

**DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2024 BUDGET TESTIMONY
APRIL 11, 2023**

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, and Ryan Taylor, Chief Operating Officer. I am pleased to provide testimony on the Department of Public Health’s Fiscal Year 2024 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The mission of the Department of Public Health is to protect and promote the health of all Philadelphians and to provide a safety net for people who are disproportionately impacted by societal factors that limit their access to healthcare and other resources necessary for optimal health.

Plans for Fiscal Year 2024:

- **Administration and Support** will continue to build an inclusive workforce representative of the communities served by DPH, reorganize hiring to focus on challenging recruitments and relocate staff from 500 S. Broad Street and 321 S. University Avenue.
- **Air Management Services** will monitor atmospheric air at vulnerable areas, measure criteria pollutants and air toxics and the existing surface monitoring network to better understand emissions, chemistry, and meteorology dynamics in key site locations.
- **Ambulatory Health Services** will continue to provide accessible care for all, refine care management for at-risk patients, incorporate technology and solutions that create efficiencies and improve service delivery, and repair and replace aging health center equipment and infrastructure. We will also begin the work of building two new critically needed health centers in the lower Northeast.
- **Chronic Disease and Injury Prevention** will implement Philadelphia Social Determinants of Health Accelerator Plan activities, collaborate to prevent residential water insecurity, and create an infrastructure for data sharing between violence prevention programs and the Health Department.
- **Disease Control** will update the Independent Pharmacy Protocol to increase access to immunizations for adults in Philadelphia, integrate lessons learned from an after-action review of the COVID-19 response into updated emergency preparedness plans and reduce congenital syphilis cases by assuring the treatment of 80 percent of women of childbearing years who are screened at low threshold sites within two weeks of positive syphilis test results reported to DPH.
- **Environmental Health Services** will maintain food inspection intervals, develop a customer service training and inspection guide, 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 create a citywide harm reduction plan that addresses racial and ethnic health disparities, expand environmental services and training throughout Philadelphia to address disposal of drug litter, and coordinate asset management software to track all devices, licensing, and network resources for inventory, maintenance, and product life-cycle planning.
- **HIV Health** will increase HIV testing through bio-social screening in medical settings, including primary and urgent care settings, emergency departments and at prison intake; implement pharmacy-based HIV testing; evaluate the impact of rapid antiretroviral therapy initiation and scale up TelePrep services.
- **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, provide training and outreach to childcare establishments for lead prevention, conduct outreach to medical providers to increase lead screening rates in Philadelphia and move Lead staff out of the current building space into a new facility.
- **Maternal, Child and Family Health** will implement Family Connects, the short-term universal home visiting program at Einstein Medical Center, and develop sustainability and scaling plan; develop a surveillance system for maternal morbidity; and convene citywide stakeholders and develop a strategic plan to reduce racial disparities in childhood asthma.
- **Medical Examiner's Office** will create new and update existing written policies and procedures, hire more Medicolegal Death Investigators to increase scene coverage and Forensic technicians to decrease reliance on police for decedent transport; and implement cremation/non-burial review and approval to survey for medical examiner cases.
- **Public Health Laboratory** will recruit, hire and train new culturally and racially diverse Medical Technology staff to support PHL testing, relocate to a new location and facility using MWDSBE subcontractors for construction, planning, implementation, and relocation efforts, assess expansion of testing in Philadelphia prisons for sexually transmitted infections, and implement auto-verification in new Laboratory Information System to release "normal" test results to provider or application sooner.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Staff Demographics Summary (as of December 2022)				
	Total	Minority	White	Female
Number of Full-Time Staff	818	625	175	605
Number of Exempt Staff	24	15	9	13
Number of Executive Staff (deputy level and above)	5	3	2	3
Average Salary, Full-Time Staff	\$69,942	\$66,347	\$81,248	\$69,903
Average Salary, Exempt Staff	\$98,494	\$89,834	\$112,926	\$109,452
Average Salary, Executive Staff	\$144,633	\$144,661	\$144,550	\$144,717
Median Salary, Full-Time Staff	\$58,077	\$52,593	\$63,366	\$54,910
Median Salary, Exempt Staff	\$84,833	\$72,275	\$100,000	\$105,000
Median Salary, Executive Staff	\$144,550	\$144,550	\$144,550	\$144,717

