

**DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2016 BUDGET TESTIMONY
APRIL 29, 2015**

EXECUTIVE SUMMARY

DEPARTMENT MISSION AND FUNCTION

Mission: To protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable.

Description of Major Services: The Philadelphia Department of Public Health (PDPH) is comprised of thirteen divisions that provide the infrastructure and programming for disease prevention, food safety, environmental health and health care services. PDPH also works with a broad network of community, hospital, academic and business partners throughout Philadelphia and the Delaware Valley to make Philadelphia a healthier place to live, work and play.

PROPOSED BUDGET HIGHLIGHTS/FUNDING REQUEST

Budget Highlights: The FY16 Proposed Budget for PDPH is on par with the FY15 Current Projection.

	Class	FY14 Actual	FY15 Current Projection	FY16 Proposed Budget	FY16-FY15 Change	FY16-FY15 Percent Change
General	100	43,438,286	50,107,392	50,298,254	190,862	0.4%
	200	60,457,774	60,113,510	59,953,424	(160,086)	-0.3%
	300/400	5,413,266	5,490,768	5,490,768	0	0.0%
	800	500,000	500,000	500,000	0	0.0%
	Total	109,809,327	116,211,670	116,242,446	30,776	0.0%
	Positions	659	762	781	0	0.0%
Other*	100	15,840,284	18,065,976	20,416,740	2,350,764	13.0%
	200	206,966,479	214,318,437	212,394,523	(1,923,914)	-0.9%
	300/400	2,233,976	1,670,779	1,782,279	111,500	6.7%
	800	1,628,948	2,220,355	2,865,555	645,200	29.1%
	Total	226,669,687	236,275,547	237,459,097	1,183,550	0.5%
	Positions	169	231	231	0	0.0%
All	100	59,278,570	68,173,368	70,714,994	2,541,626	3.7%
	200	267,424,254	274,431,947	272,347,947	(2,084,000)	-0.8%
	300/400	7,647,242	7,161,547	7,273,047	111,500	1.6%
	800	2,128,948	2,720,355	3,365,555	645,200	23.7%
	Total	336,479,014	352,487,217	353,701,543	1,214,326	0.3%
	Positions	828	993	993	0	0.0%

* Other Funds includes: County Liquid Fuels Tax Fund, Special Gasoline Tax Fund, Healthchoices Behavioral Health Fund, Hotel Room Rental Tax Fund, Grants Revenue Fund, Community Development Fund, Car Rental Tax Fund, Housing Trust Fund, Water Fund, Water Residual Fund, Aviation Fund, and Acute Care Hospital Assessment Fund.

Staff Demographics Summary (as of December 2014)

	Total	Minority	White	Female
Full-Time Staff	830	608	222	584
Executive Staff	23	10	13	13
Average Salary - Executive Staff	\$135,520	\$123,302	\$133,816	\$124,221
Median Salary - Executive Staff	\$107,693	\$107,587	\$107,693	\$102,477

Employment Levels (as of December 2014)

	Budgeted	Filled
Full-Time Positions	992	830
Part-Time Positions	83	49
Executive Positions	25	23

Contracts Summary (*as of December 2014)

	FY10	FY11	FY12	FY13	FY14	FY15*
Total amount of contracts	\$10,910,304	\$20,721,079	\$6,205,317	\$6,258,257	\$6,098,748	\$6,221,700
Total amount to M/W/DBE	\$100,471	\$10,983,826	\$929,425	\$1,334,834	\$2,392,181	\$2,192,162
Participation Rate	1%	53%	15%	21%	39%	35%

PERFORMANCE, CHALLENGES AND INITIATIVES

DEPARTMENT PERFORMANCE (OPERATIONS)

Uninsured clinic visits: In FY14, the percentage of uninsured visits at the City’s health centers was 49.6%, slightly lower than the 52.9% reported in FY13. There was a corresponding small increase in the percent of visits covered by Medicaid and private insurance. Patients without insurance are seen by a benefits counselor to review medical insurance options, and those counselors process applications to increase the number of insured individuals visiting the City’s health centers. In recent years and continuing into the first two quarters of FY15, the percentage of uninsured patient visits has been relatively stable at approximately 50%. This indicates that the initial implementation of the Affordable Care Act implementation in Pennsylvania, which expanded access to private insurance coverage under the Federal exchange program, had a minimal impact on levels of insurance coverage among PDPH patients and that potential impacts of Medicaid expansion, which went into effect in January 2015, are yet to be seen.

