Performance-Based Budget

DEPARTMENT OF HEALTH

Commonwealth of Pennsylvania
Independent Fiscal Office
January 2020

About the Independent Fiscal Office

The Independent Fiscal Office (IFO) provides revenue projections for use in the state budget process along with impartial and timely analysis of fiscal, economic and budgetary issues to assist Commonwealth residents and the General Assembly in their evaluation of policy decisions. In that capacity, the IFO does not support or oppose any policies it analyzes, and will disclose the methodologies, data sources and assumptions used in published reports and estimates.

Independent Fiscal Office
Rachel Carson State Office Building
400 Market Street
Harrisburg, PA 17105

phone:	717-230-8293
email:	contact@ifo.state.pa.us
website:	www.ifo.state.pa.us

The Independent Fiscal Office was created
by the Act of Nov. 23, 2010 (P.L.1269, No.120).

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INDEPENDENT FISCAL OFFICE

January 21, 2020

The Honorable Members of the Pennsylvania Performance-Based Budget Board:

Act 48 of 2017 specifies that the Independent Fiscal Office (IFO) shall "review agency performance-based budget information and develop an agency performance-based budget plan for agencies subject to a performance-based budget review." This review "shall be completed in a timely manner and submitted by the IFO to the board for review."

This report contains the review for the Department of Health. All performance-based budget (PBB) reviews submitted to the Board contain the following content for each activity or service provided by the agency:

- a brief description of the activity, relevant goals and outcomes;
- a breakdown of agency expenditures;
- the number of full-time equivalent positions dedicated to the activity;
- select currently available metrics and descriptive statistics;
- any proposed metrics that the review recommends; and
- observations that should allow agencies to more effectively attain their stated goals and objectives.

The IFO submits this review for consideration by the PBB Board. The agency received a draft version of this review and was invited to submit a formal response. If submitted, the response appears in the Appendix to this review. The IFO would like to thank the agency staff that provided considerable input to this review. Questions and comments can be submitted to contact@ifo.state.pa.us.

Sincerely,

MATTHEW J. KNITTEL
Director

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Table of Contents

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Background and Methodology

Act 48 of 2017 is known as the Performance-Based Budgeting and Tax Credit Efficiency Act. The act requires the Independent Fiscal Office (IFO) to develop performance-based budget (PBB) plans for all agencies under the Governor's jurisdiction once every five years based on a schedule agreed to by the Secretary of the Budget and the Director of the IFO.[1] The act directs the IFO to evaluate and develop performance measures for each agency program or line item appropriation. As determined by the IFO to be applicable, the measures shall include the following: outcome-based measures, efficiency measures, activity cost analysis, ratio measures, measures of status improvement of recipient populations, economic outcomes or performance benchmarks against similar state programs or similar programs of other states or jurisdictions.

Most states use some form of PBB for at least a portion of their budget.[2] For many, that requirement implies that agencies merely compute and publish self-selected performance metrics on an annual basis. Those metrics may or may not be reviewed by policymakers. For Pennsylvania, the act requires the IFO to submit plans to the PBB Board for review and approval. The PBB Board reviews plans at a public hearing at which agency heads or their representative must attend to offer additional explanations if requested. The PBB Board has 45 days after submission to approve or disapprove plans. Per Act 48, approved plans shall be taken into consideration by the Governor and General Assembly during the annual budget development and implementation process. Disapproved plans will be returned to the IFO with recommended modifications.

Despite the extensive use of PBB across state governments, misconceptions still exist regarding the budget approach and the general goals it seeks to accomplish. For the plans submitted to the PBB Board, the approach can be characterized as follows:

- The explicit linkage of actual agency spending on activities to relevant outcome measures.
- An alternative budget framework that can be used to guide the allocation of state resources to improve outcomes for state residents.
- An approach that emphasizes program results and performance metrics to inform high-level budget decisions.

These definitions show that PBB is a broad-based budget approach that shifts emphasis from incremental budgeting to a results-based framework. Under incremental budgeting, policymakers use funding levels from the prior year and base funding decisions on any new demands placed upon an agency. For most agencies, performance metrics are not part of that process. A PBB approach considers performance metrics in making funding decisions. It is a top-down approach that focuses on goals and outcomes. Other efficiency initiatives such as Lean and Continuous Improvement are bottom-up approaches that focus on process improvement through streamlining operations, the elimination of redundancies and a focus on customer needs.

[1] See the Appendix for the PPB review schedule.
[2] For example, 31 states use PBB for some portion of their higher education budget. See "Performance-Based Budgeting in the States," NCSL Fiscal Policy Research, Vol. 24, No. 35 (September 2016).

The performance-based budget in this report differs from a traditional budget in several key respects. The main differences are summarized by this table:

Traditional versus Performance-Based Budget

	Traditional Budget	Performance Budget
Organizational Structure	Line Items or Programs	Agency Activities
Funds Used	Appropriated Amounts	Actual Expenditures
Employees	Authorized Complement	Actual Filled Complement
Needs Assessment	Incremental, Look to Prior Year	Prospective, Outcome-Based

The PBB plans track agency funding based on activities because they can be more readily linked to goals and objectives, and therefore, ultimate outcomes. Activities are the specific services provided by an agency to a defined service population in order to achieve desired outcomes. The funds for agency activities include all actual expenditures used to deliver services: labor, benefits, operating and allocated overhead costs. The PBB plans track all expenditures regardless of funding source and provide data for the current year and five historical years so that policymakers can view recent trends. It is noted that data for the upcoming budget year (FY 2020-21) are not included in this report.

The plans submitted to the PBB Board include many types of measures. Plan measures include: inputs (funding levels, number of employees), outputs (workloads), efficiency (cost ratios, time to complete tasks), outcomes (e.g., recidivism), benchmark comparisons to other states and descriptive statistics. The final category includes a broad range of metrics that provide insights into the work performed by an agency and the services provided. Those metrics supply background, context and support for other metrics, and they may not be readily linked to efficiency or outcome measures. The inclusion of such measures supports the broader purpose of the PBB plans: to encourage a more informed discussion regarding agency operations and how they impact state residents. Descriptive metrics provide relevant information to policymakers that increase their general knowledge of agency operations. They also provide agencies a platform to discuss the work they do and the services they provide.

In general, the plans submitted to the PBB Board are best used (1) to monitor broad agency trends and cost drivers, (2) to evaluate agency performance over time and (3) to inform questions to agencies regarding their operations. The plans cannot identify optimum funding levels or provide a direct comparison of relative effectiveness across most programs.

Note on data: Unless otherwise noted, performance metrics used in this report were supplied by the agency under review. Those data appear as submitted by the agency and the IFO has not reviewed them for accuracy. For certain years, data are not available (e.g., due to a lag in reporting). In these cases, "--" denotes missing data. All data related to expenditures and employees are from the state accounting system and have been verified by the IFO and confirmed by the agency. Tables that use those data may not sum to totals due to rounding.

Department of Health Overview

Mission Statement

The mission of the Pennsylvania Department of Health is to promote healthy behaviors, prevent injury and disease, and to ensure the safe delivery of quality health care for all people in Pennsylvania.

Services Provided

For this report, the services provided by the department are classified into 13 general activities.

Department of Health: Activities and Primary Services Provided

Activity	Primary Service
1 Ensure Access to Care	Improve health care for underserved populations
2 Disease Prevention and Outreach	Promote healthy and safe behaviors
3 Disease Treatment	Contain the spread of disease
4 HIV Surveillance, Prevention and Treatment	Reduce morbidity, mortality and health disparities
5 Quality Assurance	Monitor health care facilities and agencies
6 Drug Surveillance and Misuse Prevention	Reduce the rate of prescription drug misuse
7 Vital Statistics	Record vital events timely and accurately
8 Women, Infants and Children (WIC)	Administer the federal WIC program
9 Maternal and Child Health	Improve the health of women, children and families
10 Health Research	Promote health research to benefit residents
11 Public Health and Emergency Medical Services	Public health preparedness and medical services
12 State Laboratory	Operate the state lab and regulate clinical labs
13 Administration	Provide organizational leadership and support

Performance-Based Budget Plan: Key Metrics and Observations

This report includes numerous performance metrics, but certain metrics are critical to the overall operation of the agency. Notable metrics that policymakers should monitor closely include the following:

Health outcomes vary significantly across the Commonwealth due to health-related disparities among population groups. Rural populations may not have adequate access to health care due to a limited number of health care professionals and lack of transportation. In FY 2018-19, 4.2 percent of the state population lived in an area designated as a Health Professional Shortage Area for primary care services. Residents affected by a shortage of dental and mental health professionals comprise even larger shares of the state population, at 15.8 percent and 13.1 percent, respectively.

Differences in health-related outcomes are also evident in urban areas and among racial and ethnic groups. While Pennsylvania's overall rate of new diagnosis for HIV infection is lower than the national average, Philadelphia ranked 41 out of 108 large metropolitan statistical areas in terms of the highest rates of new diagnosis for HIV infection. The city has been targeted for additional resources from U.S. Department of

Health and Human Services as one of 48 U.S. counties that comprise more than 50 percent of all new HIV diagnoses in 2018.[3] HIV disproportionately affects men and blacks/African Americans. In FY 2018-19, 78 percent of all individuals diagnosed with HIV in Pennsylvania were male and 47 percent were black/African American (compared with 30 percent for white individuals and 23 percent for all other races).

While the overall rate of maternal mortality in Pennsylvania is lower than the national rate, there are substantial differences in rates among racial groups. The latest data for maternal mortality reveal that pregnant black/African American women are three times more likely to die from maternal causes related to or aggravated by the pregnancy or its management than pregnant white women. Similarly, the most recent mortality rate for black/African American infants in the Commonwealth is more than three times the rate for white infants and nearly two times the rate for Hispanic infants.

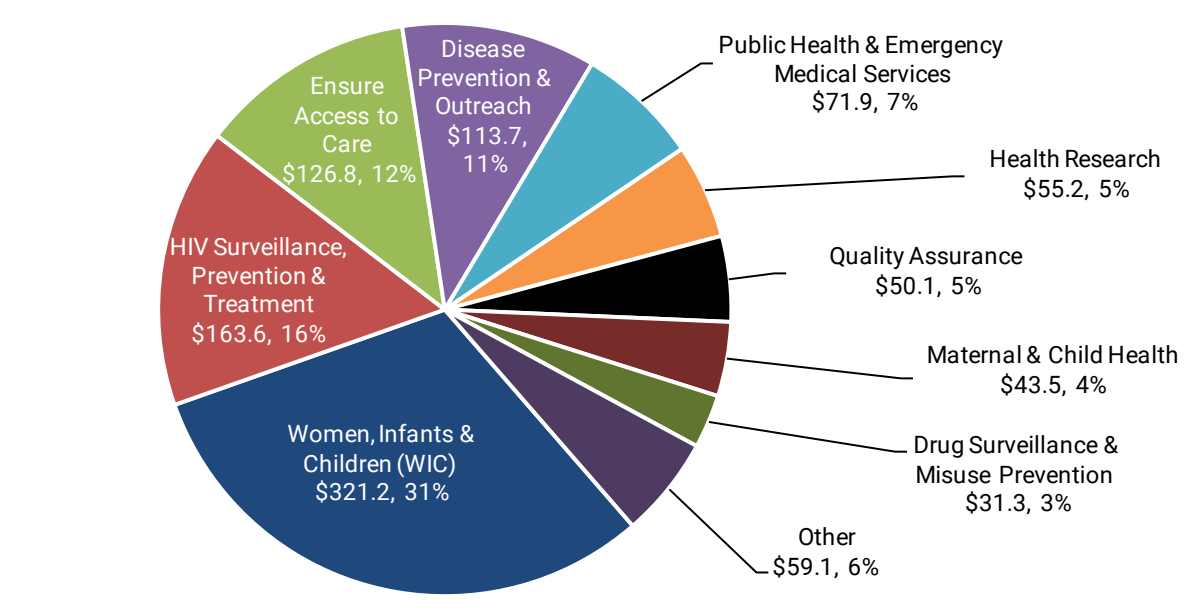
The implementation of the Prescription Drug Monitoring Program (PDMP) by the Department of Health in 2016 has reduced prescriptions of problematic drug combinations and episodes of multiple providers of opioids, but Pennsylvania's opioid overdose death rate has risen relative to other states since 2014. Based on data compiled by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, the Pennsylvania rate of opioid overdoses (per 100,000 population) was on par with the national average in 2014. By 2017, Pennsylvania's rate exceeded the national rate by more than 40 percent and the state's opioid overdose death rate increased to 12th highest in the nation from 28th highest in 2014. The impact of the high rate of opioid use is evident in other health outcomes as well. Based on the latest data available for 2016, Pennsylvania's neonatal abstinence syndrome rate for newborns exposed to opioids in the mother's womb is more than twice the national rate (15 per 1,000 births versus 6.8 for the nation). Recent data for 2018 indicate that the number of drug-related overdose deaths in Pennsylvania has declined by 18 percent from 2017.

