

**DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2023 BUDGET TESTIMONY
APRIL 13, 2022**

INTRODUCTION

Good Afternoon, President Clarke and Members of City Council. I am Dr. Cheryl Bettigole, Health Commissioner. Joining me today are Dr. Frank Franklin, Deputy Health Commissioner, Dr. Palak Raval-Nelson, Deputy Health Commissioner, Jane Baker, Chief of Staff and Ryan Taylor, Chief Operating Officer. I am pleased to provide testimony on the Department of Public Health’s Fiscal Year 2023 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The Department of Public Health (DPH) promotes and protects the health of every Philadelphian and provides a safety net for the most vulnerable.

Plans for Fiscal Year 2023:

- **Administration and Support** will work to improve local recruitment efforts, advance Diversity, Equity and Inclusion goals, and invest in capital needs through various renovation projects.
- **AIDS Activities Coordinating Office (AACO)** will evaluate health equity processes for AACO funded programs, increase access to HIV testing through bio-social screening in medical settings, and develop programs and processes based on new customer service assessments.
- **Air Management Services** will reduce emissions at the Port of Philadelphia, remove emissions sources from local former refineries and implement environmental justice initiatives.
- **Ambulatory Health Services** will refine care management for at-risk patients, expand mental health and substance use services and improve and update infrastructure of health centers.
- **Chronic Disease and Injury Prevention** will evaluate the impact of citywide gun violence work and support Hospital-based Violence Intervention Programs, launch evidence-based CDC Tips from Former Smokers campaign, work with Philadelphia Water Department (PWD) and the Department of Revenue to help ensure that all Philadelphia residents have access to running water.
- **Covid Containment** will target minority and vulnerable populations with COVID-19 information, monitor the performance of community testing sites to ensure service in minority communities and improve electronic reporting to prevent further spread of new cases.
- **Disease Control** will improve guidance to congregate settings on prevention and control of communicable diseases, build a diverse and culturally competent workforce to inform emergency response in minority communities and increase partnerships with community-based organizations.
- **Environmental Health Services** will maintain food inspection intervals, develop customer service training and a guide on “what to expect, when you are inspected,” use a multi-agency approach for joint inspections of “nuisance” establishments, standardize training for all EHS staff, and implement new childcare certification training.

- **Health Analysis, Information and Strategy** will develop a dashboard and report tracking specific racial equity metrics as they relate to prevention, drug treatment and access to harm reduction services, develop and implement a citywide plan to reduce stimulant use, reduce fatal overdoses among non-Hispanic Black and Hispanic populations and improve IT operations and security.
- **Health Systems** will assess the role of the Philadelphia Nursing Home in providing direct health services to support the Philadelphia community; and assess infrastructure needs of the Philadelphia Nursing Home in partnership with the Department of Public Property and the Budget Office.
- **Lead and Healthy Homes** will improve the no contact rate by 10 percent, which captures DPH's ability to get into homes for lead risk assessment inspections where children have been lead poisoned, continue to work with the Department of Licenses and Inspections (L&I) regarding enforcement of the new Lead Law and move Lead staff into a new facility.
- **Maternal, Child and Family Health** will pilot initiatives to reduce racial disparities in infant mortality, convene citywide stakeholders and develop a strategic plan to reduce racial disparities in childhood asthma, develop a surveillance system for maternal morbidity, expand Heart Safe Motherhood, a postpartum remote hypertension monitoring program, to all Philadelphia delivery hospitals with the aim of reducing postpartum hypertension-associated morbidity and mortality.
- **Medical Examiner's Office** will improve operations by developing policies and procedures for the disposition of unidentified remains; plan for administrative reorganization to mitigate the effects of administrative employee retirement or separation, conduct implicit bias training for all public-facing MEO employees and apply for American Board of Forensic Toxicology (ABFT) accreditation.
- **Public Health Laboratory (PHL)** will recruit, hire and train new culturally and racially diverse Medical Technology staff to support PHL testing, relocate to a new facility, assess expanding COVID-19 testing in Philadelphia prisons, implement Urine Suboxone Drug Screen test and A1C point of care testing to support City's health center Health Resources and Services Administration initiatives, implement auto-verification in new Laboratory Information System to release "normal" test results to provider or application sooner.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Please refer to attached FY23 Budget Hearing Summary Charts in section 1: Staff Demographics Summary, section 2; Employment Levels, section 3: Financial Summary by Class, section 6: Participation Rate and Goal.

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2023 General Fund budget totals \$159,137,489, a decrease of \$5,953,699 over Fiscal Year 2022 estimated obligation levels. This decrease is primarily due to reduced funding for the Philadelphia Nursing Home and COVID 19 Isolation and Quarantine site.

