resources
    - Office of Facilities Management
    - Information Technology
    - Communications
    - Philadelphia Nursing Home
    - HCO Administrative Services
    - Performance Management
  - Ambulatory Health Services — Thomas Storey
    - Health Center Advisory Board
    - Riverview Health Services

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