Participation in the federal Women, Infants and Children (WIC) program has been declining in Pennsylvania. From FY 2014-15 to FY 2018-19, the number of eligible women, infants and children remained relatively flat. However, the number of actual participants declined by more than 16 percent as the participation rate fell from 19.2 to 17.0 participants per 1,000 in population, making Pennsylvania 38th in participation across the 50 states and the District of Columbia. In comparison, eligible women, infants and children participated in the federal WIC program at a rate of 21.0 per 1,000 in population at the national level in 2018.

The FY 2019-20 budget allocates $55 million for broad-based health research projects geared towards improving the health of all Pennsylvanians. During its existence, the program has leveraged $1.45 billion in federal funds (an average of $80 million each fiscal year). Over the past five fiscal years, grant projects were associated with three new patents, two licenses for new products and 277 publications that expand current research and advance scientific knowledge on health-related topics. These results build on more than 2,100 publications, 35 patents and 14 licenses for new products generated by the program between 2001 and 2014. Since FY 2014-15, Pennsylvania employment related to health research and medical science has increased 38 percent. Therefore, the injection of federal funds into the state economy not only enhances research, it also creates jobs and raises income levels. Much of the federal funds flow to universities that will partner with private industry and generate additional economic benefits.

[3] Although Philadelphia receives separate federal funding through the Ryan White Program, the department works collaboratively with the city to reduce HIV incidence rates.

Department of Health FY 2019-20 Budgeted Expenditures by Activity



Note: Expenditures in dollar millions. Other includes Disease Treatment, Vital Statistics, State Laboratory and Administration activities.

Department of Health Filled Full-Time Equivalent (FTE) Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Average Weekly FTE Positions by Activity						
Ensure Access to Care	202	203	222	191	196	212
Disease Prevention and Outreach	159	172	167	172	160	190
Disease Treatment	12	10	10	9	10	13
HIV Surveillance, Prevention and Treatment	31	33	34	34	35	39
Quality Assurance	290	285	291	286	273	302
Drug Surveillance and Misuse Prevention	2	4	5	7	10	10
Vital Statistics	88	87	86	84	97	118
Women, Infants and Children (WIC)	47	53	54	43	43	50
Maternal and Child Health	51	48	46	48	50	56
Health Research	0	2	4	4	4	5
Public Health and Emergency Medical Services	101	101	105	75	75	79
State Laboratory	36	35	35	36	34	36
Administration	119	110	107	58	45	48
Total (excludes Health Registrars)	**1,137**	**1,144**	**1,168**	**1,046**	**1,032**	**1,159**
Personnel Cost/FTE ($ thousands)	**$100.6**	**$104.7**	**$114.1**	**$122.6**	**$118.9**	**$119.3**

Department of Health Expenditures by Fiscal Year

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditure by Activity						
Ensure Access to Care	$80.8	$111.2	$101.5	$100.6	$111.4	$126.8
Disease Prevention and Outreach	57.3	54.8	66.4	65.1	69.5	113.7
Disease Treatment	14.5	13.3	15.8	12.9	14.1	15.4
HIV Surveillance, Prevention and Treatment	66.4	66.6	70.9	118.3	125.3	163.6
Quality Assurance	36.6	39.6	43.6	41.4	40.6	50.1
Drug Surveillance and Misuse Prevention	0.4	0.8	3.3	8.1	11.2	31.3
Vital Statistics	13.8	14.6	16.2	14.4	15.2	22.2
Women, Infants and Children (WIC)	186.1	187.1	190.2	182.1	165.2	321.2
Maternal and Child Health	28.3	27.9	29.8	31.1	32.9	43.5
Health Research	36.9	17.2	57.4	57.0	39.1	55.2
Public Health and Emergency Medical Services	44.4	43.9	43.3	41.8	42.1	71.9
State Laboratory	5.4	5.3	5.7	5.7	5.8	7.5
Administration	12.2	12.0	14.4	12.1	8.2	14.0
Total	**583.1**	**594.3**	**658.4**	**690.5**	**680.6**	**1,036.3**
Expenditures by Object						
Personnel Services	$114.4	$119.7	$133.2	$128.3	$122.6	$138.2
Operational Expenses	62.4	64.6	80.5	78.3	87.2	184.7
Grants	406.1	409.7	444.5	483.5	470.7	639.8
Misc. Exp. Transfers	0.2	0.3	0.2	0.4	0.0	0.4
Budgetary Reserve	0.0	0.0	0.0	0.0	0.0	73.1
Total[1]	**583.1**	**594.3**	**658.4**	**690.5**	**680.6**	**1,036.3**
Expenditures by Fund						
General Fund (State)	$171.7	$189.4	$215.2	$190.5	$195.5	$203.4
General Fund (Augmentations)	3.5	24.1	12.1	-3.1	8.0	3.1
General Fund (Federal)	347.5	335.5	352.8	362.0	349.8	656.6
General Fund (Restricted)	5.6	5.4	3.5	59.7	62.9	87.3
Tobacco Settlement Fund	40.3	26.4	59.2	62.8	46.2	60.9
Emergency Medical Services Operating Fund	13.7	12.7	12.6	12.2	12.2	14.8
Gov. Casey Organ and Tissue Donation Awareness	0.9	0.8	0.7	0.8	0.4	0.6
Medical Marijuana Program Fund	0.0	0.0	2.3	5.4	5.6	9.6
Total	**583.1**	**594.3**	**658.4**	**690.5**	**680.6**	**1,036.3**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Total includes very small (+/-$500,000 per year) non-expense expenditures.

Activity 1: Ensure Access to Care

The department ensures access to care by providing (1) clinical immunization and treatment services through the operation of State Health Care centers in 59 counties, (2) grant funds to address the health care needs in communities served by local health departments, school districts and medically underserved populations, (3) a high quality, efficient and compliant medical marijuana program to residents with serious medical conditions per Act 16 of 2016 and (4) improved access to health care in rural communities by ensuring economic vitality of rural hospitals.

The primary goals of this activity are to (1) decrease vaccine preventable diseases, such as measles, mumps, influenza, hepatitis and other diseases, (2) improve access to primary care services through the evaluation and distribution of health care workers to designated Health Professional Shortage Areas (HPSA) (3) provide access to medical marijuana products through a safe and effective delivery system and (4) recruit rural hospitals and encourage payer participation to join the Rural Health Model. The expected outcome is to create a healthier Commonwealth by improving health outcomes statewide, especially for rural and underserved populations.

Resources

Ensure Access to Care: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$19.24	$20.44	$24.00	$20.04	$21.50	$24.20
Operational Expenses	4.73	7.15	7.87	8.89	15.76	29.87
Grants	61.20	86.20	72.42	73.60	77.53	71.33
Other	-4.38	-2.62	-2.78	-1.97	-3.35	-2.50
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	3.85
Total[1]	**80.79**	**111.16**	**101.50**	**100.56**	**111.43**	**126.75**
Expenditures by Fund						
General Fund (State)	$80.56	$108.49	$98.54	$90.45	$96.37	$94.47
General Fund (Augmentations)	0.00	0.00	0.00	4.38	5.09	0.00
General Fund (Federal)	0.22	2.67	0.63	0.28	4.36	22.70
Medical Marijuana Program Fund	0.00	0.00	2.33	5.45	5.62	9.58
Total	**80.79**	**111.16**	**101.50**	**100.56**	**111.43**	**126.75**
Average Weekly FTE Positions	**202**	**203**	**222**	**191**	**196**	**212**
Personnel Cost/FTE ($ thousands)	**$95.3**	**$100.9**	**$107.9**	**$105.2**	**$109.7**	**$114.2**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) non-expense items and misc. expense transfers expenditures.

Performance Measures

Ensure Access To Care

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive (GF State Expenditures, $ millions)						
School District Health Services	$20.0	$43.3	$31.9	$40.1	$32.6	$35.6
Local Health Departments	$25.2	$25.4	$25.4	$25.4	$38.1	$25.4
State Health Care Centers	$18.0	$20.8	$23.8	$17.2	$17.8	$22.5
Primary Health Care Practitioner[1]	$3.8	$3.5	$3.5	$2.0	$0.0	$4.6
Community Health						
# Immunizations provided (000s)[2]	20.8	15.5	20.1	22.0	20.1	21.0
Kindergarten immunization rate[3]	91.7%	95.5%	93.7%	96.8%	97.0%	97.0%
% SDs with required school nurse/student ratio[4]	95.5%	94.9%	95.8%	95.8%	98.2%	--
Health Professional Shortage Area (HPSA)						
# Physicians with J-1 visa waiver in HPSAs[5]	119	105	111	119	117	114
# LRP participants practicing in HPSAs[6]	66	76	71	75	89	102
# Patient visits in underserved areas (000s)	1,405	1,203	995	761	739	724
# Providers tracked to evaluate shortage areas	5,942	1,847	1,604	8,329	3,727	3,800
% Population in primary care HPSA	--	--	--	5.1%	4.2%	4.0%
% Population in dental health HPSA	--	--	--	15.6%	15.8%	15.5%
% Population in mental health HPSA	--	--	--	14.3%	13.1%	13.4%
# Hospitals in the Rural Health Model[7]	--	--	--	--	5	13
Medical Marijuana						
# Persons eligible for medical marijuana (000s)	--	--	--	191.8	191.8	191.8
# Certs. issued for medical marijuana ID (000s)	--	--	--	25.7	125.6	151.4
Tax revenue generated ($ millions)[8]	--	--	--	$0.1	$3.5	$12.0
# Operational facilities[9]						
Growers/Processors	--	--	--	12	18	25
Dispensaries	--	--	--	27	52	100
Statewide Indicators						
Premature death rate[10]	6,579	6,910	7,401	7,559	--	--
% Not seeing doctor due to cost[11]	11.8%	11.6%	11.1%	10.4%	9.4%	--
Uninsured rate[12]	10.2%	7.6%	6.8%	6.6%	--	--

See footnotes on next page.

Footnotes from table on previous page…

Notes:

1 Funds used for the Pennsylvania Primary Care Loan Repayment Program.

2 Number of immunizations provided at state healthcare centers or in community settings.

3 Percent of kindergarten students with two or more doses of measles, mumps and rubella (MMR) vaccine.

4 SD stands for school districts. The required ratio is one school nurse per 1,500 students according to 24 P.S. Education § 14-1402(a.1).

5 The J-1 visa waiver allows eligible immigrants to waive the two-year home-country physical presence requirement if they agree to work full-time in a designated HPSA for no less than three years.

6 LRP is the Pennsylvania Primary Care Loan Repayment Program which offers grant funding to repay qualifying education debt in exchange for a two-year service commitment to a practice site in a HPSA.

7 An alternative payment model designed to address the financial challenges faced by rural hospitals by transitioning from fee-for-service to a global budget model.

8 FY 19-20 estimated by IFO based on collections through November 2019.

9 To be deemed operational a facility must be compliant with all regulations.

10 Calendar year basis. Premature death is an age-adjusted measure of years of potential life lost before age 75 per 100,000 population. A lower number indicates better outcomes. Data from U.S. CDC. Latest data available.

11 Calendar year basis. Data from Kaiser Family Foundation analysis of the U.S. CDC's Behavioral Risk Factor Surveillance System (BRFSS) 2013-2017 Survey Results.

12 Calendar year basis. Data from U.S. Census Bureau Small Area Health Insurance Estimates (2017). Latest data available from this data set.