Employment Levels (as of December 2022)		
	Budgeted	Filled
Number of Full-Time Positions	1,081	818
Number of Part-Time Positions	N/A	63

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Number of Exempt Positions	29	24
Number of Executive Positions (deputy level and above)	5	5
Average Salary of All Full-Time Positions	\$69,942	\$69,942
Median Salary of All Full-Time Positions	\$58,077	\$58,077

General Fund Financial Summary by Class						
	FY22 Original Appropriations	FY22 Actual Obligations	FY23 Original Appropriations	FY23 Estimated Obligations	FY24 Proposed Appropriations	Difference: FY24-FY23
Class 100 - Employee Compensation	\$59,267,291	\$60,210,878	\$62,755,979	\$62,781,033	\$69,046,910	\$6,265,877
Class 200 - Purchase of Services	\$95,447,448	\$86,906,008	\$90,784,022	\$90,534,022	\$65,157,457	(\$25,376,565)
Class 300/400 - Materials, Supplies & Equipment	\$7,366,053	\$5,868,740	\$6,746,403	\$6,346,403	\$8,608,549	\$2,262,146
Class 500 - Contributions	\$0	\$24,577	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$923,404	\$923,404	\$923,404	\$923,404	\$923,404	\$0
	\$163,004,196	\$153,933,607	\$161,209,808	\$160,584,862	\$143,736,320	(\$16,848,542)

Contracts Summary (Professional Services only)

Department of Public Health

	FY20	FY21	FY22	FY23 Projected	FY23 YTD (Q1 & Q2)	FY24 Projected
Total amount of contracts	\$11,673,073	\$15,067,663	\$10,862,170	\$6,000,000	\$5,306,604	\$6,000,000
Total amount to M/W/DSBE	\$1,938,755	\$5,176,311	\$4,297,324	\$1,800,000	\$920,307	\$2,100,000
Participation Rate	17%	34%	40%	30%	17%	35%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY22	FY23	FY24 Projected
M/W/DSBE Contract Participation Goal	30%	30%	35%

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2024 General Fund budget totals \$143,736,320, a decrease of \$16,848,542 from Fiscal Year 2023 estimated obligation levels. This decrease is due to the closing of the Philadelphia Nursing Home (PNH). Funding for non-PNH functions increases allows mission-centered programs to grow.

The proposed General Fund budget includes:

- \$69,046,910 in Class 100, a \$6,265,877 increase over FY23. This funding will be used to hire more staff for the Medical Examiner's Office and improve retention and recruitment of healthcare employees.
- \$65,157,457 in Class 200, a \$25,376,565 decrease from FY23. This funding decrease is due to the closing of Philadelphia Nursing Home in FY23.
- \$8,608,549 in Class 300/400, an \$2,262,146 increase over FY23. This funding increase is due to the rising cost of medical supplies & electronic equipment.
- \$923,404 in Class 800 level with FY23. This funding will be used as a transfer to capital to assist in building a health center.

STAFFING LEVELS

The department is requesting 1,081 budgeted positions for FY24, an increase of 13 positions from FY23.

The increase is attributed to hiring more staff for the Medical Examiner Office and returning to our previous practice of hiring two Urban Health Policy Fellows each year.






NEW HIRES

New Hires (from 7/1/2021 to December 2022)					
	Total Number of New Hires	Language 1	Language 2	Language 3	Language 4
Black or African American	24	English	Amharic	Creole	American Sign Language
Asian	4	English	Hindi	MALAYALAM	
Hispanic or Latino	1	English			
White	12	English			
Other	3	English	MALAYALAM	French	
Total	44				

Detail for new hires since December 2022, if applicable:			
	Total Number of New Hires	Language 1	Language 2
Black or African American	13	English	American Sign Language
Asian	1	English	
Total	14		
*This is the data available from civil service employees who have reported fluency in other languages and does not include all employees.			