The proposed budget includes:

- \$62,683,660 in Class 100, A \$921,377 increase over FY22. This funding will enable the Department to maintain existing staff, fund union negotiated salary increases and hire additional staff to support lead poisoning prevention efforts.
- \$88,784,022 in Class 200, A \$6,655,426 decrease from FY22. This funding will enable the Department to maintain existing services and recognize a reduced census in the Philadelphia Nursing Home and reduced need for the Isolation and Quarantine site.
- \$6,746,403 in Class 300/400, A \$219,650 decrease from FY22. This funding will enable purchasing of medical equipment and supplies, pharmaceuticals, and naloxone, the opioid overdose reversal drug in addition to rollover funds for the Public Health Lab relocation.
- \$923,404 in Class 800, Level with FY22. This funding will support capital investment in the City health centers.

STAFFING LEVELS

The department is requesting 1,068 budgeted positions for FY23, an increase of 51 positions over FY22. The increase is mostly attributed to an increase of grant funded positions. 10 new general fund positions are for lead poisoning prevention efforts.

NEW HIRES

Please refer to attached FY23 Budget Hearing Summary Charts in section 8: New Hires Information.

PERFORMANCE, CHALLENGES, AND INITIATIVES

Administration and Support

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Percent of fleet vehicles compliant with preventive maintenance schedule	98.5%	90.0%	99.0%
Median number of days to conform department draft contract ¹	49	50	60

¹ COVID-19 related emergency and reduced staffing in various City departments required DPH to revise the FY23 target to assure contract conformance.

Program FY23 Strategic Goals

- Advance Diversity Equity and Inclusion (DEI) goals by facilitating and tracking completion of DEI training for managers and supervisors in the Department and identifying internal trainers for DEI and Sexual Harassment to assist in continued Workforce Development.
- Conduct recruitment initiatives, geared towards local trade schools, universities, and professional organizations, to promote upcoming announcements and positions and create a pipeline of potential candidates.
- Complete transition and renovation projects at City owned facilities by decommissioning 500 S. Broad Street, relocating Strawberry Mansion health Center (SMHC) Records Room, constructing new SMHC Dental Suite, renovating the SMHC lobby, and installing and converting lighting at all health centers to LED.

AIDS Activities Coordinating Office (AACO)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of new HIV diagnoses	322	566	566
Number of clients served by department-funded Ryan White outpatient ambulatory health system in Philadelphia	11,287	12,500	12,500

Program FY23 Strategic Goals

- Implement the following initiatives: Radical Customer Service across all AACO funded providers, rapid ART initiation across all AACO funded HIV testing and treatment sites, and the “Low threshold sexual health services” for Black/African Americans, Hispanic/Latinx, LGBTQ, and in Southwest Philadelphia.

Department of Public Health

- Conduct an evaluation of the health equity assessment process across AACO funded programs.
- Improve HIV programming by increasing access to HIV testing through bio-social screening in medical settings, including primary and urgent care settings, emergency departments and at prison intake and expanding the HIV Housing Program (currently funded through Housing Opportunities for Person with AIDS) with funding from the State Rebate program.

Air Management Services (AMS)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of calendar days with air quality index rating of 100 or below	357	357	357

Program FY23 Strategic Goals

- Continue to work at the Port of Philadelphia to reduce emission from old diesel trucks and cranes, oceangoing ships and forklifts that includes all land base emission sources and recreational boats. Reducing diesel particulate matter (Ozone, Sox, NOx) will lessen the toxic effect on the workers at the Port and the nearby EJ communities.
- Work on the removal of 1,000 miles of pipes, boilers, heaters, and other emission sources from former refineries.

Ambulatory Health Services (AHS)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Percentage of visits uninsured	39.5%	45.0%	45.0%
Number of patient visits at department-run ambulatory health centers	300,093	315,000	315,000
Percent of patients ages 18-84 with a diagnosis of hypertension who have controlled blood pressure	63.0%	72.0%	72.0%

Program FY23 Strategic Goals

- Continue refinement of care management to improve outcomes for at risk patients with hypertension and diabetes, and patients transitioning from emergency department and hospital discharges.
- Maintain health services during any COVID-19 surge to meet the needs of the most at-risk patients and expand and improve services relevant to mental health and substance use disorders.
- Improve health center service by incorporating state of the art technology and solutions that creates

efficiencies and improves service delivery and infusing capital dollars to repair and replace aging HC equipment and infrastructure.

Chronic Disease and Injury Prevention (CDIP)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Youth tobacco sales compliance (%)	56.0%	80.0%	80.0%

Program FY23 Strategic Goals

- Evaluate the impact of citywide gun violence prevention work and support and convene hospital-based violence intervention (HVIPs) across the city to share data and ensure that every Philadelphia resident who is shot with a firearm is offered HVIP services. Track enrollment, engagement, and outcomes.
- Create a Philadelphia version of the evidence-based CDC Tips from Former Smokers campaign to help further decrease smoking in Philadelphia in collaboration with a local BIPOC owned media company.
- Work together with the Philadelphia Water Department (PWD) and the Department of Revenue to help ensure that all Philadelphia residents have access to running water.