State Benchmarks

Access to Care and Health Outcomes by State and Race (2017)

	DE	MD	NJ	NY	OH	PA	WV	U.S.
Premature Death Rate[1]								
White, non-Hispanic	7,570	6,885	5,237	6,012	8,351	8,172	10,704	6,852
Black, non-Hispanic	10,132	9,467	9,925	7,545	12,768	11,528	12,755	10,335
Hispanic (any race)	3,669	3,846	4,282	4,302	5,305	5,460	4,277	4,859
Total	**7,646**	**7,085**	**5,773**	**5,272**	**8,724**	**7,559**	**10,645**	**6,804**
% Uninsured								
White, non-Hispanic	4.6%	4.3%	4.9%	4.2%	6.5%	5.7%	7.2%	7.3%
Black, non-Hispanic	5.8%	6.8%	9.2%	7.0%	8.2%	7.4%	9.7%	10.3%
Hispanic (any race)	14.7%	20.4%	19.6%	12.3%	15.2%	13.7%	17.1%	19.4%
Total	**6.1%**	**7.0%**	**9.0%**	**6.6%**	**7.1%**	**6.6%**	**7.5%**	**10.2%**
% Not Seeing Doctor Due to Cost[2]								
White, non-Hispanic	6.5%	6.8%	9.3%	8.4%	9.7%	9.1%	14.2%	10.9%
Black, non-Hispanic	11.1%	11.7%	17.0%	12.5%	16.0%	13.9%	--	17.2%
Hispanic (any race)	--	27.4%	26.2%	18.6%	--	16.0%	--	20.6%
Total	**12.9%**	**10.5%**	**14.0%**	**11.6%**	**11.3%**	**10.4%**	**14.8%**	**13.5%**

Note: Report uses the U.S. Census Bureau definitions and terminology for race and ethnicity categories.

1 Premature death is an age-adjusted measure of years of potential life lost before age 75 per 100,000 population. A lower number indicates better outcomes. Latest data available.

2 Data represent the percentage of adults who reported there was a time in the past 12 months when they needed to see a doctor but could not because of the cost.

Sources: U.S. CDC National Center for Health Statistics, U.S. Census Bureau, Kaiser Family Foundation analysis of the Center for Disease Control and Prevention's BRFSS 2017 Survey Results.

County Benchmarks

Community Health Outcomes and Access to Care (2017)

	County Health Ranking[1]	% Uninsured[2]		% Enrolled in Medicaid[3]		State Funding[4]	
		Share	Rank	Share	Rank	Amount	Rank
Pennsylvania	--	**6.6%**	--	**22.3%**	--	**$45,582**	--
U.S.	--	**10.2**	--	**23.2**	--	--	--
Top 10 Counties							
Union	1	7.5	45	12.8	4	17	62
Centre	2	6.7	34	9.3	1	40	56
Chester[5]	3	6.3	23	10.5	2	2,594	4
Montgomery[5]	4	4.7	2	13.1	5	1,911	5
Cumberland	5	6.6	32	13.5	6	249	37
Bucks[5]	6	5.3	7	12.6	3	3,459	3
Butler	7	4.6	1	14.9	8	69	51
Lancaster	8	12.0	67	17.3	14	365	19
Northampton	9	6.1	19	18.5	15	554	13
Snyder	10	8.7	63	16.3	10	301	23
Bottom 10 Counties							
Mifflin	58	9.2	66	23.9	47	125	49
Armstrong	59	5.7	12	23.9	48	115	50
Schuylkill	60	6.2	22	23.9	46	392	17
Fulton	61	7.5	45	22.2	36	37	57
Greene	62	5.8	13	27.0	61	147	47
Luzerne[5]	63	6.6	32	27.4	63	640	10
Lawrence	64	6.1	19	25.8	57	261	33
Cambria	65	5.4	9	25.5	54	636	11
Fayette	66	6.3	23	32.4	66	544	14
Philadelphia[5]	67	8.2	61	41.7	67	8,654	1

Notes:
1 The county health ranking is based on a report developed by the Robert Wood Johnson Foundation that measures counties based on health outcomes (such as length and quality of life) and health factors (such as access to care and health behaviors). These measures are weighted to develop a comprehensive ranking of county health. 2019 ranking based on most recent available data ranging from 2015 to 2018.

2 Data from U.S. Census Bureau, Small Area Health Insurance Estimates, 2017. Latest data available from this data set.

3 The percentage of people enrolled in Medical Assistance in June 2017. PA data do not include CHIP enrollees.

4 Includes State Health Care Centers and Local Health Departments expenditures for FY 17-18 in dollar thousands. County data do not include district office expenditures.

5 County receives local health department funding in accordance to Act 315 of 1951.

Sources: County Health Rankings and Roadmaps (2019), the U.S. Census Bureau (2017-2018), Pennsylvania Department of Health.

Activity 2: Disease Prevention and Outreach

The department (1) performs investigations on all reports of illness related to reportable conditions and disease outbreaks, (2) determines appropriate public health actions to limit and prevent further illness, (3) provides education on disease prevention activities, (4) identifies chronic disease and injury needs and (5) implements evidence-based programs that coordinate across programs and funding streams.

The primary goals are to: (1) rapidly identify illness, determine risk factors and implement public health actions to prevent further illness, (2) target programs addressing nutrition, physical activity and environmental interventions to prevent and improve the management of chronic diseases and (3) improve health outcomes through policy, health system and environmental interventions. The expected outcome is a healthier Commonwealth as evidenced by the proportion of the population that are non-smoking and a healthy weight, as well as lower rates of high blood lead levels, cancer, diabetes and other diseases.

Resources

Disease Prevention and Outreach: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$16.10	$17.15	$18.27	$18.78	$18.24	$22.21
Operational Expenses	18.21	15.25	19.07	17.51	22.66	33.90
Grants	21.12	20.28	27.17	26.14	25.89	42.57
Other	1.90	2.10	1.94	2.62	2.76	3.01
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	11.97
Total[1]	**57.34**	**54.78**	**66.44**	**65.05**	**69.54**	**113.65**
Expenditures by Fund						
General Fund (State)	$9.93	$8.31	$10.53	$11.12	$13.66	$15.33
General Fund (Federal)	36.34	35.63	40.61	42.17	39.47	82.54
Tobacco Settlement Fund	10.22	10.08	14.57	10.97	16.02	15.15
Gov. Casey Organ Donation Awareness	0.86	0.75	0.73	0.79	0.39	0.63
Total	**57.34**	**54.78**	**66.44**	**65.05**	**69.54**	**113.65**
Average Weekly FTE Positions	**159**	**172**	**167**	**172**	**160**	**190**
Personnel Cost/FTE ($ thousands)	**$101.3**	**$99.9**	**$109.1**	**$109.2**	**$114.0**	**$117.0**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) non-expense items and misc. expense transfers expenditures.

Performance Measures

Disease Prevention and Outreach

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive (GF State Expenditures, $ millions)						
Lyme Disease	$0.0	$0.0	$0.0	$0.0	$1.8	$3.0
Cancer Screening Services	$2.2	$1.9	$2.3	$2.9	$2.9	$2.6
STD Screening and Treatment	$1.5	$1.6	$1.4	$1.6	$1.6	$1.8
Output						
# Clinics approved to report to PA-SIIS[1]	3,336	6,396	8,342	9,124	9,850	9,925
# Cancer screenings	3,485	2,443	2,350	3,120	3,305	--
# Children < 72 months old screened for lead (000s)	137.9	140.1	146.2	151.8	161.0	--
# Callers to FREE Quitline (000s)	--	--	41.1	27.3	31.3	--
# Lyme case investigations (000s)	7.5	9.4	11.4	11.9	10.2	11.5
Outcome						
% Adult cigarette smokers[2]	19%	18%	18%	18%	17%	--
% Adults that vape[3]	--	--	6%	7%	--	--
% Teens that smoke	13%	--	9%	--	7%	--
% Teens that vape	24%	--	11%	--	24%	--
% Callers to FREE Quitline: no tobacco use at 7 mos.[4]	32%	31%	34%	29%	31%	--
% Obese Adults (BMI>30)[5]	29.8%	29.2%	29.5%	30.8%	30.5%	--
% Adults with diabetes[6]	9.7%	8.7%	9.7%	8.9%	--	--
% Children < 72 months screened for lead[7]	15.3%	16.3%	17.1%	17.8%	19.0%	--
% Children < 72 months with BLL >5 µg/dL[8]	--	4.6%	4.4%	4.5%	4.1%	--
# Primary and Secondary Syphilis cases[9]	4.2	5.1	5.9	6.2	6.2	--

Notes:

1 PA-SIIS stands for Pennsylvania Statewide Immunization Information System.

2 Pennsylvania data from Pennsylvania Department of Health, EDDIE.

3 Latest data available.

4 National Jewish Health (PA FREE Quitline vendor) data; data reflects overall conventional tobacco quit rate.

5 BMI stands for Body Mass Index. Any score greater than 30 is considered obese. Data from U.S. CDC, National Center for Chronic Disease Prevention and Health Promotion.

6 Data from U.S. CDC, Behavioral Risk Factor Surveillance System (age adjusted). Latest data available.

7 Pennsylvania Department of Health, Lead Surveillance Program Annual Reports.

8 Percentage of children under 72 months old screened for lead exposure with blood lead levels > 5 µg/dL (unsafe lead exposure).

9 Per 100,000 population.

State Benchmarks

Pennsylvania and United States Health Statistics

	2014		2016		2018	
	PA	U.S.	PA	U.S.	PA	U.S.
Sexually transmitted infections (# of cases)[1,2]						
Chlamydia[3]	395.2	452.2	445.4	494.7	463.3	539.9
Gonorrhea[3]	99.4	109.8	114.3	145.0	124.0	179.1
Primary and secondary Syphilis[3]	4.2	6.3	5.9	8.6	6.2	10.8
Cancer (incidence rate) (2014-2016)[3,4]	474.1	442.7	473.6	429.9	--	--
Lyme disease (incidence rates)[1,3]	58.6	7.9	89.5	8.1	79.9	7.2
% Obese adults (BMI >30)[5]	**30.2%**	**28.9%**	**30.3%**	**29.6%**	**30.9%**	**30.9%**
White, non-Hispanic	29.5%	27.8%	29.7%	28.6%	29.9%	29.9%
Black, non-Hispanic	37.1%	38.9%	38.5%	38.3%	41.9%	39.9%
Hispanic (any race)	38.6%	32.2%	36.9%	33.1%	34.9%	34.2%
% Adults with diabetes (2014-2017)[6,7]	**9.7%**	**8.4%**	**9.7%**	**8.5%**	**8.9%**	**8.5%**
White, non-Hispanic	8.8%	7.7%	8.9%	8.0%	7.9%	8.0%
Black, non-Hispanic	14.3%	12.8%	14.6%	12.5%	13.4%	10.9%
Hispanic	16.9%	11.8%	15.4%	11.6%	14.2%	12.5%
% Adult cigarette smokers (2014-2017)[8]	**19.9%**	**17.4%**	**18.0%**	**16.4%**	**18.7%**	**16.4%**
White, non-Hispanic	19.4%	18.1%	17.2%	17.4%	18.8%	17.1%
Black, non-Hispanic	24.1%	19.8%	24.1%	18.4%	20.0%	18.5%
Hispanic (any race)	--	14.1%	--	12.4%	20.1%	13.5%
% Children 19-35 months fully immunized[9]	78.6%	71.6%	73.7%	70.7%	--	--
BLL children <72 months (% tested)	15.3%	17.7%	17.1%	17.0%	19.0%	--
Blood lead levels max. BLL >5 µg/dL[10]	--	2.0%	4.4%	2.1%	4.1%	--

Note: Report uses the U.S. Census Bureau definitions and terminology for race and ethnicity categories.

1 Pennsylvania data from Pennsylvania Department of Health, EDDIE.

2 U.S. data from U.S. CDC, Sexually Transmitted Disease Surveillance Report, 2018.

3 Per 100,000 population.

4 Pennsylvania Department of Health Cancer Statistics Dashboard. Latest data available.

5 Center for Chronic Disease Prevention, Behavioral Risk Factor Surveillance System (BRFSS).

6 Data in 2018 column are as of 2017. U.S. Data from the U.S. CDC, National Health Interview Survey 2014-2018 (age adjusted).