PERFORMANCE, CHALLENGES, AND INITIATIVES




ADMINISTRATION AND SUPPORT

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Percent of fleet vehicles compliant with preventive maintenance schedule	98.6%	90.0%	90.0%	
Median number of days to conform department draft contract	62	65	65	



FY24 Strategic Goals

- Expand patient services by renovating the HC3 and the Phipps Building
- Improve accessibility by installing an elevator in HC9.
- Renovate the dental suite in HC4.
- Expand HC6 to include a pharmacy, patient waiting areas and meeting rooms.
- Build new physical therapy spaces at HC2 and HC5 by repurposing existing space.
- Build an inclusive workforce.
- Cultivate locally educated talent via paid and volunteer internships and build a pipeline to permanent employment.
- Staff training will be carried out and reimagined through:
 - Reintroducing Public Health 101 in-person training sessions that were halted due to the pandemic.
 - Maintaining quarterly FMLA information sessions for Health employees.
 - Develop and introduce other in-house Human Resources information sessions for Health Department staff such as an active shooter training program.

DIVISION OF HIV HEALTH

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY





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Number of new HIV diagnoses	364	390	340	
Number of clients served by department-funded Ryan White outpatient ambulatory health system in Philadelphia	10,951	11,500	11,700	

FY24 Strategic Goals

- **HIV testing:** Increase access to HIV testing through bio-social screening in medical settings, including primary and urgent care settings, emergency departments and at prison intake. Implement Pharmacy-based HIV testing at pharmacies awarded through a competitive request for proposal process.
- **Assessment:** Evaluate the impact of rapid ART initiation implementation on viral suppression in people newly diagnosed with HIV and evaluate DHH’s HIV self-test program.
- **TelePrEP:** Scale up TelePrEP services available through <http://www.phillykeeponloving.com>.







AIR MANAGEMENT SERVICES (ARS)

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Number of calendar days with air quality index rating of 100 or below	359	357	358	

FY24 Strategic Goals

- **Mobile Monitoring:** Monitor atmospheric air with the mobile van at vulnerable areas such as SEPTA’s Nicetown gas plant and the PES refinery area.
- **Air Monitoring:** Use the NASA Pandora air monitor to measure criteria pollutants and air toxics. Focus on enhancing the existing surface monitoring network to better understand emissions, chemistry, and meteorology dynamics in key site locations. Characterize tropospheric columns with a focus on Ozone, NO2, and Formaldehyde.




AMBULATORY HEALTH SERVICES


Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Percentage of visits uninsured	38.9%	42.0%	41.0%	
Number of patient visits at department-run ambulatory health centers	332,377	315,000	305,000	
Percent of patients ages 18-84 with a diagnosis of hypertension who have controlled blood pressure	65.6%	72.0%	72.0%	

FY24 Strategic Goals

- Service Refinement and Enhancement:** Continue refinement of care management to maximize improvements in outcomes for at risk patients with hypertension and diabetes, and patients transitioning from ER/Hospital discharges. Expand and improve services relevant to mental health and substance use disorders.
- Infrastructure Improvement:** Incorporate state of the art technology and solutions that create efficiencies and improves service delivery and infuse capital dollars to repair and replace aging health center equipment and infrastructure.
- Accessible care for all:** Serve as the City’s healthcare safety net providing access to health care for all Philadelphians regardless of insurance and residency status or ability to pay for services. All patients are assessed for insurance at each visit and the uninsured are referred to in-house benefits counselors for assistance with applications.