COVID Containment (CoCo)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Percent of cases who agree to participate in contact tracing	27.8%	25.0%	40.0%
Percent of contacts who agree to quarantine	71.6%	75.0%	70.0%
Percent of PDPH COVID-19 tests that are rapid point-of-care	11.8%	50.0%	50.0%

Program FY23 Strategic Goals

- Ease the burden of COVID-19 on minorities and vulnerable populations through effective contact tracing, expanded testing options, and targeted outreach campaigns.
- Through improved electronic reporting, rapidly identify and prevent further spread of new cases.
- Monitor performance of community testing sites to ensure underserved communities are reached.

Disease Control (DDC)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Children 19-35 months with complete immunizations 4:3:1:3:3:1:4	67%	70.0%	70.0%
Number of patient visits to department-run STD clinics	14,102	16,000	16,000
Number of high school students who are tested for a sexually transmitted disease through the school screening program	27	1,000	1,000

Program FY23 Strategic Goals

- Review and revise the manual for prevention and control of communicable diseases in shelter settings to ensure guidance options are provided for facilities with fewer resources or lacking healthcare staff. Continue supporting congregate healthcare facilities with COVID-19 response and control, focusing on facilities with vulnerable patients (nursing and personal care homes).
- Build a well-trained, diverse, and culturally competent workforce that is prepared to serve high-risk and under-served communities in Philadelphia.
 - Create a health equity team to ensure that planning, engagement, routine operations, and emergency response activities address the needs of high-risk and under-served communities.
 - Implement a mandatory health equity training program.
 - Cross-train staff to serve in emergency response roles.
- Increase partnerships with community-based organizations to ensure that all Philadelphians are receiving important messages around COVID-19 vaccine and other vaccines. Work with internal and external PDPH stakeholders to implement a Philadelphia-specific Elimination Plan for Hepatitis B and Hepatitis C. The plan will target known areas of health disparities that exist among people living with and at risk for Hepatitis B and Hepatitis C. TBC will be launching TB Planning Advisory Committee in 2022 and has invited stakeholders from minority communities to participate.

Environmental Health Services (EHS)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of months between food establishment inspections	11.5	12.0	12.0

Program FY23 Strategic Goals

- Continue established programs by achieving annual interval for food establishment inspections, receiving at or above the grant funding levels for West Nile Virus and Summer Feeding Programs, developing the customer service training videos and finalizing the guide “what to expect, when you are inspected,” and enforcing COVID-19 restrictions.
- Using the multi-agency approach for joint inspections of Nuisance establishments, develop a comprehensive list of all “stop and gos” in the City.
- Standardize training for all EHS staff and implement the new childcare certification training.

Health Analysis, Information, and Strategy

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Average number of department digital media views per month	7,860,580	5,000,000	4,000,000

Program FY23 Strategic Goals

- Continue to address substance use and harm reduction by reducing fatal overdoses by 10 percent among non-Hispanic Black and Latinx populations, developing and releasing citywide strategic plans to address stimulant use in Philadelphia (many people who preferentially use stimulants are non-Hispanic Black individuals and Hispanic individuals); developing a dashboard and report tracking specific racial equity metrics as they relate to prevention, drug treatment and access to harm reduction services, increasing buprenorphine prescribing by 15 percent, and successfully providing low-barrier employment to 100 people in Kensington via a “same day pay” model to participate in clean-ups.
- Improve IT operations and security by coordinating asset management software to track all devices, licensing, and network resources for inventory, maintenance, and product life-cycle planning, improving network architecture to enable accurate access management for network and application access, upgrading network security to better protect patient and resident data, and move toward stronger compliance with HIPAA, and coordinating enterprise data services to upgrade and improve storage and maintenance of PDPH data.

Health Systems

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Philadelphia nursing home average daily census ²	254	n/a	n/a

² The nursing home's census has declined primarily due a greater state focus on maintaining residency in the community. The COVID-19 pandemic has also dramatically reduced admissions into nursing homes across PA.

Program FY23 Strategic Goals

- Assess the role of the Philadelphia Nursing Home in providing direct health services to support the Philadelphia community.
- Assess infrastructure needs of the Philadelphia Nursing Home in partnership with the Department of Public Property and the Budget Office.

Lead and Healthy Homes (LHH)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Reported number of children under age 6 years with new lead exposure, defined as elevated blood level of 5 micrograms per deciliter (µg/dL)	1,014	1,500	1,500

Program FY23 Strategic Goals

- Improved the no contact rate by 10 percent. The no contact rate captures DPH’s ability to get into homes for lead risk assessment inspections where children have been lead poisoned.
- Continue to work with the Department of Licenses and Inspections (L&I) regarding enforcement of the new [Lead Law](#).
- Move Lead staff out of the current building space into a new facility.