7 Data in 2018 column are as of 2017. Pennsylvania data from the BRFSS (age adjusted).

8 Data in 2018 column are as of 2017. Pennsylvania and U.S. data from Kaiser Family Foundation analysis of the U.S. CDC's BRFSS 2014-2017 survey results.

9 Pennsylvania data from National Immunization Surveys (NIS), U.S CDC. U.S. data source: U.S. CDC, National Center for Health Statistics, Division of Analysis and Epidemiology. Latest data available.

10 Pennsylvania data from Department of Health, Lead Surveillance Program Annual Reports. (Children 0-71 Months). U.S. data from the National Center for Environmental Health, Division of Environmental Health Science and Practice (children <72 months).

County Benchmarks

County Lyme Disease Cases per 100,000 Population (2018)

Top 10 Counties	Cases	Bottom 10 Counties	Cases
Jefferson	486	Lehigh	57
Clarion	482	Montgomery	56
Cameron	334	Montour	55
Butler	332	Clinton	52
Armstrong	331	Erie	41
Venango	298	Allegheny	33
Potter	295	Franklin	31
Clearfield	278	Northampton	29
Bedford	276	Delaware	28
Bradford	265	Philadelphia	12
Pennsylvania	**80**	**United States**	**7**

Source: Pennsylvania Department of Health Enterprise Data Dissemination Informatics Exchange (EDDIE). U.S. CDC, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID).

County Cancer Age-Adjusted Incidence Rates per 100,000 Population (2016)

Top 15 Counties	Rate	Bottom 15 Counties	Rate
Montour	526.9	Montgomery	452.4
Elk	525.4	Sullivan	451.7
Northampton	517.1	Greene	451.4
Luzerne	507.9	Cameron	450.4
Bedford	506.7	Mifflin	449.4
Wyoming	506.3	Fayette	448.8
Lawrence	505.5	Tioga	448.1
Lycoming	505.0	Somerset	443.1
Delaware	500.1	Clinton	437.5
Armstrong	499.4	Franklin	436.0
Warren	499.1	Centre	432.7
Bucks	494.0	Cumberland	431.1
Washington	493.2	Indiana	422.6
Philadelphia	492.3	Juniata	383.6
Mercer	490.2	Fulton	371.0
Pennsylvania	**473.6**		

Source: Pennsylvania Cancer Registry Dataset. Latest data available.

Activity 3: Disease Treatment

The Department of Health provides disease treatment to contain the spread of disease and to ensure individuals receive proper care. As part of this activity, the department seeks to reduce the incidence of tuberculosis (TB) and provide essential services to adults with end-stage renal disease (ESRD). Through the use of state and federal funds, the department strives to improve and sustain services to support a statewide network of clinical, testing, interviewing, investigation, prevention, treatment and follow up for TB patients and close contacts. The department assists eligible ESRD cardholders with medical and pharmacy costs as well as transportation to and from dialysis. This activity also includes targeted funding for treatment of specific diseases, including Amyotrophic Lateral Sclerosis (ALS), Adult Cystic Fibrosis, Cooley's Anemia, Hemophilia, Sickle Cell Anemia and services for children with special needs.

The primary goals of this activity are to (1) provide treatment to people identified with TB, (2) sustain and reduce incidents of TB and (3) efficiently manage people diagnosed with renal disease by reducing costs for daily needs. The expected outcomes are the reduction and containment of diseases and funding basic life needs for people with ESRD.

Resources

Disease Treatment: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$1.00	$0.94	$0.95	$0.89	$1.04	$1.28
Operational Expenses	0.28	0.27	0.25	0.34	0.34	0.44
Grants	13.11	11.97	14.43	11.57	12.58	11.83
Misc. Expense Transfers	0.15	0.15	0.14	0.15	0.15	0.16
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	1.73
Total	**14.54**	**13.32**	**15.77**	**12.94**	**14.10**	**15.44**
Expenditures by Fund						
General Fund (State)	$13.39	$12.52	$14.84	$11.99	$13.17	$14.02
General Fund (Federal)	1.13	0.78	0.92	0.94	0.92	1.40
Gov. Casey Organ Donation Awareness	0.02	0.02	0.01	0.01	0.01	0.02
Total	**14.54**	**13.32**	**15.77**	**12.94**	**14.10**	**15.44**
Average Weekly FTE Positions	**12**	**10**	**10**	**9**	**10**	**13**
Personnel Cost/FTE ($ thousands)	**$83.6**	**$90.0**	**$97.8**	**$93.8**	**$99.0**	**$102.4**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures

Disease Treatment

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive (GF State Expenditures, $ millions)						
Renal Dialysis	$7.0	$7.0	$7.1	$5.8	$5.8	$6.3
Tuberculosis Screening and Treatment	$0.8	$0.8	$0.8	$0.8	$0.8	$0.9
Output						
# Confirmed cases of TB disease[1]	206	200	169	192	212	200
# Confirmed LTBI cases on treatment[1]	1,288	1,196	1,152	1,030	804	1,000
# Diagnosed with ESRD	7,625	7,495	7,145	7,047	7,100	7,000
Efficiency						
Cost per person for TB services[2]	$565	$560	$591	$695	$787	$761
Cost per person for ESRD services[3]	$914	$938	$1,000	$821	$812	$900
Outcome						
TB treatment[4]						
% Initiation[5]	93.2%	91.7%	79.4%	92.5%	92.1%	--
% Completion[6]	90.3%	90.7%	83.5%	86.2%	76.4%	--
LTBI treatment - Immigrants and refugees[4]						
% Initiation[7]	84.9%	80.3%	79.0%	77.1%	64.8%	--
% Completion[8]	58.1%	69.8%	72.2%	54.7%	50.0%	--

Note: TB stands for tuberculosis, ESRD stands for end stage renal disease and LTBI stands for latent tuberculosis infection. A person with LTBI does not have symptoms, but is infected with mycobacterium tuberculosis.

1 Includes Philadelphia.

2 Number of confirmed TB and LTBI cases divided by the Tuberculosis Screening and Treatment expenditures.

3 The total number with ESRD, divided by the Renal Dialysis expenditures.

4 Data from the National Tuberculosis Indicator Project, Pennsylvania (excludes Philadelphia) Indicator Summary 2014-2018.

5 The percentage of individuals testing positive that begin treatment within seven days. Federal target for FY 19-20 is 97.0%.

6 Percentage of individuals that complete treatment within 12 months. Federal target for FY 19-20 is 95.0%.

7 Percentage of immigrants and refugees that initiate LTBI treatment. Federal target for FY 19-20 is 93.0%.

8 Percentage of immigrants and refugees that complete LTBI treatment. Federal target for FY 19-20 is 83.0%.

Activity 4: HIV Surveillance, Prevention & Treatment

The Department of Health works directly and through community partners to provide HIV surveillance, prevention and treatment to ensure that services are accessible and available for individuals living with and at risk for acquiring HIV in Pennsylvania. The HIV surveillance program monitors the disease burden through case reporting and conducts epidemiologic investigations to aid in the detection of clusters or outbreaks and inform public health action. The HIV Care and Special Pharmaceutical Benefits Program provides core medical and support services as well as medications and laboratory services to eligible individuals to ensure access to and retention in medical care and optimal health outcomes for persons living with HIV.

The primary goals of this activity are to (1) increase HIV testing and make persons aware of their HIV status, (2) reduce late HIV diagnosis, (3) increase use of pre-exposure prophylaxis (PrEP), (4) increase linkage to and retention in care, (5) increase early initiation of antiretroviral therapy and ongoing medication adherence and (6) increase viral suppression and reduce HIV-related stigma. The expected outcomes are to reduce new HIV infections and to reduce morbidity, mortality and HIV-related health disparities.

Resources

HIV Surveillance, Prevention & Treatment: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$3.55	$3.76	$4.15	$4.52	$4.84	$5.54
Operational Expenses	3.37	3.77	3.64	3.96	4.19	11.03
Grants	58.96	58.49	62.58	109.13	115.60	134.27
Misc. Expense Transfers	0.48	0.59	0.50	0.65	0.67	0.84
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	11.87
Total	**66.36**	**66.62**	**70.88**	**118.26**	**125.31**	**163.55**
Expenditures by Fund						
General Fund (State)	$16.79	$11.90	$18.62	$17.84	$9.03	$12.86
General Fund (Augmentations)	1.43	21.48	9.11	-11.16	0.00	0.00
General Fund (Federal)	48.14	33.25	43.16	57.02	55.88	81.37
General Fund (Restricted)	0.00	0.00	0.00	54.55	60.40	69.32
Total	**66.36**	**66.62**	**70.88**	**118.26**	**125.31**	**163.55**
Average Weekly FTE Positions	**31**	**33**	**34**	**34**	**35**	**39**
Personnel Cost/FTE ($ thousands)	**$114.2**	**$114.9**	**$121.7**	**$131.9**	**$140.3**	**$142.2**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures

HIV Surveillance, Prevention & Treatment

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive						
# People with HIV (as of Dec. 31, 000s)	33.8	34.4	35.0	35.5	36.1	36.6
Share of persons diagnosed with HIV that are:						
Male	78.6%	77.3%	76.3%	77.8%	78.2%	--
Female	21.4%	22.7%	23.7%	22.2%	21.8%	--
Share of persons diagnosed with HIV that are:						
White	29.4%	29.3%	29.7%	31.8%	30.3%	--
Black/African American	52.3%	54.2%	48.4%	47.9%	47.3%	--
Hispanic	13.8%	13.1%	17.5%	17.1%	18.1%	--
Other	4.5%	3.4%	4.4%	3.2%	4.2%	--
Output						
# Individuals HIV tested at publicly-funded site (000s)[1]	70.9	72.4	79.1	78.6	71.6	--
# Persons served by SPBP (000s)[2]	8.7	8.1	8.1	8.3	8.8	--
# Persons served by Ryan White Part B Grant (000s)[1,3]	25.7	25.5	24.1	25.1	18.2	--
Outcome						
# HIV infections diagnosed[1,4]	1,210	1,174	1,137	1,078	966	--
% Persons with AIDS at time of diagnosis of HIV[5]	26.1%	25.8%	24.2%	24.1%	22.6%	--
% Persons receiving care w/in 1-mo. of HIV diagnosis[6]	70.3%	75.1%	73.7%	77.6%	80.0%	--
% Persons with HIV viral suppression[6]	-- Recommended Performance Measure --					
# Persons testing HIV negative referred to PrEP services[7]	--	--	6	225	540	--

Note: Report uses the U.S. Census Bureau definitions and terminology for race and ethnicity categories.

1 By calendar year.

2 SPBP stands for Special Pharmaceutical Benefits Program.

3 The Ryan White Part B Grant program is a needs-based federal grant program that provides resources to states and territories for HIV core medical and support services, as well as funding for the SPBP. For FY 14-15 through FY 17-18, the data include duplicated individuals. FY 18-19 data reflect unique individuals.

4 Data from Pennsylvania Department of Health 2018 Annual HIV Surveillance Report.

5 FY 14-15 to 17-18 data from U.S. CDC, Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, Vol. 24, Number 3 (2017). FY 18-19 preliminary DOH data. Latest data available.

6 HIV viral suppression is when antiretroviral therapy reduces a person's viral load to an undetectable level. This measure is tracked by 41 states and the District of Columbia and is reported annually to the CDC as part of the HIV Surveillance Report. The department has drafted regulations to report this information.

7 PrEP stands for Pre-exposure Prophylaxis and is a way for people who do not have HIV, but who are at very high risk of getting HIV to prevent infection by taking a pill every day.