Restaurant inspections: PDPH aims to inspect Risk Category 1 food establishments (establishments that prepare food and serve it for immediate consumption) at intervals of 12 months and has focused efforts to reduce this interval from a high of 17.6 months in 2011 to 14.6 in FY14. In prior years, the long hiring cycle for sanitarians contributed to long-term vacancies and difficulty in meeting the interval goal for inspections. New approaches to hiring have recently reduced the number of sanitarian vacancies and the length that those vacancies are open, decreasing the time to fill sanitarian positions from 245 days in 2011 to 180 days as of the second quarter of FY15.

HIV infections: The number of case reports of newly diagnosed HIV infections dropped by 16.9% (119 fewer cases) from FY13 to FY14. The 585 cases reported in FY14 remain well below FY08 levels of 1,438, reflecting progress in preventing new HIV infections during this period. During the first half of FY15, there were 327 cases, a 3.8% increase over the same time period in FY14 which is believed to be related to fluctuations in staffing and improvements in the timeliness of reporting rather than a true increase in cases.

Medical Examiner’s Office: Since FY12, the Medical Examiner’s Office has focused on increasing the percentage of final reports for homicides that are completed within 60 days, both to improve its service and to comply with standards set by the National Association of Medical Examiners. In FY14, 96.5% of all homicide autopsy reports were completed within the 60 day period. This percentage dropped in the first half of FY15 due to physician vacancies in the Pathology Unit. Recruiting efforts and increased pay rates helped address this issue and new staff will start in the fourth quarter of FY15 and the first quarter of FY16.

Immunizations: The percent of children 19-35 months of age with complete immunizations was 78%. 4% higher in FY14 compared to FY13. During the first half of FY15, 85% of children had complete immunizations, a 9% increase over the same time period in FY14. For measles vaccine, 95.9% of children 19-35 months of age have received one or more doses, which is higher than both the state and national levels.

Performance Measure	FY08	FY13	FY14	FY14- FY13 Change	FY14 Q1- Q2	FY15 Q1- Q2	FY15- FY14 Q1-Q2 Change	FY15 Goal	FY16 Goal
Percentage of visits uninsured	52.1%	52.9%	49.6%	-6.2%	54.0%	51.7%	-4.4%	50.0%	48.0%
Inspection interval for category 1 food establishments (months)	N/A	17.2	14.6	-15.4%	11.9	13.5	13.5%	13.0	12.0
Total number of newly diagnosed HIV case reports	1,438	704	585	-16.9%	315	327	3.8%	600	600
Homicides having final autopsy report completed within 60 days	80.0%	95.0%	96.5%	1.6%	97.5%	90.5%	-7.2%	95.0%	95.0%
Children 19-35 months with complete immunizations 4:3:1:3:3:1	N/A	75.0%	78.0%	4.0%	78.0%	85.0%	9.0%	78.0%	87.0%

DEPARTMENT CHALLENGES

- **Hiring:** PDPH faces multiple challenges in filling vacant positions in a timely manner. This reflects the spectrum of capacities PDPH requires, including multiple technical specialties, a competitive hiring marketplace, dependence on federal grants, the large number of highly experienced staff retiring under the DROP program, and the length of time required to navigate internal hiring procedures. PDPH's goal is to fill positions as quickly as possible. To this end, PDPH continues to review and improve the department's hiring procedures in consultation and collaboration with OHR, promote succession planning in all divisions, and conduct various recruiting activities. In addition, as part of the work towards achieving public health accreditation, in FY14 PDPH developed a new workforce development plan. The reduction in time to fill vacant sanitarian positions and improve the competitiveness of pathologists salaries are examples of the results of these efforts.
- **Rapid evolution of health information technologies:** Advances in health information technologies present tremendous opportunities and challenges for the field of public health, in general, and for PDPH. More timely, complete, and accurate data about the health of clinic patients and, more broadly, the population of Philadelphia, will enable PDPH to improve services and programs. But, to take full advantage of this opportunity will require ongoing enhancements to PDPH's information technology infrastructure, the capacity to manage and make effective use of data in rapidly developing information technology environments, and a data-savvy workforce.
- **Health Center Appointment Availability:** As of March, 2015, all eight health centers had new and return pediatric appointments available within one month. More than half of the health centers have appointments for adult care within two months of request, and almost all have appointment availability within three months. These wait times are, on average slightly longer than wait times a year ago, and reflect reduced access due to implementation of the Electronic Health Record (EHR). This includes expected slow-downs required for physician, nursing, and clerical/administrative staff training, acclimation to new work procedures, and time needed to transfer paper records into the EHR. New adult patient appointment availability at Health Center 10 has the longest wait time, which currently averages around five months. The long wait for an adult appointment is attributed to the scarcity of other health care options in Northeast Philadelphia. As clinic staff becomes increasingly familiar with the use of the EHR, PDPH anticipates that the EHR will lead to improvements in efficiency.