Maternal, Child, and Family Health (MCFH)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Percent of women initiating breastfeeding	80.8%	82.0%	82.0%
Percent of non-Hispanic Black women initiating breastfeeding	79.52%	82.00%	82.00%
Number of families referred to Philly Families CAN, the home visiting centralized intake system	393	750	1,000

Program FY23 Strategic Goals

- Pilot initiatives developed by the Community Action Network (CAN) stakeholder group that aim to reduce racial disparities in infant mortality; and convene citywide stakeholders and develop a strategic plan to reduce racial disparities in childhood asthma.
- Develop a surveillance system for maternal morbidity so we can better understand and ultimately address racial health disparities in maternal morbidity.

- Expand Heart Safe Motherhood, a postpartum remote hypertension monitoring program, to all Philadelphia delivery hospitals with the aim of reducing postpartum hypertension-associated morbidity and mortality.

Medical Examiner’s Office (MEO)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Percent of all cases with autopsy reports issued within 90 calendar days	95.8%	>90.0%	>90.0%
Number of death cases investigated ³	4,150	n/a	n/a

³ DPH does not project the number of death cases investigated for upcoming fiscal years.

Program FY23 Strategic Goals

- Recruit and hire a new Chief Medical Examiner.
- Improve operations by developing policies and procedures for the disposition of unidentified remains; plan for administrative reorganization to mitigate the effects of administrative employee retirement or separation and conduct implicit bias training for all public-facing MEO employees.
- Apply for American Board of Forensic Toxicology (ABFT) accreditation.

Public Health Laboratory (PHL)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of diabetes blood sugar tests performed	13,370	12,000	12,000
Covid-19 Reporting Turnaround times from receipt in lab to final result	6 hrs. 53 min	<72 hours	<72 hours

Program FY23 Strategic Goals

- Recruit, hire and train new Medical Technology staff with diverse cultural and racial backgrounds to support PHL testing.
- Move the Public Health Laboratory to new location and facility, a future state of the art lab, to support testing efforts.
- Explore possibilities for performing more Prison testing.
- Implement Point of Care testing – Urine Suboxone Drug Screen testing and A1C point of care testing to support City’s health center Health Resources and Services Administration initiatives.
- Implement auto-verification in new Laboratory Information System to release “normal” test results to provider or application sooner. Eliminates lab staff from manually reviewing and releasing results once testing is completed. Utilize staff to perform other testing and activities.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

The Department of Public Health receives funding from federal and state governments in several ways:

1. directly from the federal government, such as grants from the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), the Health Resources and Services Administration (HRSA), and the Department of Housing and Urban Development (HUD);
2. indirectly through the state, such as CDC “pass-through” grants;
3. direct funding through the Commonwealth’s Department of Health, Department of Environmental Protection, and other agencies;
4. fee-for-service payments through state-federal shared programs, such as Medicaid payments; and
5. through other city agencies, such as the Mayor’s Office of Community Empowerment and Opportunity’s Community Services Block Grant funding.

The Department cannot speculate what will happen with the federal or state budgets, but we work closely with the Mayor’s Office and with relevant public health and health care associations to advocate for continued funding. President Biden’s administration has proposed to strengthen Medicaid, the Affordable Care Act’s marketplaces, and initiatives to address women’s health. Hopefully, this would positively impact the Department’s revenue projections, specifically for Medicaid services mostly delivered through the City’s eight health centers.

Full federal and state funding of public health and epidemiologic services related to stabilizing the novel Coronavirus pandemic will be critical budget needs for the City and the Department in FY23.

CONTRACTING EXPERIENCE

Please refer to attached FY23 Budget Hearing Summary Charts in section 4: Contracts Summary.

EMPLOYEE DATA

Please refer to attached FY23 Budget Hearing Summary Charts in section 7: Staff Demographics.

LANGUAGE ACCESS

1. Provide the name of your language access coordinator, the date of your last department training, and a link to the posting of your language access plan.

The Language Access Coordinator for the Department of Public Health- Ambulatory Health Services (AHS) is Vanessa Johnson. The trainings are provided annually to frontline staff and call center operators, as part of onboard hiring within ten (10) days of appointment and when there are procedural changes. The most recent procedural change occurred on March 11, 2022. The Department’s Language Access Plan can be found here: <https://beta.phila.gov/documents/language-access-plans/>.

2. Breakdown new hires and existing staff by race and language. Breakdown how many front-line personnel are trained to provide language access services.

See below charts for the race/ethnicity and language skills of new hires:

New Hires (from 7/1/2021 to December 2021)						
	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]
Black or African American	34	English	Krio	Ibibio	Efik	Creole
Asian	10	Bangla	Korean	Hindi	Vietnamese	English
Hispanic or Latino	3	English	Spanish			
White	12	English				
Other	6	English				
Total	65					

*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.