CHRONIC DISEASE AND INJURY PREVENTION (CDIP)






Measure			 FY24 TARGET	MAYORAL PRIORITY
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	FY22 ACTUAL	FY23 TARGET		
Youth tobacco sales compliance (%)	67.7%	80.0%	80.0%	

FY24 Strategic Goals

- **Social Determinants of Health:** Begin implementation of activities identified through the Philadelphia Social Determinants of Health Accelerator Plan with existing staff capacity in coordination with partners in government, non-profits, and the community and seek grant funding to further support this work; and expand upon collaborations established between DPH and health systems and networks in Philadelphia to implement strategies to address the prevention and management of chronic diseases, including cardiovascular disease, hypertension, stroke, and diabetes, in clinical settings and the disparities in health outcomes.
- **Coalitions:** Continue collaborations to prevent residential water insecurity, which disproportionately affects BIPOC Philadelphians, by expanding shutoff protections and customer assistance to all eligible residents; and integrate injury prevention coalitions to build an ecosystem for violence prevention and intervention focused on the most vulnerable populations.
- **Data Sharing:** Create an infrastructure for data sharing between violence prevention programs and the Health Department.

DISEASE CONTROL (DDC)





Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Children 19-35 months with complete immunizations 4:3:1:3:3:1:4	65.4%	70.0%	70%	
Number of patient visits to department-run STD clinics	15,080	16,000	16,000	

Number of high school students who are tested for a sexually transmitted disease through the school screening program	1,315	3,000	3,000	
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FY24 Strategic Goals

- **Pharmacy Immunizations:** Update the Independent Pharmacy Protocol to increase access to immunizations for adults in Philadelphia.
- **Response Assessment:** Conduct an after-action review of the COVID-19 response and integrate lessons learned into updated emergency preparedness plans.





ENVIRONMENTAL HEALTH SERVICES

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Number of months between food establishment inspections	10.5	≤ 12 months	≤ 12 months	

FY24 Strategic Goals

- **Nuisance Establishments:** Use a multi-agency approach for joint inspections of nuisance establishments and develop a comprehensive citywide list, including non-permitted tobacco retailers.
- **Training and Certifications:** Standardize training for all EHS staff, continue to develop customer service training videos, finalize the guide “what to expect, when you are inspected,” and implement the new childcare certification training.
- **Inspection and Funding Continuation:** Continue to achieve annual interval for food establishment inspections and receive at or above current grant funding levels for West Nile Virus and Summer Feeding Programs.
- **Relocation:** Move staff out of 321 University Ave facility to a new space on Essington Ave





HEALTH ANALYSIS, INFORMATION AND STRATEGY

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Average number of department digital media views per month	7,528,439	5,000,000	5,000,000	

FY24 Strategic Goals

- **Harm Reduction Plan:** Create a citywide Harm Reduction plan that addresses racial and ethnic health disparities and expand Harm Reduction services to underserved Black and Brown communities.
- **Environment Clean-ups:** Expand environmental services and training throughout Philadelphia. This goal includes syringe sweeps, biohazard cleanups, and educating community members on proper ways to dispose of drug litter.
- **IT Asset Management:** Coordinate asset management software to track all devices, licensing, and network resources for inventory, maintenance, and product life-cycle planning.

LEAD AND HEALTHY HOMES (LHH)

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Reported number of children under age 6 years with new lead exposure, defined as elevated blood level of 5 micrograms per deciliter (µg/dL)	840	2,300	2,300	







FY24 Strategic Goals

- **Lead risk assessments:** Reduce no contact rate from 75 percent to 65 percent. The no contact rate captures LHH’s ability to get into homes for lead risk assessment inspections where children have been lead poisoned.
- **Lead Law:** Continue to collaborate with L&I to enhance enforcement of the new Lead Law.

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- **Training and Outreach:** Continue to provide training and outreach to childcare establishments for primary prevention. Conduct outreach to medical providers to increase lead screening rates in Philadelphia.
- **Office Relocation:** Move staff out of 321 University Ave to a new space on Essington Ave.