ACCOMPLISHMENTS & INITIATIVES

Ebola Response: In the summer of 2014, PDPH, as the lead department responsible for the ongoing prevention and control of communicable diseases within the County, began enhancing Ebola readiness by updating preparedness plans, issuing health guidance to providers and the community, and coordinating with City agencies, hospital emergency directors, infection control specialists, the federal Centers for Disease Control & Prevention (CDC), the Pennsylvania State Health Department and other response partners. The Department also worked with the West African community in Philadelphia to educate, support, and meet the needs of newly-arriving persons.

In October 2014, at the request of the CDC, PDPH began daily monitoring of all persons newly arrived to Philadelphia from one of the affected West African countries for signs and symptoms of possible Ebola Viral Disease. Between October 2014 and March 2015, PDPH followed 453 individuals. This represents approximately 5% of the total arriving in the US. PDPH has been in daily contact with each of these individuals for 21 days following their departure from an affected country, including weekends and holidays. Each visit or phone contact involved collecting the person's temperature and a review of their health status to assure that they remained well. Nine patients required more intensive investigation, including physician evaluation and diagnostic testing, and all nine persons were determined to have other reasons for their illness; none were found to have Ebola Viral Disease. While media attention has waned, the outbreak is not over and PDPH will continue to monitor the situation.

Chronic Disease Prevention & the Decline in Smoking and Obesity Rates in Philadelphia: Smoking and obesity are the largest contributors to preventable illness and premature death in the United States. Through the *Get Healthy Philly* initiative, funded through City general funds and state and federal grants, PDPH has spearheaded an innovative citywide effort to address tobacco use, poor diet, and physical inactivity in partnership with other City agencies and non-governmental organizations. Interventions have focused on making the healthy choice the easier choice in schools, workplaces, communities, and health care settings.

Because of *Get Healthy Philly* and other initiatives at the local, state, and federal levels, smoking in Philadelphia has declined by 30% among youth since 2007 and by 15% among adults since 2008. In addition, childhood obesity rates have decreased by 6.3% since the 2006-07 school year, including substantial reductions among racial/ethnic minorities. *Get Healthy Philly* has been recognized by national and international media outlets and public health organizations as a model for how local governments can improve the health of their communities. Key *Get Healthy Philly* interventions have included:

- Creating food and fitness standards for all City-funded afterschool programs;
- Developing the largest healthy corner store network in the U.S.;
- Implementing a mass media campaign highlighting the links between sugary drink consumption, obesity, and diabetes in children;
- Extending smoke-free rules to all City parks, recreation centers, and playgrounds;
- Launching multiple rounds of hard-hitting media campaigns to encourage tobacco cessation; and
- Supporting the passage of laws to prevent tobacco sales to minors, limit sales and use of e-cigarettes, and increase the price of conventional cigarettes by \$2.00 per pack.

In 2015, *Get Healthy Philly* will assist college and universities, public housing communities, and behavioral health facilities to implement smoke-free policies. This will protect students, residents, and patients from secondhand smoke exposure, reduce asthma exacerbations and the risk of fire, and motivate more Philadelphians to quit smoking.

In 2015, *Get Healthy Philly* will launch the first-ever local media campaign to encourage physical activity by highlighting real Philadelphians exercising in free and low-cost ways. The campaign will be titled—“Make Philly Your Gym!” and will be supported through federal funds from the CDC.