Detail for new hires since December 2021, if applicable:						
	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]
Black or African American	13	English				
Asian	5	Mandrian	Cambodian	Khmer	Ilocano	Tagalog
Hispanic or Latino	1	English	Spanish			
White	3	English	Croatian	Serbian		
Other	1	English				
Total	23					

*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.

See below chart for the race/ethnicity and language skills of existing staff:

All Staff					
	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]
Black or African American	French	Spanish	Creole	Arabic	Igbo
Asian	Malay lalam	Vietnamese	Mandarin	Cantonese	Gujarati
Hispanic or Latino	Spanish	Russian			
White	Spanish	French	Hebrew	Malay lalam	Russian
Other	Malay lalam	Hindi	Russian	French	Spanish

*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.

There are 180 bilingual staff (civil service and contract) working in AHS, 17 of which are trained and serve as frontline interpreters of the following languages: Mandarin, Cantonese, Portuguese, Spanish, Bengali, Sylhet, Dhaka, Creole, French, Malayalam, Cambodian, Vietnamese and Indonesian.

- How many requests for language access services did your department receive in the past year? How many language access services were delivered by staff? Breakdown language access services provided, by language, including but not**

limited to the language line, translation of public notices and documents, website language services, and advertisement/publication services.

See below for document (incl. public notices and documents, website language services, and advertisement/publication services) translation data:

Document Translation FY20 and FY21	
Albanian	3
Amharic	0
Arabic	16
Bengali	4
Cambodian (including Khmer)	12
Chinese (Simplified)	151
Chinese (Traditional)	4
French	100
Haitian Creole	6
Indonesian (Bahasa Indonesia)	3
Portuguese	4
Russian	92
Spanish	167
Swahili	0
Ukrainian	0
Vietnamese	113
Korean	10
Other (Malayalam, Nepali, Pashto, Polish, Urdu)	5

Language Access Data for FY21 (July 1, 2020 - June 30, 2021)			
Type of Services Provided to Limited English Proficiency (LEP) Customers (# of Interactions)			
Language	In-Person and/or Remote Interpretation (Non-Staff)	Telephonic Interpretation (OPI)	Total # of LEP Interactions

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Albanian		778	778
Amharic		158	158
Arabic		1480	1480
Bengali		1308	1308
Cambodian (including Khmer)		886	886
Chinese (Cantonese)		387	387
Chinese (Mandarin)	52	2050	2102
Language Access Data for FY21 (July 1, 2020 - June 30, 2021) (cont'd)			
Type of Services Provided to LEP Customers (# of Interactions)			
Language	In-Person and/or Remote Interpretation (Non-Staff)	Telephonic Interpretation (OPI)	Total # of LEP Interactions
French		1370	1370
Haitian Creole		1405	1405
Indonesian (Bahasa Indonesia)	7	973	980
Portuguese		3124	3124
Russian		846	846
Spanish	98	33301	33399
Swahili		129	129
Ukrainian		55	55
Vietnamese	23	1571	1594
Other, Afrikaans		1	1
Other, Amazigh (Maghrebi)		1	1
Other, Armenian		2	2
Other, ASL (non-English)	1		1
Other, Bambara		8	8
Other, Bangwa		2	2
Other, Burmese		158	158
Other, Chinese-Other (Fukienese, Fujianese, Fuzhou, Fuchou, Hakka, Shanghainese, Toishanese, Wuzhou, Wenzhou)		53	53

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Other, Creole English (Liberian Kreyol, Krio, and Nigerian Pidgin)		11	11
Other, Dari		9	9
Other, Ethiopian (Harari, Oromo, Oromifa, Tigrinya, Tigrigna)		42	42
Other, Farsi (Persian)		9	9
Other, Filipino (including Tagalog, and Manobo)		97	97
Language Access Data for FY21 (July 1, 2020 - June 30, 2021) (cont'd)			
Type of Services Provided to LEP Customers (# of Interactions)			
Language	In-Person and/or Remote Interpretation (Non-Staff)	Telephonic Interpretation (OPI)	Total # of LEP Interactions
Other, Finnish		5	5
Other, Fulani (Fula)		25	25
Other, Georgian		22	22
Other, German		1	1
Other, Greek		45	45
Other, Gujarati		58	58
Other, Hebrew		3	3
Other, Hindi		185	185
Other, Hungarian		2	2
Other, Igbo (Ibo)		5	5
Other, Japanese		3	3
Other, Karen		14	14
Other, Kekchi (Quiche, Kiche, Mayan)		1	1
Other, Kinyarwanda		6	6
Other, Korean		28	28
Other, Kpelle		2	2
Other, Kuki-Chin (including Hakha Chin, Chin-Tedim and Chin-Falam)		46	46