State and County Benchmarks

Annual Diagnoses of HIV Infections by State

States	2014 Number	2014 Rate	2018 Number	2018 Rate
District of Columbia	424	64.3	208	29.6
Maryland	1,333	22.3	981	16.2
New York	3,428	17.4	2,472	12.6
New Jersey	1,241	13.9	1,047	11.8
Virginia	930	11.2	871	10.2
Delaware	116	12.4	92	9.5
Ohio	950	8.2	990	8.5
Pennsylvania	**1,217**	**9.5**	**1,004**	**7.8**
Connecticut	291	8.1	250	7.0
West Virginia	87	4.7	85	4.7
U.S. Regions				
South	20,248	16.9	19,585	15.7
Northeast	6,919	12.4	5,588	10.0
West	7,856	10.5	7,271	9.3
Midwest	5,121	7.6	4,933	7.2
Total U.S. Diagnosis	**40,144**	**12.6**	**37,377**	**11.4**

Note: Data for 2018 are preliminary due to reporting delays. Rates are number per 100,000 population.

Source: U.S. CDC, HIV Surveillance Report, 2015 and 2018 (preliminary); vol. 27 and vol. 30.

Annual Diagnoses of HIV Disease by County (Top 10 Counties)

County	2017	2018[1]	2018 Rate[2]	Rank	County	2017	2018[1]	2018 Rate[2]	Rank
Philadelphia[3]	493	404	25.5	1	Berks	35	31	7.4	6
Delaware	57	72	12.7	2	York	31	33	7.4	7
Dauphin	40	35	12.6	3	Luzerne	17	23	7.2	8
Lehigh	30	36	9.8	4	Bucks	25	45	7.2	9
Clinton	0	3	7.8	5	Allegheny	91	85	7.0	10
Statewide	**1,078**	**966**	**7.5**						

Notes:

1 Data for 2018 may be incomplete due to lags in reporting.

2 Rate per 100,000 is based on 2018 estimated population.

3 For the diagnosis rate of HIV infection/100,000 in population, Philadelphia ranked 41 out of 108 large metropolitan statistical areas across the country. It has been targeted for additional resources from U.S. HHS as one of 48 U.S. counties that together account for more than 50% of all new HIV diagnoses in 2018.

Source: Pennsylvania Department of Health, 2018 Annual HIV Surveillance Summary Report.

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Activity 5: Quality Assurance

The Department of Health licenses, certifies or registers a number of entities, including: hospitals, ambulatory surgical centers, hospices, pediatric extended care facilities, nursing homes, intermediate care facilities, rural health centers, psychiatric rehabilitation treatment centers, psychiatric hospitals, tanning parlors, hearing aid fitters, end stage renal disease (dialysis) centers, federally qualified health centers and comprehensive outpatient rehabilitation centers. The department also licenses and regulates managed care plans to ensure Pennsylvanians enrolled get adequate access to medical and behavioral health services, and that complaints and grievances are addressed appropriately.

The primary goals and outcomes of this activity include:

- Timely and accurate oversight of health care facilities and agencies that results in licensure and certification consistent with current state and federal regulations. The expected outcome is the delivery of high quality care and safety for Pennsylvania residents.
- Ensure that provider networks and contracts are reviewed and approved in a timely manner. The expected outcome is that beneficiaries in managed care organizations and preferred provider organizations receive all the protections due to them as identified in statutes and regulations.

Resources

Quality Assurance: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$31.09	$32.78	$36.11	$35.47	$34.93	$36.79
Operational Expenses	5.04	6.34	6.86	5.34	5.64	7.00
Other	0.49	0.45	0.61	0.57	0.00	0.00
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	6.30
Total[1]	**36.62**	**39.57**	**43.58**	**41.38**	**40.57**	**50.10**
Expenditures by Fund						
General Fund (State)	$17.91	$19.71	$22.27	$22.36	$21.93	$24.64
General Fund (Augmentations)	0.00	0.00	0.07	0.03	0.03	0.06
General Fund (Federal)	18.71	19.86	21.23	19.00	18.61	25.40
Total	**36.62**	**39.57**	**43.58**	**41.38**	**40.57**	**50.10**
Average Weekly FTE Positions	**290**	**285**	**291**	**286**	**273**	**302**
Personnel Cost/FTE ($ thousands)	**$107.1**	**$114.9**	**$124.0**	**$124.1**	**$128.1**	**$121.9**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) fixed asset and non-expense transfer expenditures.

Performance Measures

Quality Assurance

	14-15	15-16	16-17	17-18	18-19	19-20
Output						
# Facilities and agencies licensed[1]	1,341	1,372	1,332	1,290	1,558	1,636
# Facilities and agencies certified (CMS)[2]	603	652	605	604	685	719
# Facilities dually licensed and certified	1,560	1,539	1,531	1,482	1,745	1,832
$ Fines assessed ($ thousands)	$58	$245	$1,102	$511	$3,489	$389
# Fines assessed	12	43	132	35	264	31
# Provisional licenses issued	8	20	56	13	21	5
# Complaints investigated	2,664	3,949	4,780	4,708	4,511	4,650
# Inspections	3,789	3,587	3,735	3,884	3,832	--
Efficiency						
Activity cost per inspection ($ thousands)	$9.7	$11.0	$11.7	$10.7	$10.6	--
Avg. # of hours per survey:						
Full health surveys	--	--	--	149	150	--
Complaint surveys	--	--	--	30	33	--
Revisits	--	--	--	7	6	--
Outcome						
# Quality of care citations	305	352	326	368	295	325
# Substandard care citations[3]	18	29	31	26	11	16
# Complaints substantiated	853	1,389	1,718	1,614	1,652	1,495
% Medical necessity reviews completed timely[4]	-- Recommended Performance Measure --					

Notes:

1 Number of facilities and agencies licensed by Quality Assurance per licensure schedule.

2 Number of facilities and agencies certified through CMS per certification schedule.

3 A finding of substandard quality of care indicates that the nursing home was found to have had a significant deficiency to a degree constituting immediate jeopardy to resident health or safety, which the home must address and correct quickly to protect the health and safety of residents.

4 External companies are assigned to review and render a decision within 60 days.

State Benchmarks

Border State Nursing Home Comparisons

State	NJ	NY	MD	OH	PA	WV	U.S.
Total # of facilities reporting	363	618	226	961	695	124	**15,471**
Avg. nurse staffing hours/resident/day	3.8	3.8	4.0	3.6	3.8	3.8	**3.9**
Avg. # health deficiencies/facility	4.1	5.7	12.0	6.2	9.0	9.2	**7.5**

Source: CMS, Nursing Home Compare data as reported by nursing home facilities, as of November 2019. Includes data collected during the three most recent state inspections or complaint investigations.

Activity 6: Drug Surveillance and Misuse Prevention

The Prescription Drug Monitoring Program (PDMP) Office collects data on all controlled substance dispensations from pharmacies in Pennsylvania. Act 191 of 2014 requires prescribers and dispensers in Pennsylvania to query the PDMP system before they prescribe or dispense controlled substances to patients to help prevent any misuse or diversion of controlled substances. The department (1) educates prescribers on safe and effective prescribing practices and (2) tracks drug overdose event information from emergency departments, coroners and medical examiners for public health surveillance. The PDMP Office shares prescription data with 18 states, the District of Columbia and the U.S. military.

The primary goal of this activity is to reduce the rate of prescription drug misuse in Pennsylvania. The expected outcomes are reductions in the overprescribing of controlled substances and the prescribing of dangerous drug combinations.

Resources

Drug Surveillance and Misuse Prevention: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$0.19	$0.23	$0.71	$0.99	$1.14	$1.29
Operational Expenses	0.17	0.52	2.33	4.49	5.43	12.73
Grants and Other	0.00	0.02	0.26	2.61	4.63	7.00
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	10.30
Total[1]	**0.37**	**0.76**	**3.30**	**8.09**	**11.20**	**31.33**
Expenditures by Fund						
General Fund (State)	$0.00	$0.37	$2.40	$3.04	$2.03	$3.17
General Fund (Federal)	0.37	0.39	0.90	5.05	9.17	28.15
Total	**0.37**	**0.76**	**3.30**	**8.09**	**11.20**	**31.33**
Average Weekly FTE Positions	**2**	**4**	**5**	**7**	**10**	**10**
Personnel Cost/FTE ($ thousands)	**$96.5**	**$56.3**	**$135.8**	**$138.4**	**$109.4**	**$123.2**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) misc. expense transfers expenditures.

Performance Measures

Drug Surveillance and Misuse Prevention

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive						
# Opioid (Schedule II) dispensations (000s)	1,878	1,877	1,788	1,541	1,327	--
# Patients w/problematic drug combinations (000s)[1]	--	--	209	174	133	--
# Multiple-provider episodes[2]	--	--	719	87	60	--
Outcome						
# Providers connected to PDMP[3]	0	5	69,746	76,947	90,409	--
# PDMP system queries (000s)	--	--	877	1,200	1,600	1,700
% Change in problematic drug combinations[1]	--	--	9.3%	1.7%	-11.5%	-15.0%
% Change in multiple-provider episodes[2]	--	--	--	-87.9%	-91.7%	-92.0%
% Change in risky prescribing measures[4]	--	--	--	-17.5%	-36.2%	--
# Drug-related overdose deaths[5]	2,497	3,309	4,643	5,456	4,491	--
Benchmark						
Opioid overdose death rate/100,000 population (age adjusted) national rank[6]	28	20	10	12	--	--

Notes:
1 Number of patients receiving some combination of opioids, benzodiazepines, and/or muscle relaxants. Computed from a 2016 Q3 base year.

2 Multiple provider episodes occur when a patient visits 5 or more prescribers and 5 or more pharmacies to obtain a controlled substance in a 3-month period. Computed from a 2016 Q3 base year.

3 PDMP stands for Prescription Drug Monitoring Program.

4 Individuals with an average daily MME > 90. Computed from a 2016 Q3 base year.

5 Calendar year drug-related overdose deaths as reported by Pennsylvania coroners and medical examiners. Data are from OverdoseFreePA.org, University of Pittsburgh School of Pharmacy's Program Evaluation Research Unit, Pennsylvania Opioid Overdose Reduction Technical Assistance Center.

6 A ranking of 1 indicates the highest opioid death rate. Latest data available from this data set.

Source: Kaiser Family Foundation analysis of CDC, National Center for Health Statistics data.

State and County Benchmarks

Select State Opioid Overdose Deaths per 100,000 Population (Age-Adjusted)

	2014	2015	2016	2017
Virginia	9.1	9.9	13.5	14.8
New York	8.6	10.8	15.1	16.1
Pennsylvania	**9.0**	**11.2**	**18.5**	**21.2**
New Jersey	8.2	9.8	16.0	22.0
Connecticut	15.2	19.2	24.5	27.7
Delaware	13.9	14.8	16.9	27.8
Maryland	15.0	17.7	29.7	32.2
District of Columbia	9.4	14.5	30.0	34.7
Ohio	19.1	24.7	32.9	39.2
West Virginia	31.6	36.0	43.4	49.6
United States	**9.0**	**10.4**	**13.3**	**14.9**

Note: Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution.

Source: Kaiser Family Foundation analysis of CDC, National Center for Health Statistics data.

Opioid Overdose Deaths per 100,000 Population (Top 15 Counties)

County	2017	2018	Rank[1]	County	2017	2018	Rank[1]
Philadelphia	68.3	59.4	1	Mercer	29.6	39.8	9
Carbon	39.1	51.4	2	Schuylkill	16.8	36.6	10
Wyoming[2]	--	48.1	3	Washington	44.4	33.8	11
Luzerne	42.5	46.3	4	Allegheny	62.2	33.7	12
Cambria	60.9	44.0	5	York	34.3	33.5	13
Lackawanna	30.4	42.7	6	Bucks	36.4	33.3	14
Lawrence	54.2	41.8	7	Westmoreland	51.9	32.5	15
Dauphin	31.5	41.5	8	**Pennsylvania[3]**	**38.3**	**30.6**	--

Notes:

1 2018 rank of opioid overdose deaths per 100,000 population.

2 Wyoming County had less than 10 deaths in 2017.

3 The overdose death rate is about twice the rate calculated for Pennsylvania by the U.S. CDC in the table above because the national statistics are based on information provided on death certificates and the department data reflect other information available at the state level.

Source: Pennsylvania Department of Health.