MATERNAL, CHILD AND FAMILY HEALTH (MCFH)

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Percent of women initiating breastfeeding	84.6%	82.0%	82.0%	
Percent of non-Hispanic Black women initiating breastfeeding	79.5%	82.0%	82.0%	
Number of families referred to Philly Families CAN, the home visiting centralized intake system	701	1,000	1,000	

FY24 Strategic Goals

- **Home Visits Program:** Implement Family Connects, the short-term universal home visiting program, at Einstein Medical Center and develop sustainability and scaling plan for all Philadelphia delivery hospitals.
- **Maternal Morbidity Surveillance:** Develop a surveillance system for maternal morbidity to better understand and ultimately address racial health disparities in maternal morbidity.
- **Childhood Asthma:** Convene citywide stakeholders and develop a strategic plan to reduce racial disparities in childhood asthma.






MEDICAL EXAMINER’S OFFICE

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Percent of all cases with autopsy reports issued within 90 calendar days	83.6%	≥ 90.0%	≥ 90.0%	
Number of death cases investigated	4,151	N/A	N/A	

FY24 Strategic Goals

- **Staff Enhancement:** Hire more Medicolegal Death Investigators to increase scene coverage and Forensic technicians to decrease reliance on police for decedent transport.
- **Cremation/Non-burial:** Implement cremation/non-burial review and approval to survey for medical examiner cases.

PUBLIC HEALTH LABORATORY (PHL)

Measure	 FY22 ACTUAL	 FY23 TARGET	 FY24 TARGET	MAYORAL PRIORITY
Number of diabetes blood sugar tests performed	13,249	13,000	12,500	
COVID-19 Reporting Turn around times from receipt in lab to final result	12 hrs. 21 min	<72 hours	<48 hours	

FY24 Strategic Goals

- **Lab Relocation:** Relocate public health lab operations to a new facility using MWDSBE subcontractors for construction, planning, implementation, and relocation efforts. A new lab will

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- enable PHL staff to increase Bioterrorism triage and testing capabilities as well as test wastewater for COVID and other infectious diseases.
- **Staffing:** Recruit, hire, and train new medical technology staff with diverse cultural and racial backgrounds to support PHL testing.
 - **Auto Test Result Release:** Implement auto-verification in a new laboratory information system to release “normal” test results to providers for or application sooner. This process will eliminate lab staff from manually reviewing and releasing results once testing is completed.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

The Department of Public Health receives funding from the 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. Our FY22 federal and state grants revenue totaled \$143,570,358, and our FY23 estimated total projected to be \$180,000,000. 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.

As the federal Public Health Emergency (PHE) for COVID-19 declaration is set to expire soon, our priorities will shift to improving standards of care for patients including those with long-term ailments related to prior COVID-19 diagnosis. Full federal and state funding of public health and epidemiologic services related to enhancing our standards of care will be critical budget needs for the City and the Department in FY24.

CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY23											
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]
eClinical Works LLC*	Electronic Medical Records System	\$1,365,292	4/11/2018	8/1/2019	MBE:	0%	\$0	0%	\$0	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				
Bandujo Advertising + Design	Various Media Campaigns	\$1,255,306	1/5/2018	7/1/2018	MBE: 33-36%	100%	\$1,255,306	100%	\$1,255,306	no	no
					WBE: 33-36%	0%	\$0				
					DSBE:	0%	\$0				
Sage Pursuits, Inc	Immunization Information System	\$1,144,479	5/1/2017	6/1/2017	MBE: 4-7%	0%	\$0	0%	\$0	no	no

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					WBE: 2-5%	0%	\$0				
					DSBE:	0%	\$0				
Strategy Arts, LLC	Healthy Start Consultant	\$175,254	10/15/2020	11/10/2020	MBE:	0%	\$0	0%	\$0	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				
Tri County Termite & Pest Control, Inc.	Integrated Pest Management	\$61,900	11/5/2018	3/1/2019	MBE:	0%	\$0	0%	\$0	no	no
					WBE:	0%	\$0				
					DSBE:	0%	\$0				

*eClinical is a certified MBE but has not registered with OEO.