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Other, Kunama		1	1
Other, Laotian		143	143
Other, Lingala (Bantu)		1	1
Other, Malay (Bahasa Melayu/Malaysian)		5	5
Other, Malayalam		320	320
Other, Mandingo (Mandinka)		40	40
Language Access Data for FY21 (July 1, 2020 - June 30, 2021) (cont'd)			
Type of Services Provided to LEP Customers (# of Interactions)			
Language	In-Person and/or Remote Interpretation (Non-Staff)	Telephonic Interpretation (OPI)	Total # of LEP Interactions
Other, Mina		1	1
Other, Mongolian		1	1
Other, Nepali		566	566
Other, Norwegian		1	1
Other, Pashto		353	353
Other, Patois (Jamaican)		1	1
Other, Polish		323	323
Other, Punjabi		53	53
Other, Rohingya		3	3
Other, Romanian		4	4
Other, Serbian		1	1
Other, Somali (including Maay)		17	17
Other, Soninke		6	6
Other, Tamil		3	3
Other, Telugu		2	2
Other, Thai		36	36
Other, Trukese (Chuukese)		2	2
Other, Turkish		25	25
Other, Urdu		295	295

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Other, Uzbek		95	95
Other, Wolof		3	3
Other, Yoruba		26	26
Other, Zapoteco		1	1
Total	181	53022	53203

Summary of Language Access Data for FY22									
Source	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	22-Feb	TOTAL
Language Line	3,851	4,707	4,691	4,702	4,376	4,540	4,543	4,791	36,201
Interpreters*	5,490	7,209	6,073	6,720	6,021	6,235	6,046	5,877	49,671

*Staff interpretations. Detailed data will be available at the end of the fiscal year.

4. Explain what your department has done to improve language access services over the past year.

The Department of Public Health has provided training for all direct service divisions in keeping with Mayor Kenney’s executive order for language access services. The Department has designated language access liaisons for each division; the liaisons’ responsibility is to ensure that clients’ and patients’ language access service needs are appropriately coordinated to remove barriers in accessing care.

The Department provides many direct services including:

- Ambulatory outpatient medical care and dental services;
- Care and prevention services for tuberculosis, sexually transmitted diseases, hepatitis, and HIV/AIDS;
- Care and prevention services focused on maternal, child, and family care;
- Lead home inspections; and
- Restaurant and food establishment inspections.

The Department works to assure language access for all patients and clients by providing in-person and telephonic translation as well as interpretation services for people with LEP (Limited English Proficiency) and ESL (English as Second Language). Translation services include: United Language Group and Globo services, onsite interpreters (staff), mobile telecommunication - interpreter on wheels for deaf patients, and translation of documents. Examples of documents translated are: Brochures, Patient Rights and Responsibilities, flyers of how to access patient information on the patient portal, coronavirus related information, pharmacy and medication assistance information.

CLIMATE CHANGE

1. How has climate change affected your department's provision of services?

Climate change has affected the Department of Public Health's provision of services in a few ways, including by increasing the requirements for the Vector Control Services unit, which prevents the spread of diseases via population control of vectors like rats and mosquitos. Additionally, low-income Philadelphians living in parts of the city without sufficient tree cover and without access to air conditioning face worsened asthma and health conditions to live safely in their homes.

2. How might worsening climate change increase costs and demands for your department?

Climate change impacts health through many pathways including heat, air pollution, extreme weather, vector-borne diseases, and access to safe water and food. Warmer weather is linked to a decrease in water quality and an increase in ground-level ozone and particulate matter air pollution. Air pollution exacerbates existing chronic health problems, like asthma, allergies and other respiratory diseases. Extreme weather conditions and disasters contribute to an increase in mental health and stress disorders. Other health consequences can include pre-term birth, low birth weight, and maternal complications.

As climate change continues to have an effect on the health conditions of individuals in the communities we serve, we might need to increase our ability to both monitor those pathways, but also prepare for an increase in our patient population needing treatment. Our Air Management Services and Environmental Health Services must continue to monitor the threat of climate change as it evolves. This requires them to stay up to date on the latest practices, technology and other methods of measuring climate change. Treatment of consequential conditions and ailments span across many of our divisions including Ambulatory Health Services, Chronic Disease and Injury Prevention, and Maternal, Child and Family Health. The City must be prepared to take on the demands of increased ailments and frequency of visits for our services due to climate change triggered illnesses.

3. How does your department intend to mitigate and adapt to climate change?

We plan to mitigate and adapt to climate change by continuing our work to educate individuals on healthy habits to avoid or lessen the impact of the chronic diseases that climate change can worsen. Additionally, in our regulatory efforts, we plan to hold companies accountable for protecting the environment in order to slow the effects of climate change.