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Activity 7: Vital Statistics

The department manages Pennsylvania's Vital Records Management Program which includes the registration of births, deaths, fetal deaths and induced termination of pregnancies (ITOPs). The program specifically registers these events when the event occurs in Pennsylvania. In addition, the department receives data from other states and countries on decedents who were born or resided in Pennsylvania. The data included in these records are used both for personal identification purposes and to monitor and respond to public health concerns.

Vital records are considered to be perpetual documents. As such, the department is responsible for (1) maintaining documents, (2) amending records, (3) creating new records years after the event took place, (4) protecting records from fraudulent activities and (5) preserving records.

The primary goal of this activity is to ensure that all vital events are reported within a defined time period after the event occurs and are fully accurate. If this does not occur, the goal becomes the proper registration of the event based on additional scrutiny to ensure that fraud does not enter the system.

Resources

Vital Statistics: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$6.92	$7.17	$7.92	$7.59	$9.08	$11.54
Operational Expenses	5.43	6.07	6.65	5.28	4.96	9.27
Grants	1.18	1.23	1.22	1.34	1.19	1.37
Misc. Expense Transfers	0.30	0.16	0.45	0.23	0.03	0.04
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	0.02
Total	**13.83**	**14.62**	**16.24**	**14.44**	**15.25**	**22.23**
Expenditures by Fund						
General Fund (State)	$6.58	$6.96	$10.67	$6.16	$10.45	$1.19
General Fund (Augmentations)	0.14	0.60	0.60	1.26	0.65	0.69
General Fund (Federal)	1.55	1.66	1.50	1.83	1.68	2.40
General Fund (Restricted)	5.56	5.41	3.46	5.19	2.47	17.95
Total	**13.83**	**14.62**	**16.24**	**14.44**	**15.25**	**22.23**
Average Weekly FTE Positions	**88**	**87**	**86**	**84**	**97**	**118**
Personnel Cost/FTE ($ thousands)	**$78.9**	**$82.0**	**$92.6**	**$90.7**	**$93.9**	**$97.8**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures

Vital Statistics

	14-15	15-16	16-17	17-18	18-19	19-20
Output						
Vital events registered in Pennsylvania (000s)[1]	269.2	272.6	273.9	275.3	275.3	275.3
Applications for birth/death records filled (000s)	502.0	492.0	487.0	597.0	675.0	750.0
Efficiency						
Avg. # days to process a birth certificate						
Mail orders	--	35	64	160	96	8
Online orders	--	5	37	119	37	6
Avg. # days to process a death certificate						
Mail orders	--	38	48	172	90	15
Online orders	--	4	17	134	38	9
Avg. cost per certificate issued[2]	--	--	--	--	--	$5.00
Outcome						
% Vital events registered in accordance w/statute[1]	80%	82%	85%	88%	90%	90%
% Online orders for birth certificates	--	--	--	38%	39%	41%
% Deaths reported partially electronically	--	--	16%	42%	51%	50%
% Deaths reported fully electronically	--	--	1%	10%	13%	25%

Notes: Measured on a calendar year basis.

1 Vital events include births, deaths, and fetal deaths that occur in Pennsylvania.

2 Cost analysis completed for period Nov. 2018 to Oct. 2019 for all certificates issued by the Bureau of Health Statistics and Registries.

Activity 8: Women, Infants and Children (WIC)

The Pennsylvania Women, Infants and Children (WIC) program is committed to improving the health of eligible pregnant women, new mothers and children by providing nutrition education, breastfeeding support, healthy foods and referrals to health and social programs during the critical stages of fetal and early childhood development. WIC assesses eligible pregnant and post-partum women, infants and children up to the age of five for nutritional risk and provides nutrition education, breastfeeding support and specifically prescribed food supplements to counter nutritional deficiencies and barriers. WIC staff also refers participants to other services as appropriate. WIC staff administer Nutritional Service Administration (NSA) and Food funds allocated by the United States Department of Agriculture to fulfill these functions.

The primary goal of the activity is to increase participation in the WIC program to improve the health of Pennsylvania's eligible pregnant and post-partum women, infants and children during the formative years of child development. The expected outcomes are a reduction in adverse health outcomes associated with nutritional deficiencies, adoption of healthy eating habits, the ability to stretch family food dollars and increased physical activity.

Resources

Women, Infants and Children (WIC): Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$4.25	$5.40	$5.98	$5.90	$4.88	$5.72
Operational Expenses	6.32	6.09	10.70	10.80	7.78	35.77
Grants	174.52	174.24	172.35	164.03	151.85	277.53
Other	1.00	1.37	1.13	1.36	0.65	0.71
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	1.47
Total[1]	**186.10**	**187.09**	**190.15**	**182.08**	**165.16**	**321.18**
Expenditures by Fund						
General Fund (Federal)	186.10	187.09	190.15	182.08	165.16	321.18
Total	**186.10**	**187.09**	**190.15**	**182.08**	**165.16**	**321.18**
Average Weekly FTE Positions	**47**	**53**	**54**	**43**	**43**	**50**
Personnel Cost/FTE ($ thousands)	**$90.7**	**$101.8**	**$109.8**	**$136.9**	**$113.5**	**$114.3**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) fixed asset expenditures.

Performance Measures

Women, Infants and Children (WIC)

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive						
Est. eligible women, infants and children (000s)[1]	347.3	350.6	352.6	352.1	343.9	334.5
Total food cost ($ millions)[2]	$135.6	$125.8	$117.2	$114.7	$105.6	--
Total nutrition services & admin costs ($ millions)[2]	$55.6	$57.9	$59.2	$56.7	$53.9	--
Output						
Total avg. monthly # participants (000s)	246.0	237.2	226.1	221.0	206.0	--
# Infants and children participating (000s)[2]	191.1	184.6	175.9	169.9	150.0	--
# Women participating (000s)[2]	54.9	52.6	50.2	48.3	44.7	--
Efficiency						
Avg. monthly administrative cost per recipient[3]	$18.84	$20.33	$21.80	$21.40	$21.80	--
Outcome						
% Eligible population served[4]	70.8%	67.7%	64.1%	62.8%	59.9%	--
Avg. monthly food benefit per recipient[2,5]	$45.93	$44.19	$43.21	$43.82	$43.54	--
% Farmer's Market coupons redeemed (WIC)[6]	52%	54%	47%	45%	41%	--
% Infants fully/partially breastfed[2]	18.5%	19.2%	19.7%	19.6%	19.1%	--
% Low birth weight[7]	8.3%	8.2%	8.2%	8.5%	8.3%	--
Statewide Indicators						
% Households food insecure[8]	11.3%	12.4%	12.5%	12.1%	11.1%	--

Notes:

1 Estimated target population derived by the Bureau of Health Statistics from eligibility criteria and population.

2 Measured on federal fiscal year (FFY) basis. Data for FFY 2017- FFY 2019 are preliminary.

3 Includes all costs related to nutrition services (i.e., breastfeeding and nutrition education) and administration.

4 The total number of WIC participants divided by estimated eligible women, infants and children.

5 Does not include farmers market benefits.

6 Coupons for the Farmers' Market Nutrition Program administered by the PA Department of Agriculture.

7 Pennsylvania Department of Health, EDDIE.

8 Measured as a two-year moving average from 2012-2018.

Source: USDA FNS; USDA Economic Research Service.

Women, Infants and Children (WIC) Program (FFY 2018)

	Pennsylvania	U.S.	State Rank
WIC participation rate per 1,000 population	17.0	21.0	38
WIC average monthly food benefit/person	$43.82	$40.96	12
WIC monthly nutrition service and admin. cost/person	$21.40	$22.47	15
% Low birth weight (2017)[1]	8.5%	8.3%	--
% Households food insecure (2018)[2]	11.1%	11.7%	25
% Households w/ very low food security (2018)[2]	4.2%	4.6%	18

Note:

1 Pennsylvania Department of Health, EDDIE.

2 Two-year moving average from 2012-2018. Food insecure households have reported food acquisition problems and reduced diet quality as a result of lack of resources. Households with very low food security have reported reduced food intake and disrupted eating patterns due to inadequate resources for food.

Source: USDA FNS; USDA Economic Research Service; U.S. HHS Health Resources and Services Admin.

Activity 9: Maternal and Child Health

In order to protect and promote the health and well-being of women, children and families, the department administers state and federal funds to address a range of services. These include but are not limited to: (1) newborn screening, (2) initiatives to reduce infant mortality, (3) improving systems of care for children with special health care needs, (4) promoting child safety, (5) developing protective factors for adolescents and families, (6) teen pregnancy prevention, (7) maternal and reproductive health and (8) treatment for special conditions. The department strives to identify population subgroups vulnerable to disparate outcomes and to develop strategies to reduce inequity.

The primary goal of this activity is to support maternal and child health to improve the health and well-being of women, children and families across Pennsylvania. Expected outcomes include (1) reductions in maternal and infant mortality rates and other adverse health outcomes and (2) reductions in risk factors such as smoking during pregnancy, teen pregnancy and inadequate levels of prenatal care.

Resources

Maternal and Child Health: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$4.93	$4.88	$5.03	$5.07	$5.69	$6.60
Operational Expenses	4.59	4.74	7.08	7.70	8.42	14.85
Grants	15.24	15.28	14.79	16.42	17.03	20.00
Other	3.51	2.99	2.87	1.88	1.79	1.79
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	0.23
Total	**28.26**	**27.88**	**29.77**	**31.07**	**32.91**	**43.46**
Expenditures by Fund						
General Fund (State)	$4.14	$4.85	$6.46	$6.64	$7.61	$8.63
General Fund (Federal)	24.12	23.03	23.31	24.43	25.31	34.84
Total	**28.26**	**27.88**	**29.77**	**31.07**	**32.91**	**43.46**
Average Weekly FTE Positions	**51**	**48**	**46**	**48**	**50**	**56**
Personnel Cost/FTE ($ thousands)	**$96.8**	**$100.6**	**$108.2**	**$106.6**	**$113.7**	**$117.9**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures and State Benchmarks

Maternal and Child Health

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive (GF State Expenditures, $ millions)						
Newborn Screening	$3.5	$4.2	$5.4	$5.4	$6.5	$7.1
Output						
# Newborns receiving a newborn screen (000s)	141.2	139.8	136.6	136.4	133.3	--
Efficiency						
Cost per newborn screening[1]	$31.36	$36.97	$49.31	$50.79	$59.32	--
Outcome						
# Newborns identified with genetic disorder	225	241	254	297	317	--
# Newborns identified with hearing loss	200	169	165	221	199	--
% Women receiving 1st trimester prenatal care[2]	71.9%	71.8%	73.8%	73.4%	73.9%	--
Infant (<1yr) mortality rate/1,000 infants[2]	6.0	6.2	6.1	6.1	--	--
Maternal mortality rate/100,000 mothers[3]	10.9	10.3	11.4	11.1	--	--
Neonatal abstinence syndrome/1,000 births[2,4]	13.2	13.1	15.0	15.8	--	--
% Non-smoking mother during pregnancy[2]	86.3%	87.5%	88.5%	88.9%	89.6%	--
Teen birth rate/1,000 females aged 15-19[2]	19.1	17.6	15.8	14.7	14.0	--

1 Several conditions have been added to the mandatory screening panel since 2014.
2 Calendar year basis. Latest data available.
3 Maternal mortality is the death of a women while pregnant or deaths due to obstetric causes within 42 days of a pregnancy. Measured as a moving four-year average rate (2010-2017). Latest data available.
4 Neonatal abstinence syndrome results from exposure to opioids in the womb. FY 14-15 to 16-17 data from PA - Healthcare Cost Utilization Project (HCUP) - State Inpatient Databases. FY 17-18 is preliminary data from DOH. Latest data available.

Maternal and Child Population Health Statistics

	Pennsylvania	U.S.
Infant (<1yr. old) mortality rate/1,000 births (2016)	**6.1**	**5.9**
White	4.6	4.9
Black	14.6	11.4
Hispanic	7.4	5.0
Maternal mortality rate/100,000 mothers (2011-2016)[1]	**11.4**	**16.9**
White	8.7	13.0
Black	27.2	42.4
Hispanic	--	11.3
Neonatal abstinence syndrome/1,000 births (2016)[2]	15.0	6.8
Teen birth rate/1,000 (2017)	14.7	18.8
% Women receiving 1st trimester prenatal care (2016)	73.8%	77.1%
% Non-smoking mother during pregnancy (2016)	88.5%	92.8%

1 See definition of maternal mortality in table above.
2 See definition of neonatal abstinence syndrome in table above.
Sources: U.S. HHS Health Resources and Services Administration; U.S. CDC, various reports. Benchmark year 2016 used because of limited availablity of more recent U.S. data.