Non-Profit Vendor Demographics		
PMHCC, Inc.	Minority %	Female %
Workforce	70.00%	68.10%
Executive	33.30%	83.30%
Board	37.50%	62.50%
PHMC	Minority %	Female %
Workforce	71.50%	76.90%
Executive	52.60%	76.70%
Board	54.50%	40.90%
Health Federation	Minority %	Female %
Workforce	63.10%	82.50%
Executive	20.00%	80.00%

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Board	72.20%	66.70%
Fairmount Long Term Care	Minority %	Female %
Workforce	89.80%	72.70%
Executive	80.00%	60.00%
Board	50.00%	75.00%
Urban Affairs Coalition	Minority %	Female %
Workforce	92.80%	49.40%
Executive	83.70%	58.10%
Board	57.50%	35.00%

EMPLOYEE DATA

Staff Demographics (as of December 2022)				
Full-Time Staff			Executive Staff	
	Male	Female		
	African-American	African-American	African-American	African-American
<i>Total</i>	100	374	<i>Total</i>	1
<i>% of Total</i>	12%	46%	<i>% of Total</i>	20%
<i>Average Salary</i>	\$61,635	\$62,773	<i>Average Salary</i>	\$144,550
<i>Median Salary</i>	\$50,550	\$50,233	<i>Median Salary</i>	\$144,550
	White	White	White	White
<i>Total</i>	64	110	<i>Total</i>	1
<i>% of Total</i>	8%	13%	<i>% of Total</i>	20%
<i>Average Salary</i>	\$72,789	\$85,594	<i>Average Salary</i>	\$144,550
<i>Median Salary</i>	\$62,589	\$64,796	<i>Median Salary</i>	\$196,175
	Hispanic	Hispanic	Hispanic	Hispanic
<i>Total</i>	7	29	<i>Total</i>	0
<i>% of Total</i>	1%	4%	<i>% of Total</i>	0%
<i>Average Salary</i>	\$76,529	\$56,744	<i>Average Salary</i>	\$0
<i>Median Salary</i>	\$66,647	\$49,515	<i>Median Salary</i>	\$0
	Asian	Asian	Asian	Asian
<i>Total</i>	35	62	<i>Total</i>	0
<i>% of Total</i>	4%	8%	<i>% of Total</i>	20%
<i>Average Salary</i>	\$86,657	\$84,601	<i>Average Salary</i>	\$0
<i>Median Salary</i>	\$78,292	\$80,879	<i>Median Salary</i>	\$144,550

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	Other (Includes unassigned, two or more races, Native American)	Other (Includes unassigned, two or more races, Native American)		Other	Other
<i>Total</i>	8	29	<i>Total</i>	0	0
<i>% of Total</i>	1%	4%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$71,672	\$85,015	<i>Average Salary</i>	\$0	\$0
<i>Median Salary</i>	\$49,958	\$80,879	<i>Median Salary</i>	\$0	\$0
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	23	88	<i>Total</i>	0	0
<i>% of Total</i>	3%	11%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$84,997	\$86,306	<i>Average Salary</i>	\$0	\$0
<i>Median Salary</i>	\$78,292	\$80,879	<i>Median Salary</i>	\$0	\$0
	Male	Female		Male	Female
<i>Total</i>	214	604	<i>Total</i>	2	3
<i>% of Total</i>	26%	74%	<i>% of Total</i>	40%	60%
<i>Average Salary</i>	\$73,856	\$74,945	<i>Average Salary</i>	\$144,550	\$121,402
<i>Median Salary</i>	\$62,589	\$64,796	<i>Median Salary</i>	\$144,550	\$144,717

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- Sara Enes, Chief of Staff. During orientation and onboarding, program managers and supervisors are responsible for training new staff and providing follow up guidance for all employees on the language access expectations and protocols of the City, Department and Division. Instruction for employees includes how to use telephonic interpretation, how to internally request an on-site interpreter in the health centers and protocols for requesting document translation or other language services. Additionally, all PDPH staff have access to the PDPH SharePoint site which contains resources including: Translation and Interpretation Services (Office of Immigrant Affairs), Cultural and Linguistic Access Policy and Language Access Procedures (Memorandum), and the Cultural and Linguistic Access Policy Resources such as the Telephonic Interpretation Instructions, Tips for Working with Telephonic Interpreters, Tips for Working with Face-to-Face Interpreters, the "One Moment Please" Telephone Tool (18 languages), the "Please Point to Your Language" Sign (48 languages), and the Sign Language Interpreter Request Form. The PDPH Language Access plan was last updated in 2017 and will be updated during CY2023. The link to the plan is: <https://www.phila.gov/media/20170602143442/Health-Department-LAP-Final-2017.pdf>