1. Staff Demographics Summary

Staff Demographics Summary (as of December 2021)				
	Total	Minority	White	Female
Number of Full-Time Staff	877	667	190	646
Number of Exempt Staff	25	15	10	9
Number of Executive Staff (deputy level and above)	4	2	2	2
Average Salary, Full-Time Staff	\$67,806	\$64,341	\$78,291	\$67,390
Average Salary, Exempt Staff	\$87,338	\$85,552	\$91,235	\$100,483
Average Salary, Executive Staff	\$151,725	\$138,450	\$165,000	\$163,450
Median Salary, Full-Time Staff	\$56,573	\$50,938	\$64,549	\$54,148
Median Salary, Exempt Staff	\$80,000	\$80,000	\$82,500	\$90,000
Median Salary, Executive Staff	\$140,000	\$138,450	\$165,000	\$163,450

2. Employment Levels

Employment Levels (as of December 2021)		
	Budgeted	Filled
Number of Full-Time Positions	1017	877
Number of Part-Time Positions		9
Number of Exempt Positions	29	25
Number of Executive Positions (deputy level and above)	5	4
Average Salary of All Full-Time Positions	\$67,806	\$67,806
Median Salary of All Full-Time Positions	\$56,573	\$56,573

For the annual budget, part-time positions are budgeted for funding amount but not for number of positions.

3. Financial Summary by Class

Some departments may also want to provide financial summary tables for other funds, such as the Grants Fund. Departments should delete any budget lines that have \$0 in every year (i.e. if a department has no Class 500 appropriations, actuals, or proposed appropriations, the Class 500 row should be deleted).

General Fund Financial Summary by Class						
	FY21 Original Appropriations	FY21 Actual Obligations	FY22 Original Appropriations	FY22 Estimated Obligations	FY23 Proposed Appropriations	Difference: FY23-FY22
Class 100 - Employee Compensation	\$57,276,573	\$58,289,725	\$59,267,291	\$61,762,283	\$62,683,660	\$921,377
Class 200 - Purchase of Services	\$90,506,143	\$87,796,414	\$95,447,448	\$95,439,448	\$88,784,022	(\$6,655,426)
Class 300/400 - Materials, Supplies & Equipment	\$6,768,973	\$5,524,800	\$7,366,053	\$6,966,053	\$6,746,403	(\$219,650)
Class 500 - Contributions		\$159,062				\$0
Class 800 - Payment to Other Funds	\$4,423,404	\$4,423,404	\$923,404	\$923,404	\$923,404	\$0
	\$158,975,093	\$156,193,405	\$163,004,196	\$165,091,188	\$159,137,489	(\$5,953,699)

4. Contracts Summary

This table focuses on large professional services contracts with for-profit vendors.

"Large" is defined as meaning that an RFP was required.

Departments should focus on contracts that have been conformed to date.

Any departments that have large contracts with non-profit providers are encouraged to provide board makeup information in the optional "Non-Profit Vendor Demographics" table below.

M/W/DSBE Participation on Large Professional Services Contracts

Top Five Largest Contracts, FY22

Vendor Name	Service Provided	Dollar Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DSBE Participation Achieved	\$ Value of M/W/DSBE Participation	Total % Participation - All DSBES	Total \$ Value Participation - All DSBES	Local Business (principal place of business located within City limits) [yes / no]	Waiver for Living Wage Compliance ? [yes / no]
Bandujo Advertising + Design	Various Media Campaigns	\$1,545,895	1/5/2018	7/1/2018	MBE: 33-36%	100%	\$1,545,895	100%	\$1,545,895	no	no
					WBE: 33-36%	0%	\$0				
					DSBE:	0%	\$0				
eClinical Works LLC	Electronic Medical Records System	\$1,296,460	4/11/2018	8/1/2019	MBE:	100%	\$1,296,460	100%	\$1,296,460	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				
Vanguard Direct , Inc.	Various Media Campaigns	\$1,092,900	1/5/2018	7/1/2018	MBE: 33-36%	0%	\$0	12%	\$128,962	no	no
					WBE: 33-36%	12%	\$128,962				
					DSBE:	0%	\$0				
McKesson Corporation	Pharmacy Management System	\$1,082,663	Health and Safety Exemption		MBE:	0%	\$0	0%	\$0	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				
General Healthcare Resources	Nursing Services	\$715,856	4/11/2017	7/1/2017	MBE:	0%	\$0	0%	\$0	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				

Non-Profit Vendor Demographics		
Fairmount Long Term Care	Minority %	Female %
Workforce	88.70%	73.80%
Executive	57.10%	42.90%
Board	80.00%	40.00%
PMHCC, Inc.	Minority %	Female %
Workforce	67.60%	67.40%
Executive	33.30%	83.30%
Board	37.50%	62.50%
PHMC	Minority %	Female %
Workforce	71.70%	77.10%
Executive	53.30%	77.00%
Board	54.50%	45.50%
Health Federation of Philadelphia, Inc.	Minority %	Female %
Workforce	65.40%	85.40%
Executive	20.00%	80.00%
Board	68.40%	68.40%
Temple University	Minority %	Female %
Workforce	47.10%	48.70%
Executive	30.80%	23.10%
Board	14.70%	23.50%

5. Performance Measures Table

The Budget Office will copy this table in from the Five Year Plan.