Lastly, *Get Healthy Philly* will further its partnerships with hospitals and clinical providers to improve the quality of care for Philadelphia adults affected with hypertension (38%) and diabetes (16%). Through a four-year \$11.2 million grant from the Center for Disease Control, PDPH will work with 40 primary care practices that serve 350,000 patients to implement a series of quality-of-care improvement initiatives, including optimal use of electronic health records, team-based chronic disease management, aggressive identification of undiagnosed patients, home-based blood pressure monitoring, and better linkages between clinical practices and community resources.

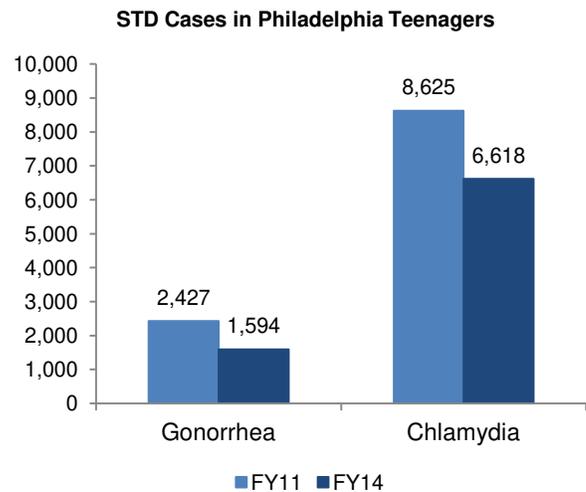
Electronic Health Records: As of March 2015, PDPH completed the installation of the practice management and medical record components of an Electronic Health Record (EHR) at all eight neighborhood health centers operated by PDPH. While the transition to the use of an EHR has resulted in temporary slow-downs in service as noted above, the use of EHR will improve clinical outcomes for patients, improve integration of health services across the City’s clinics, provide a knowledge base for public health policy, and improve reporting to disease and immunization monitoring systems. Adoption of the EHR will bring PDPH into compliance with federal Medicaid and Medicare requirements. EHR program management staff is also working with the Department’s Division of Disease Control to streamline and automate various functions supporting care services at the sexually transmitted diseases and tuberculosis clinics and to upgrade disease monitoring activities in accordance with national standards. The next phase of development will include implementation of service utilities, including connections to the Public Health Laboratory, development of required data-analysis utilities for performance management and quality improvement monitoring, creation of an online patient portal, and development of capacities to exchange information with area providers who provide referral, inpatient, or emergency department services for PDPH patients. The project was funded largely through hospital tax funds with supplementary grants.

Improvements in Primary Care Services: Progress continues on the joint venture between the City and the Children’s Hospital of Philadelphia (CHOP) to provide health care to South Philadelphia adults and children in a unique arrangement that will allow the City to expand its provision of dental care, mammography, prenatal care and a wide range of other children’s and adult health care services. The venture relocates two existing clinics: one, a pediatric primary care practice in South Philadelphia owned by CHOP, and, the other, PDPH Health Center 2. The new facility, being constructed by CHOP, will co-locate the two clinics, a City recreation center, and the South Philadelphia branch of the Free Library. The new multi-function center will allow the City and CHOP to create a complex that offers clinical care, wellness, prevention, and literacy services to improve health outcomes for children and adults. Under the

agreement, CHOP and other philanthropic sources will fully fund the construction of the complex (estimated at \$42 million), and the City will charge CHOP a nominal fee to lease the land. Outfitting City facilities (health center, library, recreation center) will be funded by the City, CHOP, and other philanthropic sources, with the City contribution consisting of \$1.8 million in the FY16 capital budget and \$2 million already budgeted in the capital budget from FY13 and FY14. CHOP and City officials hosted a ceremonial groundbreaking in September 2014. The City hopes to open the health center, library and recreation center by February 2016.

Additionally, renovation plans are underway to reconfigure space at Health Center 10 to increase capacity. The renovations include adding four additional examination rooms and an elevator to the facility, as well as replacement of windows. These renovations are expected to start later this year.