- 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:

	Total Number of New Hires	[language 1]
Black or African American	24	English
Asian	4	English
Hispanic or Latino	1	English
White	12	English
Other	3	English
Total	44	

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	Malaylalam	Vietnamese	Mandarin	Cantonese	Gujarati
Hispanic or Latino	Spanish	Russian			
White	Spanish	French	Hebrew	Malaylalam	Russian
Other	Malaylalam	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 296 bi or multilingual staff (civil service and contract) working in PDPH. The Ambulatory Health Services Health Centers have 17 employees who 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.

Languages spoken by PDPH Staff: Akan, Albanian, American Sign Language, Amharic, Arabic, Avatime, Bengali, Burmese, Cambodian, Cantonese, Chichewa, Chinese, Farsi (Persian), Finnish, French, French-Creole, Fulani, Galician, German, Greek, Gujarati, Haitian-Creole, Hebrew, Hindi, Ibo, Indonesian, Italian, Japanese, Javanese, Kanarese, Korean, Kreyol, Kyrgyz, Lao, Malayalam, Malawi, Mandarin, Mandingo, Marathi, Mende, Persian- Iranian, Patois, Portuguese, Pulaar, Punjabi, Romany, Russian, Serbian, Spanish, Tagalong, Taiwanese, Tamil, Tedim (Chin), Turkish, Ukrainian, Urdu, Vietnamese, Wolof, Yoruba.

3. 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 translations numbers. The documents translated included but, were not limited to heat emergency materials, information and materials, COVID FAQs, vaccine, booster, treatment and medication information, calculating isolation and quarantine, pediatric information on boosters, vaccine and returning to school. Additionally, videos providing instructions on administering home tests from various brands were translated into multiple languages. Other translated materials included, avian flu information, tobacco retailer permit information and education materials, fentanyl campaign information, lead poisoning information, asthma materials as well as a maternal health survey and PrEP survey.

Document Translation FY22

Amharic	19
Arabic	45
Cambodian (including Khmer)	37
Chinese (Simplified)	81
Chinese (Traditional)	7
French	55
Haitian Creole	42
Indonesian (Bahasa Indonesia)	21
Portuguese	33
Russian	53
Spanish	107
Swahili	4
Vietnamese	65
Korean	39
Other Tagalog, Urdu, Nepali, Burmese, Swahili, Thai, Pashto, Dari, Italian, Farsi, Lao, Romanian)	39

See the chart below for Limited English Proficiency (LEP) customer interactions that occurred in FY22.

*The telephonic interpretation data is from the Open Philly Data dashboard. Data related to the top 7 languages (Spanish, Portuguese, Mandarin, Haitian Creole, Arabic, French, Vietnamese) were rounded in the dashboard, resulting in the dashboard reporting 59,234 interpretations and the totals below reporting 59,286.

Language Access Data Report for FY22			
Language	Type of Services Provided to Limited English Proficiency (LEP) Customers (# of Interactions)		Total # of LEP Interactions
	Bilingual Staff Interpretation (In-person)	Telephonic Interpretation (OPI)	
AKAN		10	10