6. Participation Rate and Goal

The Contracts Summary table is for **professional services contracts only**.

The Contract Participation Goal table is for **all contracts** (Public Works, SS&E, and Professional Services, combined).

Contracts Summary (Professional Services only)						
	FY19	FY20	FY21	FY22	FY23	FY22 YTD (Q1 & Q2)
Total amount of contracts	\$5,133,303	\$16,913,050	\$19,886,611	\$8,876,117	\$6,000,000	\$8,876,117
Total amount to M/W/DSBE	\$945,894	\$3,223,881	\$6,459,520	\$1,600,507	\$1,300,000	\$1,600,507
Participation Rate	18%	19%	32%	18%	22%	18%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)

	FY21	FY22	FY23
M/W/DSBE Contract Participation Goal	30%	30%	30%

7. Staff Demographics

Totals in this table should tie out to numbers in tables 1 and 2 above.

Biracial employees should be included under "Other."

The number of employees who identify as non-binary (i.e. employees who do not identify as either female or male) should be included in the text box below the table, along with salary detail.

Staff Demographics (as of December 2021)					
Full-Time Staff			Executive Staff		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	112	398	<i>Total</i>	1	1
<i>% of Total</i>	13%	45%	<i>% of Total</i>	25%	25%
<i>Average Salary</i>	\$61,274	\$60,945	<i>Average Salary</i>	\$140,000	\$139,600
<i>Median Salary</i>	\$51,503	\$48,265	<i>Median Salary</i>	\$140,000	\$139,600
	White	White		White	White
<i>Total</i>	69	121	<i>Total</i>	1	1
<i>% of Total</i>	8%	14%	<i>% of Total</i>	25%	25%
<i>Average Salary</i>	\$72,696	\$81,269	<i>Average Salary</i>	\$140,000	\$190,000
<i>Median Salary</i>	\$64,549	\$64,549	<i>Median Salary</i>	\$140,000	\$190,000
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	9	31	<i>Total</i>	0	0
<i>% of Total</i>	1%	4%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$64,828	\$57,245	<i>Average Salary</i>		
<i>Median Salary</i>	\$47,956	\$47,956	<i>Median Salary</i>		
	Asian	Asian		Asian	Asian
<i>Total</i>	33	64	<i>Total</i>		
<i>% of Total</i>	4%	7%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$88,807	\$80,200	<i>Average Salary</i>		
<i>Median Salary</i>	\$72,092	\$78,333	<i>Median Salary</i>		
	Other	Other		Other	Other
<i>Total</i>	8	30	<i>Total</i>		
<i>% of Total</i>	1%	3%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$68,981	\$79,774	<i>Average Salary</i>		
<i>Median Salary</i>	\$47,705	\$74,334	<i>Median Salary</i>		
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	3	30	<i>Total</i>		
<i>% of Total</i>	0%	3%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$101,935	\$68,824	<i>Average Salary</i>		
<i>Median Salary</i>	\$113,736	\$78,333	<i>Median Salary</i>		
	Male	Female		Male	Female
<i>Total</i>	231	644	<i>Total</i>	2	2
<i>% of Total</i>	26%	74%	<i>% of Total</i>	50%	50%
<i>Average Salary</i>	\$68,605	\$66,975	<i>Average Salary</i>	\$140,000	\$163,450
<i>Median Salary</i>	\$58,612	\$53,182	<i>Median Salary</i>	\$140,000	\$163,450

Detail for non-binary employees, if applicable:

8. New Hire Information

Date range is 7/1/21 to December 2021 increment run. Detail for any hires since then can be added in the text box below the table.

New Hires (from 7/1/2021 to December 2021)

	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]
Black or African American	34	English	Krio	Ibibio	Efik	Creole
Asian	10	Bangla	Korean	Hindi	Vietnamese	English
Hispanic or Latino	3	English	Spanish			
White	12	English				
Other	6	English				
Total	65					

*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.

Detail for new hires since December 2021, if applicable:

	Total Number of New Hires	[language 1]	[language 2]	[language 3]	[language 4]	[language 5]
Black or African American	13	English				
Asian	5	Mandrian	Cambodian	Khmer	Ilocano	Tagalog
Hispanic or Latino	1	English	Spanish			
White	3	English	Croatian	Serbian		
Other	1	English				
Total	23					

*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.