Reduced Rate of Adolescent Sexually Transmitted Diseases (STDs): In response to rising rates of STDs among adolescents in Philadelphia, in 2011, the PDPH launched a teen sexual health campaign. As a part of this campaign, PDPH promoted a custom-labeled Philadelphia condom (The Freedom Condom); expanded the number, location, and type of venues providing free condoms to teens; implemented a mail-order program for condoms; promoted condom use and access through public high schools; and developed a social media presence for the campaign. As a result of the multi-faceted adolescent STD prevention campaign, the epidemic of teen STDs in Philadelphia has waned. Cases of Chlamydia in teens, which had been steadily increasing since 2007, declined 23% from FY11 to FY14 (8,625 cases in FY11 declined to 6,618 cases in FY2014). Gonorrhea, which had shown a 52% increase in adolescent case counts from 2009 to 2011, declined by 34% among teens from FY11 to FY14 (2,427 cases in FY11 declined to 1,594 cases in FY14).



HIV Prevention and Services: Expansion of Testing, Partner Notification, Pre-Exposure Prophylaxis and Linkage to Care:

Research suggests that people infected with HIV who are unaware of their status contribute disproportionately to ongoing HIV transmission in the community. When people learn they are infected, they take steps to protect their own health and prevent HIV transmission to others. The sooner an infected individual is diagnosed and linked to care, the more quickly levels of HIV virus can be reduced through medication, decreasing the likelihood of subsequent transmission. As the national HIV/AIDS strategy has focused on ensuring high-risk individuals are tested and if HIV positive, linked to medical care, so has the work of the AIDS Activities Coordinating Office (AACO).

- **HIV Testing:** Since being designated one of 25 jurisdictions that received CDC funding for expanding HIV testing in 2007, AACO has implemented HIV testing programs in major hospital emergency departments, collaborated with the Philadelphia Prisons System to implement HIV testing of inmates at intake, and worked closely with community partner organizations to target community-based HIV testing among populations most at risk. Significant investment is also being made to encourage routine HIV testing in all clinical care settings. In calendar year 2008, AACO provided 62,295 HIV tests through its network of funded testing sites; the number of tests has nearly doubled to 115,852 in calendar year 2014 and is expected to meet or exceed that number in 2015.
- **Partner Notification:** The goal of partner services is to notify confidentially persons regarding their possible exposure to infection(s) so that they may access testing and treatment. For FY16, PDPH aims to identify 40 new cases of HIV infection through partner notification services and to link 90% of those to medical care.
- **Pre-Exposure Prophylaxis (PrEP):** is a new tool for HIV prevention. PrEP is an antiretroviral medication, which if taken daily, significantly reduces HIV infection among adult men and women who are at risk through sex or injection drug use. AACO is coordinating outreach and education to increase the number of medical care providers who prescribe PrEP and raise community and provider awareness. AACO will also be evaluating PrEP implementation. With funding from the CDC Foundation and Gilead Sciences, PDPH is currently conducting a PrEP implementation study at the Strawberry Mansion Health Center where 50 patients are currently enrolled, of whom about half are men who have had sex with men. Although any person who is a candidate for PrEP may join the study, the goal is to enroll 300 women and heterosexual men.

- **Retention in Care:** Philadelphia is one of three jurisdictions to receive funding from the CDC to demonstrate a cost-effective model for improving retention in HIV medical care for persons who have fallen out of care. This project, Philadelphia Cooperative Agreement Re-Engagement Controlled Trial (CoRECT) is expected to be funded at \$2.3 million over the 5-year project period. CoRECT is a collaboration between two PDPH divisions- AACO and the Division of Disease Control (DDC) - and will work with six HIV clinics in the City of Philadelphia, which include Ryan White-funded, private, Federally Qualified Health Center, and Veterans Administration facilities. CoRECT will evaluate whether patients who are enrolled in the active intervention arm are more likely to achieve viral load suppression within 12 months of the study compared with those receiving usual services. CoRECT is in a first year planning phase and will scale up in the second and third years.
- **HIV/STD Prevention in African American Men Who Have Sex With Men:** Based on the success of the *Take Control Philly* campaign in educating adolescents about STDs, PDPH plans to launch *Do You Philly*, a campaign for African American young men who have sex with men (YMSM) who are at increased risk of HIV/STDs. *Do You Philly* will provide resources to reduce sexual risk taking, decrease barriers to testing, combat stigma surrounding LGBT issues, and empower these young men to make healthy decisions. A major component of the *Do You Philly* program will be its website, which will include education about HIV/STDs, screening, and treatment and prevention. It will include information on pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP) and where to access free condoms. A condom mailing program and at-home testing for HIV, gonorrhea, and Chlamydia will also be offered through the website.