ALBANIAN		593	593
AMHARIC		150	150
ARABIC		1,300	1,300
Language Access Data Report for FY22 (cont'd)			
Language	Type of Services Provided to Limited English Proficiency (LEP) Customers (# of Interactions)		Total # of LEP Interactions
	Bilingual Staff Interpretation (In-person)	Telephonic Interpretation (OPI)	
BAMBARA		0	0
BENGALI	1,717	840	2,557
BURMESE		130	130
CAMBODIAN (KHMER)	3,621	561	4,182
CANTONESE		293	293
CHINESE	4,826	35	4,861
CHIN-HAHKA		37	37
CREOLE	1,985	1,900	3,885
CZECH		1	1
DARI		29	29
FARSI		19	19
FILIPINO		4	4
FRENCH	135	1,200	1,335
FULA		41	41
FUZHOU		35	35
GEORGIAN		26	26

Department of Public Health

GHEG		1	1
GREEK		12	12
GUJARATI		42	42
HAITIAN CREOLE		1,900	1,900
Language	Type of Services Provided to Limited English Proficiency (LEP) Customers (# of Interactions)		Total # of LEP Interactions
	Bilingual Staff Interpretation (In-person)	Telephonic Interpretation (OPI)	
HINDI	2,116	141	2,257
IGBO		4	4
INDONESIAN	11,139	245	11,384
ITALIAN		22	22
JAPANESE		2	2
KAREN/KAYAH		130	130
KAZAKH		1	1
KINYARWANDA		1	1
KOREAN		48	48
LAO		76	76
LIBERIAN		1	1
MALAY		215	215
MALAYALAM		75	75
MANDARIN	1,589	1,900	3,489
MANDINGO		43	43
NAVAJO		1	1
NEPALI		224	224
OROMO		5	5
PASHTO		399	399
PIDGIN		8	8

Department of Public Health

POLISH		244	244
PORTUGUESE- BRAZILIAN	3,282	6,400	9,682
Language	Type of Services Provided to Limited English Proficiency (LEP) Customers (# of Interactions)		Total # of LEP Interactions
	Bilingual Staff Interpretation (In-person)	Telephonic Interpretation (OPI)	
PUNJABI		23	23
QUICHE		2	2
ROHINGYA		3	3
RUSSIAN		646	646
SOMALI		3	3
SONINKE		1	1
SPANISH	40,161	34,000	74,161
SWAHILI		79	79
TAGALOG		64	64
TAMIL		54	54
THAI		23	23
TIGRINYA		12	12
TURKISH		13	13
TWI		10	10
UKRAINIAN		29	29
URDU		248	248
UZBEK		58	58
VIETNAMESE	4,834	994	5,828
WOLOF		3	3
YORUBA		9	9
Totals	75,405	55,606	134,615

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?

PDPH is working with the Office of Sustainability (OOS) to update the City's climate resilience plan. This plan will reflect actions that PDPH plans to take to build resilience to climate change. Based on previous work conducted by OOS, Philadelphia is expected to experience an increase in frequency, intensity, and duration of heat events due to climate change. Higher intensity and longer duration heat events are likely to result in increases in heat-related illness, which is something that PDPH monitors using syndromic surveillance of emergency department visits during declared heat events. PDPH works closely with the Office of Emergency Management (OEM) on the City's Excessive Heat Plan, including setting the thresholds for activating Heat Health Emergencies and coordinating public information activities. In addition, the Public Health Preparedness Program in the Division of Disease Control created a [Heat Vulnerability Index](#) to identify areas of the City that are most at-risk for heat-related illness. Areas are more vulnerable if they are: 1) hotter due to lack of green

spaces, paved surfaces, black roofs, etc., and 2) if the residents are more sensitive to heat, such as older adults. This map is used to make decisions about cooling center locations, as well as to direct outreach activities. Community canvassing, educational sessions, and other outreach activities are directed to neighborhoods where vulnerability to heat events is high. Because older adults who are socially isolated are at increased risk during extreme heat events, PDPH has also started to engage block captains since they are likely to be aware of which neighbors may be at increased risk. A virtual training session and two in-person training sessions for block captains are planned in May 2023. PDPH also conducts educational sessions and community outreach to address the health impacts of severe storms and flooding, which are also projected to increase in Philadelphia as a result of climate change. These outreach activities are conducted on an annual basis to build community resilience to climate change.

We also 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.