Activity 10: Health Research

The department encourages broad-based health research to expand current research and enhance and disseminate scientific knowledge that can be used to improve the health of all Pennsylvanians.

The primary goal of this activity is to manage grants and meet the statutory requirements for reporting, monitoring and evaluation. The expected outcome includes the publication of research studies that result in critical health care and economic benefits to the Commonwealth.

Resources

Health Research: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$0.37	$0.23	$0.42	$0.44	$0.48	$0.56
Operational Expenses	0.95	0.71	0.75	0.98	0.58	1.44
Grants	35.60	16.29	56.22	55.62	38.00	44.34
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	8.90
Total	**36.92**	**17.23**	**57.39**	**57.03**	**39.07**	**55.25**
Expenditures by Fund						
General Fund (State)	$6.85	$0.91	$12.78	$5.15	$8.93	$9.47
Tobacco Settlement Fund	30.08	16.32	44.61	51.88	30.14	45.77
Total	**36.92**	**17.23**	**57.39**	**57.03**	**39.07**	**55.25**
Average Weekly FTE Positions	**0**	**2**	**4**	**4**	**4**	**5**
Personnel Cost/FTE ($ thousands)	**--**	**$128.6**	**$110.9**	**$111.7**	**$107.1**	**$112.6**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures

Health Research

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive (GF State Expenditures, $ millions)						
Bio-Technology Research	$6.1	$0.2	$11.8	$4.1	$7.6	$7.7
Output						
# Grants awarded	29	27	29	23	26	28
Outcome						
Federal funds leveraged ($ millions)[1]	--	$49.9	$9.3	$102.0	--	--
# Publications[2]	--	82	38	157	--	--
# Patents[3]	--	3	0	0	--	--
# Licenses[4]	--	1	0	1	--	--
# Grant projects receiving unfavorable rating	5	0	7	5	2	--
Statewide Indicators						
Employment in health research/medical science[5]	5,780	6,840	6,750	7,690	7,970	--
Location quotient of health research employment[6]	1.37	1.58	1.51	1.70	1.64	--

Notes: The start date for FY 18-19 grants was June 1, 2019. Data are not collected until those grants end.

1 From 2001-2014 grant projects leveraged $1.3 billion in federal funds. Latest data available.

2 From 2001-2014 there were 2,190 publications.

3 From 2001-2014 there were 35 patents.

4 From 2001-2014 there were 14 licenses.

5 Includes occupations that conduct research dealing with the understanding of human diseases and improvement of human health. Examples include physicians, dentists, public health specialists, pharmacologists and medical pathologists who primarily conduct research. Calendar year basis.

6 The location quotient represents the ratio of an occupation's share of employment in a state to that of the occupation's share of employment in the U.S. as a whole. Calendar year basis.

Source: U.S. Bureau of Labor Statistics Occupation Employment Statistics (2014-2018).

Activity 11: Public Health & Emergency Medical Services

The department protects public health by ensuring that public health and healthcare delivery systems are prepared for disasters and emergencies by coordinating planning, training, exercising and response. The Bureau of Emergency Medical Services (EMS) oversees the development of the statewide EMS system. The bureau is responsible for (1) medical protocol development, (2) EMS agency inspections, credentialing and recertification and (3) regulatory enforcement and complaint investigations. The Department of Health and the Pennsylvania Emergency Management Agency (PEMA) maintain the Learning Management System (LMS), which is a free resource to provide education to citizens, first responders and public health organizations.

The primary goal of this activity is to maintain a sufficient number of emergency response agencies to ensure all citizens have quality and timely care and treatment in the event of an emergency or disaster. The expected outcome is a competent public health and emergency response infrastructure that results in fewer cases of premature death and disability.

Resources

Public Health and Emergency Medical Services: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$10.37	$10.68	$11.86	$11.60	$8.74	$9.50
Operational Expenses	6.76	6.62	7.24	5.90	6.13	15.17
Grants	25.14	25.69	22.94	22.86	23.68	29.57
Other	2.09	0.92	1.29	1.47	3.51	1.55
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	16.12
Total[1]	**44.36**	**43.91**	**43.32**	**41.83**	**42.06**	**71.90**
Expenditures by Fund						
General Fund (State)	$0.74	$0.70	$1.02	$1.10	$1.23	$1.50
General Fund (Federal)	29.94	30.50	29.69	28.50	28.59	55.65
Emergency Medical Services Op. Fund	13.69	12.72	12.61	12.23	12.24	14.75
Total	**44.36**	**43.91**	**43.32**	**41.83**	**42.06**	**71.90**
Average Weekly FTE Positions[2]	**101**	**101**	**105**	**75**	**75**	**79**
Personnel Cost/FTE ($ thousands)	**$102.6**	**$106.1**	**$112.5**	**$154.7**	**$116.8**	**$120.3**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) fixed assets expenditures.

2 Reduction in FTEs from FY 16-17 to FY 18-19 is due to IT complement transitioning to the Office of Administration as a result of the shared services consolidation.

Performance Measures

Public Health and Emergency Medical Services (EMS)

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive						
# EMS calls for service (all types) (000s)	1,882	1,143	--	2,102	1,711	2,500
# Registered users in LMS (000s)[1]	--	110.3	156.4	187.7	187.0	197.0
Output						
# Licensed EMS agencies[2]	1,502	1,330	1,243	1,258	1,298	1,280
# Certified EMS providers (EMSVO-PHRN) (000s)[3]	48.4	46.0	43.3	42.1	41.6	40.8
Outcome						
Avg. 911 EMS response time (minutes)	8.93	8.71	--	9.10	7.80	9.00
# Health jurisdictions w/ operational readiness est.[4]	0	0	0	1	1	5
Staff response time for emergency/drill (minutes)	25	17	10	27	26	--
% Partners who share requested information[5]	69%	86%	100%	100%	86%	95%

Notes:
1 LMS stands for Learning Management System. This is an online learning management system for EMS providers to complete continuing education.
2 All active entities licensed to provide EMS service in Pennsylvania.
3 Total number of certified EMS providers. EMSVO stands for Emergency Medical Services Vehicle Operation. PHRN stands for Pre-Hospital Registered Nurse.
4 Based on CDC operational review. The CDC assesses the Department of Health's eight local jurisdictions to determine their readiness to respond to a public health emergency utilizing medical countermeasures.
5 During emergencies or drills the department requests essential elements of information from key partners and stakeholders. This percentage is calculated by dividing the number of partners who provide information by the number who were requested to provide information.

State Benchmarks

Emergency Medical Technicians and Paramedics Employment in Border States (2018)

State	Employment Number	Population/ Employee Number	Population/ Employee Rank	Hourly Median Wage Amount	Hourly Median Wage Rank
Delaware	1,270	762	4	$18.02	12
West Virginia	2,330	775	5	13.73	50
Pennsylvania	**12,730**	**1,006**	**14**	**14.91**	**39**
New Jersey	8,230	1,082	18	15.64	30
New York	17,520	1,115	23	19.78	7
Ohio	10,180	1,148	24	14.52	44
Maryland	5,090	1,187	27	21.48	5
U.S.	**254,820**	**1,262**		**16.96**	

Source: U.S. Bureau of Labor Statistics, Occupation Employment Statistics; U.S. Census Bureau.

Activity 12: State Laboratory

The department operates the state public health laboratory and regulates clinical laboratories serving the residents of the Commonwealth. The laboratory supports disease prevention and control through the provision of investigatory, diagnostic and confirmatory testing for both infectious and non-infectious diseases. Routine testing provides information necessary for patient care and aids in monitoring ongoing public health concerns.

The goals of this activity are to provide clinical and environmental laboratory testing, advice, consultation and quality assurance standards to ensure services are accurate, timely and reliable. The expected outcome is a robust public health laboratory capable of addressing ongoing and emergent public health concerns.

Resources

State Laboratory: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$3.40	$3.33	$3.65	$3.66	$3.67	$4.11
Operational Expenses	2.25	2.29	2.40	2.28	2.52	3.27
Other	-0.27	-0.27	-0.34	-0.28	-0.37	-0.07
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	0.15
Total	**5.38**	**5.35**	**5.71**	**5.67**	**5.83**	**7.46**
Expenditures by Fund						
General Fund (State)	$2.78	$2.74	$2.78	$2.68	$3.01	$4.35
General Fund (Augmentations)	1.88	1.96	2.24	2.27	2.16	2.13
General Fund (Federal)	0.73	0.65	0.69	0.71	0.67	0.99
Total	**5.38**	**5.35**	**5.71**	**5.67**	**5.83**	**7.46**
Average Weekly FTE Positions	**36**	**35**	**35**	**36**	**34**	**36**
Personnel Cost/FTE ($ thousands)	**$93.6**	**$94.7**	**$105.3**	**$102.7**	**$108.9**	**$112.6**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures

State Laboratory

	14-15	15-16	16-17	17-18	18-19	19-20
Output						
# Tests performed by state public health lab						
Microbiology (000s)	25.8	25.9	32.4	25.6	27.4	28.0
Chemistry (000s)[1]	3.0	2.5	2.1	1.4	1.2	1.5
# Rabies samples tested (000s)	3.4	3.1	3.1	2.7	2.7	3.0
# Blood lead tests	0	0	0	0	267	--
# Alcohol blood level test (35-40 partic. counties)[1,2]	438	415	318	303	282	240
# Clinical labs licensed	7,856	8,348	8,966	9,530	9,785	--
# On-site compliance assessments	372	322	370	384	282	--
Outcome						
TB lab reporting[3]						
Turnaround time - TB culture[4]	54.3%	59.7%	51.0%	68.9%	62.5%	--
TB turnaround time - NAA test[5,6]	84.8%	82.5%	87.5%	73.7%	66.7%	--
TB drug-susceptibility results[7]	99.0%	100.0%	98.8%	98.9%	99.1%	--
# Positive TB cases tested at state lab[1]	--	53	57	64	69	70
# Rabies samples tested not negative	301	224	222	156	128	130
# Fatal accidents tested and alcohol was involved[1]	158	153	111	103	91	85

Notes:

1 Measured on a calendar year basis.

2 The number of traffic fatality specimens forwarded to the state lab for alcohol testing.

3 Data is from the National Tuberculosis Indicator Project, Pennsylvania (excludes Philadelphia) Indicator Summary 2014-2018.

4 Federal targets for FY 19-20 are that 78.0% of TB cultures meet the federal standard for turnaround time.

5 NAA stands for Nucleic Acid Amplification. NAA testing is a rapid screening test for TB.

6 Federal targets for FY 19-20 are that 92.0% of NAA tests meet the federal standard for turnaround time.

7 Federal targets for FY 19-20 are that 100.0% of TB drug-susceptibility results meet federal standards.

Activity 13: Administration

The Administration Activity provides the organizational leadership and core support services for operations of the Department of Health. It includes the executive leadership functions associated with the Secretary, Deputy Secretaries and the legal, legislative, communications and policy offices. It also includes human resources, information technology and financial management services.

Resources

Administration: Expenditures and Filled FTE Positions

	14-15 Actual	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Budget
Expenditures by Object						
Personnel Services	$13.01	$12.72	$14.18	$13.34	$8.43	$8.89
Operational Expenses	4.29	4.81	5.66	4.81	2.84	9.95
Grants	0.00	0.00	0.15	0.20	2.77	0.00
Other	-5.05	-5.54	-5.63	-6.26	-5.83	-5.09
Budgetary Reserve	0.00	0.00	0.00	0.00	0.00	0.25
Total[1]	**12.25**	**12.00**	**14.36**	**12.08**	**8.20**	**14.00**
Expenditures by Fund						
General Fund (State)	$12.01	$11.89	$14.32	$11.97	$8.09	$13.81
General Fund (Augmentations)	0.05	0.08	0.05	0.11	0.11	0.19
General Fund (Federal)	0.19	0.03	0.00	0.00	0.00	0.00
Total	**12.25**	**12.00**	**14.36**	**12.08**	**8.20**	**14.00**
Average Weekly FTE Positions	**119**	**110**	**107**	**58**	**45**	**48**
Personnel Cost/FTE ($ thousands)	**$109.8**	**$115.2**	**$132.0**	**$228.5**	**$186.6**	**$183.5**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Includes very small (+/- $500,000 per year) fixed assets expenses and non-expenses transfers expenditures.