Achieved High Adolescent Vaccination Coverage Rates: Philadelphia’s rate of vaccination coverage for adolescents has steadily increased since 2008. The CDC has presented the PDPH with the Adolescent Vaccination Coverage Award annually since inception of the award. By 2013, Philadelphia had exceeded targets established by Healthy People 2020 (national standards from the U.S. Department of Health & Human Services) by achieving immunization rates of 89% for adolescent vaccination with Tdap (tetanus-diphtheria-acellular pertussis), 95% for Varicella (chickenpox), and 91% for MenACWY (meningococcal disease) among 13-15 year olds. In addition, Philadelphia vaccination coverage with Human Papillomavirus (HPV) is one of the highest in the nation with more than three-quarters of girls 13-15 years of age having initiated the HPV vaccination series in Philadelphia, and nearly one-half having received all three doses of the series. For boys, more than 70% have received at least one dose of HPV vaccine, while 37% have completed the series.

Reduced Health and Safety Hazards in Homes of Children with Asthma: The PDPH *Healthy Homes Healthy Kids (HHHK)* Program provides comprehensive services to prevent and correct significant health and safety hazards in homes of children with difficult to control asthma who are patients at St. Christopher’s Hospital for Children in Philadelphia. These children have frequent emergency room visits and hospitalizations, with attendant high medical costs, along with significant numbers of missed school days that hinder their academic progress.

The program takes a comprehensive approach that involves removing asthma triggers in the home and helping caregivers and family members adopt healthier behaviors and improve medication adherence in collaboration with their medical providers. The results have been extremely encouraging: in the first two years of the program, the 117 enrolled children reported having fewer hospitalizations, emergency room visits, and office visits, and missed school days after the *HHHK* interventions. The average cost per household is \$3500. In January, 2015 we expanded the program to serve asthmatic children receiving clinical care in two of the city’s ambulatory health centers.

Public Health Accreditation: PDPH has been working to obtain Public Health Accreditation by 2015. Accreditation is a new national process by which local, tribal and state public health agencies assess and document their ability to provide public health services. The Public Health Accreditation Board (PHAB), an independent non-governmental agency, has developed a set of 300+ standards within ten broad categories of “essential public health functions” to serve as benchmarks for accreditation. While public health accreditation is not currently required, federal agencies, such as the CDC, will likely require accreditation within the next five years as a condition of grant awards. This will be critical for PDPH because many of its programs are made possible by grants from CDC other federal agencies.

Over the last several years, PDPH has taken a series of steps towards accreditation, including developing a citywide Community Health Assessment,¹ a department-wide five-year Strategic Plan,² and a stakeholder-driven Community

¹[Community Health Assessment](http://www.phila.gov/health/pdfs/CHA%20slides_52114_revised.pdf) (http://www.phila.gov/health/pdfs/CHA%20slides_52114_revised.pdf)

Health Improvement Plan.³ These documents provide a roadmap for how governmental and non-governmental organizations will address the most pressing public health challenges of the future. PDPH submitted its final accreditation application in January 2015, is scheduled for an accreditation site visit in July 2015, and anticipates achieving accreditation by fall 2015.

Air Quality Improvements: Pending final EPA certification, Philadelphia County currently meets the National Ambient Air Quality Standards (NAAQS) set by the Environmental Protection Agency (EPA) for the most critical pollutants which affect health, with the exception of the ozone air standard.

The EPA has chosen Philadelphia as one of five recipients in the country for the Village Green Air Monitoring Station Grant award. The Village Green Air Monitoring Station is a low-cost, solar-powered modular air monitor, which will help educate Philadelphians about the impact of street-level air pollution on health. The station measures small particulate matter (PM_{2.5}) and ozone, as well as local wind speed, wind direction, temperature, and humidity, while operating on solar and wind power. It was installed on the sidewalk near Independence Mall on March 5, 2015 and formally dedicated on April 21, 2015.

Safer and More Efficient Food Standards: PDPH's Environmental Health Services (EHS) continues its efforts to become more business friendly by streamlining its business processes and standardizing practices. All of EHS's services fees are now available for payment online. Through E-pay, a payment service which allows businesses and individuals to pay departmental fees online, EHS is able to significantly reduce processing time needed for payments, which results in faster service. In addition, the division, working jointly with the Department of Licenses and inspections, has completed three manuals to help new food businesses comply with rules and regulations: Opening a Stationary Food Business; Opening a Mobile Food Business and Farmers Market Sponsor's Operating Guide.

EHS also implemented an Enhanced Uniformity training program in order to ensure that food establishment inspections are conducted in a consistent manner. The Enhance Uniformity training will increase accuracy and uniformity in inspection results; enhance food safety by ensuring sanitarians do not miss risk factor violations; improve the Department's credibility with the food businesses it regulates; reduce violations; and improve compliance at food establishments.

Measles: While much of the country has been experiencing an outbreak of measles related to a California theme park, Philadelphia has managed to remain measles-free. This is a testament to the high childhood immunization rates that are maintained among our City's children. Measles vaccination rates, measured as a single dose of MMR vaccine for children 19-35 months of age, is 95.9%, surpassing levels in the rest of Pennsylvania (92.8%) and the nation (91.9%). Receipt of the recommended two doses of MMR is 87% at the time of Kindergarten entry, and 96% at time of 7th grade entry.

Philadelphia Nursing Home: For the period of November 2014 through February 2015, The Centers for Medicare & Medicaid Services (CMS) designated the Philadelphia Nursing Home as a Five-Star Quality facility—the highest rating. CMS created the Five-Star Quality Rating System to provide consumers, their families, and caregivers with an easy way to understand nursing home quality and make meaningful distinctions between high and low performing nursing homes. The rating system features an Overall Quality Rating of one to five stars based on facility performance for three types of measures: findings from health inspections, staffing, and quality measures.

Healthier Families: In September 2014, the Health Resources Services Administration (HRSA) awarded PDPH's Maternal, Child and Family Health (MCFH) division a Level 3 Healthy Start award which is granted to selected jurisdictions to provide program services locally, as well as Healthy Start leadership and mentoring at regional level. The focus of Healthy Start is to reduce disparities in infant mortality. In 2012, the overall infant mortality rate in Philadelphia was 10.1 per 1,000 live births. For white non-Hispanic women the rate was 4.9 and for black, non-Hispanic women the rate was 15.6. Since 2007, the infant mortality rate has ranged from a high of 11.4 to a low of 9.3 in 2011. Though we are making progress in Philadelphia, the racial disparities in infant mortality are unacceptable.

²[Health Department Strategic Plan](http://www.phila.gov/health/pdfs/PDPHStrategicPlan_52114_final.pdf) (http://www.phila.gov/health/pdfs/PDPHStrategicPlan_52114_final.pdf)

³[Community Health Improvement Plan](http://www.phila.gov/health/pdfs/PhilaCommunityHealthImpPlan_52814_final.pdf) (http://www.phila.gov/health/pdfs/PhilaCommunityHealthImpPlan_52814_final.pdf)

The PDPH Healthy Start program is working to reduce disparities in infant mortality by improving women’s health before, during and after pregnancy; and, strengthening family resilience by addressing the effects of early trauma that result in significant health disparities. The PDPH Healthy Start program will provide services to 1,000 pregnant women, new mothers and their infants annually for five years, in the target community of West and Lower North Philadelphia. To further strengthen family resilience, PDPH Healthy Start is developing the Healthy Start Father Initiative with a designated Men’s Support Services Coordinator who will support fathers and partners of PDPH Healthy Start program participants. In addition, the PDPH Healthy Start will use its two decades of experience and expertise to further improve the capacity of providers citywide to care for women suffering from perinatal depression through the Philadelphia Perinatal Depression Institute.

STAFFING

The budget will support 781 full-time positions in the General Fund, 185 in the Grants Fund, and 17 in the Acute Care Hospital Assessment Fund. As of December 2014, 241 full or part time employees are bilingual or trilingual with fluency in 50 languages, ranging from Spanish (the most common) to Swahili to Gujarati.