Performance Measures

Administration

	14-15	15-16	16-17	17-18	18-19	19-20
Descriptive						
Agency FTE[1]	1,137	1,144	1,168	1,046	1,032	1,159
Overtime costs ($ thousands)	$424	$744	$1,590	$1,629	$2,300	--
HR costs ($ thousands)[2]	$1,939	$1,520	$1,263	$1,402	$1,209	--
IT costs ($ thousands)[2]	$5,058	$6,168	$6,584	$6,520	$4,058	--
Output						
Right-to-Know requests:	249	248	458	387	386	454
Miscellaneous	--	--	--	176	175	158
Nursing care	--	--	--	132	164	114
Medical marijuana	--	--	--	85	49	114
EMS	--	--	--	4	4	2
Site assessment	--	--	--	166	169	224
Total legal transactions filed	--	--	598	2,022	2,308	1,672
Litigation (dockets)	85	81	91	282	331	188
Efficiency						
Overtime cost per agency FTE	$373	$650	$1,361	$1,557	$2,229	--
HR cost per agency FTE[2]	$1,705	$1,329	$1,081	$1,340	$1,172	--
IT cost per agency FTE[2]	$4,447	$5,393	$5,637	$6,231	$3,933	--
Outcome						
Staff turnover rate	17.9%	14.2%	13.1%	15.0%	18.9%	--

Notes:

1 Health Registrars are excluded.

2 In FY 17-18, executive agency HR services and IT complement were consolidated under the Office of Administration (OA). During this transitional year, executive agencies continued to pay the personnel costs associated with the HR and IT complement transferred to OA. Beginning in FY 18-19, agencies are billed for these services as well as for a portion of the HR and IT enterprise budget previously appropriated to OA.

Appendix

Performance-Based Budgeting and Tax Credit Review Schedule

Year	Performance-Based Budgets					
1	Corrections	Board of Probation and Parole	PA Commission on Crime & Delinquency	Juvenile Court Judges' Commission	Banking and Securities	General Services
2	Economic & Community Development	Human Services – Part 1	Health	Environmental Protection	PA Emergency Management Agency	State
3	PennDOT	Human Services – Part 2	State Police	Military & Veterans Affairs		
4	Education	Human Services – Part 3	Aging	PA Historical & Museum Commission	Agriculture	Labor and Industry
5	Drug and Alcohol Programs	Insurance	Revenue	Executive Offices	Environmental Hearing Board	Conservation and Natural Resources
Year	**Tax Credits**					
1	Film Production	New Jobs	Historic Preservation Incentive			
2	Research and Development	Keystone Innovation Zones	Mobile Telecom and Broadband	Organ and Bone Marrow		
3	Neighborhood Assistance	Resource Enhancement and Protections (REAP)	Entertainment & Economic Enhancement	Video Game Production	Keystone Special Development Zones	
4	Educational Tax Credits	Coal Refuse and Reclamation	Mixed Use	Community-Based Services		
5	Resource Manufacturing	Brewers'	Computer Data Center	Manufacturing and Investment	Waterfront Development	Rural Jobs and Investment

Agency Response

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

December 19, 2019

Matthew Knittel
Independent Fiscal Office
400 Market Street
Harrisburg, PA 17105

Dear Director Knittel,

Thank you for the opportunity to review and comment on the performance based budget report by the Independent Fiscal Office. At the Pennsylvania Department of Health (Department), our mission is to promote healthy behaviors, prevent injury and disease, and to assure the safe delivery of quality health care for all people in Pennsylvania. This report and the performance measures developed provide a detailed assessment of our progress towards our vision of a healthy Pennsylvania for all. Monitoring and tracking these measures over time will ensure that the Department continues to improve the health of people in Pennsylvania in a fiscally responsibly manner.

To accomplish our mission, the Department addresses a wide range of public health issues, including the devastating opioid crisis. In 2017, Pennsylvania lost 5,436 people due to a drug-related overdose. In response, the Wolf Administration took an all-hands-on-deck approach by establishing the Opioid Command Center, a 17-state agency response group led by the Department.

This approach enabled our Department to develop a robust response to the crisis focused on prevention, treatment, and rescue. Much work has been done to educate providers on best prescribing practices through a medical education curriculum, guidelines, and summits. Additionally, the Department has worked to enhance access to medication assisted treatment by creating over 2,400 new treatment slots and treating over 6,650 with our innovative PacMAT program. We have also focused on getting naloxone into the hands of the public and first responders. In 2018, the Department distributed nearly 14,000 doses of naloxone to the public through our naloxone days.

Another highly successful tool in fighting the opioid crisis has been the Prescription Drug Monitoring Program (PDMP). The PDMP collects information on all filled prescriptions for controlled substances to help providers safely prescribe and get patients the treatment they need. Since the inception of this program, there has been a 31% decrease in opioid dispensations and a 47% decrease in risky prescribing[1]. The PDMP recently launched a patient advocacy program, where employees connect patients that abruptly lost access to their medications to resources.

[1] Pennsylvania Department of Health. (2019). Pennsylvania PDMP Interactive Data Report. Retrieved from https://public.tableau.com/views/PennsylvaniaPDMPInteractiveDataReport2018-01-13/RiskyPrescribingMeasures?:embed=y&:display_count=yes&:showVizHome=no.

RACHEL L. LEVINE, MD - SECRETARY OF HEALTH
625 Forster Street 8th Floor West | Health and Welfare Building | Harrisburg, Pennsylvania 17120 | 717.787.9857 | www.health.pa.gov

As a direct result of these collective efforts, Pennsylvania experienced a significant reduction in overdose deaths from 2017 to 2018, and 5,436 to 4,491, respectively. This is an 18 percent reduction in one year. While much work still needs to be done, we can attribute this reduction to the success of our programs and initiatives, and ultimately to the funding behind them.

The Department's tracking and investigation activities span well beyond the opioid crisis. The Bureau of Epidemiology (BOE) leads these efforts for the Department, and in 2019 alone BOE investigated 81,897 infectious diseases, 8,416 lead-related concerns, and 4,852 HIV related-concerns. Epidemiology is one of the essential functions of public health and is a program worth highlighting. In addition to BOE, I would like to point out some other major successes.

The Women Infant and Children (WIC) program helps pregnant women, mothers and caregivers of infants and young children learn about good nutrition to keep themselves and their families healthy. Unfortunately, WIC participation is on a declining trend throughout the nation. Of the 50 states and District of Columbia, Pennsylvania ranked 5th for the number of participants enrolled. However, Pennsylvania ranked 38th in WIC participation when it is calculated as a share of the total population among all states, districts and territories.

Federal policies can alter the PA participation and predicting those policy implications can be challenging. However, our Department remains committed to expanding access to WIC services. This past year, the program has worked diligently to modernize the WIC program by eliminating checks and providing benefits electronically so that families can purchase products over multiple trips to the store rather than purchasing everything at one time during the month. This change is expected to encourage more people in Pennsylvania to get the resources they need through WIC.

Our immunizations program provides timely vaccines, education, ongoing disease surveillance systems, enforcement of school immunization regulations, disease investigations, assessment of immunization coverage, immunization registry and tracking systems, outbreak control interventions, and special efforts directed toward the prevention of hepatitis B. Despite the anti-vaccination movement, our immunization rates for kindergarten students remain high, with 97% of kindergarten students receiving two or more doses of measles, mumps, and rubella (MMR) vaccines. This rate exceeds the nation's median MMR vaccination rate by 3% and can be attributed to the diligent work of this program[2].

This information is tracked through the Pennsylvania Statewide Immunization Information System (PA-SIIS). PA-SIIS is the statewide registry that collects vaccine history data. The Department is proud of the nearly 200% increase in the number of clinics adopted and approved to utilize the system from 2014-2015 to 2018-2019.

The Department supports HIV viral suppression antiretroviral therapy to reduce a person's viral load. In fact, CD4 count and viral load regulations are being reviewed for approval by the Health Advisory Board. Regulations will then be served at the Independent Regulatory Review

[2] Centers for Disease Control and Prevention. (2019). Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten - United States, 2018–19 School Year. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/mm6841e1.htm.

Commission and the standing committees for review and approval. We are optimistic that these regulations will be approved and allow for complete reporting of viral load results.

At the Department, we also regulate and license in-patient healthcare facilities, like nursing homes and hospitals, as well as out-patient healthcare facilities, like ambulatory surgical facilities and home health care agencies, to ensure they deliver safe health care to residents. In recent years, the number of healthcare facilities and complaints have increased dramatically while the number of staff and resources have remained stagnant.

Due to these increased volumes, along with uncompetitive salaries to recruit additional nurse surveyors, our existing surveyors work overtime. The breakdown of overtime costs in the Report can largely be attributed to the amount of time it takes for our Quality Assurance staff to ensure hospitals are in compliance with regulations. Further, often inspections require full teams of employees to comprehensively inspect a facility. Therefore, dividing the total number of inspections by inspectors is not an accurate representation of the average number of inspections per inspector per year.

Sustained investment towards the opioid crisis, the PDMP, BOE, WIC, immunizations, PA-SIIS, quality assurance and other public health programs are essential to achieving a healthy Pennsylvania for all. Investing in public health has both ethical and economic advantages. The median return on investment (ROI) in public health is estimated to be 1300% on average[3]. However, for some programs the ROI is significantly higher. For example, the return on investment in mental health and addiction programs is 3600%, for tobacco prevention programs is 1900%, and for vaccination programs is 1500%[4].

Throughout the Performance-Based Budget Report (Report), Pennsylvania is compared to nine other states and the District of Columbia. In 2017, Pennsylvania spent the second to least dollars per person ($13) among the nine states mentioned, with the District of Columbia spending the most at $139 per person and Ohio spending the least at $12 per person. The national average number spent on public health is $40 per person[5]. Investing in public health has been proven to decrease medical spending, decrease correctional spending, and increase tax paying dollars.

Aligned with the goals of the Independent Fiscal Office to support bottom-up approaches to maximize the impact of taxpayer investments, the Department, using internal resources, created the Office of Operational Excellence. The Office exemplifies our commitment to effectivity and accountability within the Department. Under the leadership of this Office, the Department has become nationally accredited, a 2020-2023 strategic plan was written, and three-quarters of Department of Health employees have completed quality improvement and performance management trainings. Further, employees have become empowered to lead quality improvement and performance management activities in their work processes.

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[3] Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health, 71*(8), 827-834.

[4] Brousselle, A., Benmarhnia, T., & Benhadj, L. (2016). What are the benefits and risks of using return on investment to defend public health programs?. *Preventive medicine reports, 3*, 135-138.

[5] State Health Access Data Assistance Center. (2019). SHADAC analysis of *Shortchanging America's Health, Investing in America's Health*, Trust for America's Health (TFAH). Retrieved from statehealthcompare.shadac.org.

While I recognize the tremendous value in performance-based budgeting and judiciously utilizing resources, it's important to note that the desired outcome of a public health program is often a decreased number of new cases of a disease and an increased prevalence. For example, a low number of individuals acquiring HIV and a high number of individuals living with the disease would equate to successful public health programming. The Department and policy makers must continue to be mindful that a reduction of public health funds or allocation of established resources away from one program area due to achieving established targets creates risk of negative health outcomes to resurface. Additionally, it is important to note that the Department meets quarterly with county and municipal health departments, like the Philadelphia Department of Public Health and Allegheny County Health Department. However, the Department does not have any jurisdiction over these organizations.

Thank you again for your partnership. I look forward to completing this review in future years, and we will continue to do our best to efficiently utilize resources to protect the health of people in Pennsylvania.

Sincerely,

Rachel L. Levine, MD
Secretary of Health