The department’s workforce is 732% minority (56.8% African American; 4.1% Hispanic; 9.1% Asian; and 3.2% Other race/ethnicity) and 70.4% female. Executive staff is 41.7% minority (20.7% African American and 20.7% Asian) and 56.5% female. Staff hired from 7/1/14 through 12/15/14 are 72.54 minority (47.0% African American; 7.8% Hispanic; 15.6% Asian; and 2.0% Other ethnicity) and 60.8% female. Of these new hires, 31.3% speak 10 different languages.

Staff Demographics (as of December 2014)

<i>Full-Time Staff</i>				<i>Executive Staff</i>			
	Male	Female		Male	Female		
	African-American	African-American		African-American	African-American		
<i>Total</i>	99	373	<i>Total</i>	2	3		
<i>% of Total</i>	11.9%	44.9%	<i>% of Total</i>	8.7%	13.0%		
	White	White		White	White		
<i>Total</i>	94	128	<i>Total</i>	6	7		
<i>% of Total</i>	11.3%	15.4%	<i>% of Total</i>	26.1%	30.4%		
	Hispanic	Hispanic		Hispanic	Hispanic		
<i>Total</i>	11	23	<i>Total</i>	0	0		
<i>% of Total</i>	1.3%	2.8%	<i>% of Total</i>	0.0%	0.0%		
	Asian	Asian		Asian	Asian		
<i>Total</i>	27	48	<i>Total</i>	2	3		
<i>% of Total</i>	3.3%	5.8%	<i>% of Total</i>	8.7%	13.0%		
	Other	Other		Other	Other		
<i>Total</i>	15	12	<i>Total</i>	0	0		
<i>% of Total</i>	1.8%	1.4%	<i>% of Total</i>	0.0%	0.0%		
	Bi-lingual	Bi-lingual		Bi-lingual	Bi-lingual		
<i>Total</i>	155	86	<i>Total</i>	1	3		
<i>% of Total</i>	18.7%	10.4%	<i>% of Total</i>	4.3%	13.0%		
	Male	Female		Male	Female		
<i>Total</i>	246	584	<i>Total</i>	10	13		
<i>% of Total</i>	29.6%	70.4%	<i>% of Total</i>	43.5%	56.5%		

CONTRACTING

**M/W/DBE Participation on Large Contracts
FY15 Contracts**

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All	Living Wage Compliant?
eClinical Works	EHR Implementation	\$8,131,873	6/29/09	3/28/11	MBE: 10-15%	100%	\$8,131,873		Yes
					WBE: 5-10%	0%	\$0	100%	
					DSBE: Best Efforts	0%	\$0	\$8,131,873	
Alpha Medical Group	Radiology Services	\$1,390,662	6/7/13	7/1/13	MBE: Best Efforts	0%	\$0		Yes
					WBE: Best Efforts	100%	\$1,390,662	100%	
					DSBE: Best Efforts	0%	\$0	\$1,390,662	
Walgreen Eastern Co., Inc.	HIV Medications	\$1,287,636	3/11/14	6/30/14	MBE: Best Efforts	0%	\$0		Yes
					WBE: Best Efforts	0%	\$0	0%	
					DSBE: Best Efforts	0%	\$0	\$0	
General Healthcare Resources	Nursing Services	\$652,311	5/30/13	7/1/13	MBE:	0%	\$0		Yes
					WBE: 1-5%	0%	\$0	0%	
					DSBE:	0%	\$0	\$0	
MEE Productions, Inc.	Media Campaign	\$415,000	8/15/12	1/20/13	MBE: 10-15%	100%	\$415,000		Yes
					WBE: 10-15%	0%	\$0	100%	
					DSBE:	0%	\$0	\$415,000	

OTHER BUDGETARY IMPACTS

FEDERAL AND STATE (WHERE APPLICABLE)

- Dependence on state and federal grants: Many of PDPH programs are dependent on external funds. This includes state and federal funds, with federal funds coming to PDPH directly or via the state depending on the funding strategy of various federal programs. This is both an opportunity and challenge. The opportunity, of course, is that these funds enable services and innovation. The challenge is that grant-funded programs operate typically on 3-5 year budget cycles, might not be sustainable for longer periods, are susceptible to cuts in federal or state budgets, or to changes in federal or state allocation strategies.

OTHER

Not applicable.