

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Mary T. Bassett, Commissioner



WHAT WE DO

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of all New Yorkers. The Department develops and implements robust public health education activities and policy recommendations, enforces health regulations, and provides limited direct health services.

The Department works to ensure that conditions for good health – available, sustainable, high-quality services and efficient, effective systems – flourish in New York City. DOHMH seeks to reduce death and disability from chronic diseases such as heart disease and cancer by reducing smoking and consumption of unhealthy foods and promoting physical activity. It contracts for mental health, developmental disability, as well as alcohol and substance abuse treatment services. It works with health care providers to improve healthcare delivery and to increase use of preventive services, such as immunizations, and it collaborates with community-based organizations to prevent, detect and treat HIV infection. The Department's Early Intervention Program serves infants and toddlers with developmental delays. Direct services are provided at four tuberculosis clinics, eight sexually transmitted disease clinics, one immunization clinic, and more than 1,200 public schools. DOHMH also provided primary care and mental health services in the City's jails in Fiscal 2015. Beginning in Fiscal 2016, the Health and Hospitals Corporation (HHC) will provide these services. DOHMH issues birth and death certificates, inspects restaurants and child care centers and protects public safety through immediate response to emergent public health threats. The Department's three District Public Health Offices work to reduce health disparities in the City's highest need neighborhoods.

FOCUS ON EQUITY

The cornerstone of the Department's efforts to address disparities and advance health equity is the newly-created Center for Health Equity. The Center will direct much of its attention to New York City's communities of color and low-income neighborhoods, which bear a disproportionate burden of poor health. Its four key areas of focus are: leveraging neighborhood assets to better integrate public health and primary care; fostering inter-agency collaboration to address the root causes of health disparities; ensuring meaningful community engagement and increasing the agency's organizational capacity to advance health equity. The Center will strengthen the Department's place-based efforts via its three District Public Health Offices, which actively engage with a range of community residents and local partners in health program planning and implementation efforts.

OUR SERVICES AND GOALS

SERVICE 1 Detect and control infectious diseases.

- Goal 1a Reduce new cases of HIV and other sexually transmitted diseases.
- Goal 1b Prevent the spread of other infectious diseases.

SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

- Goal 2a Reduce tobacco use and promote physical activity and healthy eating.
- Goal 2b Improve preventive health care.

SERVICE 3 Promote a safe environment.

- Goal 3a Reduce hazards to children in homes and child care programs.
- Goal 3b Reduce the threat of food-borne illness.
- Goal 3c Reduce animal-related risks to human health.

SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance abuse.

- Goal 4a Reduce the adverse health consequences of substance abuse.
- Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

SERVICE 5 Provide high quality and timely service to the public.

- Goal 5a Provide birth and death certificates to the public quickly and efficiently.

HOW WE PERFORMED IN FISCAL 2015

SERVICE 1 Detect and control infectious diseases.

Goal 1a Reduce new cases of HIV and other sexually transmitted diseases.

The Department distributes safer sex products citywide, targeting communities that carry the heaviest burden of HIV. HIV diagnoses continue to decrease as a result of new treatment and prevention technologies. The Department plans to launch a new combination prevention strategy that will promote the use of traditional and newer prevention technologies such as condoms and pre and post-exposure prophylaxis.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|--------|--------|--------|--------|--------|--------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| ★New HIV diagnoses (CY Preliminary) | 3,588 | 3,467 | 3,175 | 2,913 | 2,813 | ↓ | ↓ | Down | Down |
| ★Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%) | NA | NA | 82.6% | 87.1% | 89.1% | 90.0% | 92.0% | Neutral | NA |
| ★Syphilis cases | 966 | 903 | 1,104 | 1,231 | 1,246 | ↓ | ↓ | Down | Up |
| Male condoms distributed (000) | 36,309 | 36,108 | 37,561 | 38,146 | 36,349 | 34,331 | 37,828 | Neutral | Neutral |

★ Critical Indicator "NA" - means Not Available in this report ↓ ↑ shows desired direction

Goal 1b Prevent the spread of other infectious diseases.

In Calendar 2014, the number of tuberculosis cases declined 11 percent compared to Calendar 2013. This difference is largely attributed to the 31 percent decline in cases during the first quarter of Calendar 2014 compared to cases in the first quarter of Calendar 2013. Case counts for subsequent quarters are comparable to prior years. In a specific effort to decrease TB in populations with high TB prevalence and incidence, DOHMH has recently intensified prevention and control activities in high risk populations. These activities include collaboration with community leaders, healthcare providers, and community organizations to promote TB services for screening and treatment. To enhance these efforts, the Department formed a new TB Office of Community Outreach in October 2014.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|-------|-------|-------|-------|--------|-------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| ★New tuberculosis cases (CY) | 711 | 689 | 651 | 656 | 585 | ↓ | ↓ | Down | Down |
| Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (CY) | 62.3% | 67.4% | 61.8% | 66.8% | 64.2% | 69.0% | 72.0% | Up | Neutral |
| ★Children aged 19-35 months with up-to-date immunizations (%) | 65.1% | 66.4% | 70.1% | 72.1% | 73.0% | 74.0% | 74.0% | Up | Up |
| ★Children in the public schools who are in compliance with required immunizations (%) | 98.8% | 99.1% | 99.1% | 99.2% | 99.0% | 99.0% | 99.0% | Up | Neutral |

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SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

Goal 2a Reduce tobacco use and promote physical activity and healthy eating.

Comprehensive tobacco control has been an important driver of reductions in smoking prevalence over time. The declines in smoking prevalence have occurred across almost all socio-demographic groups since 2002. The recent decline between Fiscal 2014 and Fiscal 2015 is a continuation of the effects of comprehensive tobacco control efforts citywide. However, despite these declines, disparities in smoking prevalence persist across gender, education, and income groups.

While daily consumption of one or more sugar-sweetened beverage has been on the decline across all demographic subgroups since NYC prevalence tracking began in 2007, disparities in consumption remain among age, gender, education, and income groups.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|-------|-------|-------|-------|--------|-------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| ★Adults who smoke %(CY) | 14.0% | 14.8% | 15.5% | 16.1% | 13.9% | 14.7% | 13.5% | Down | Neutral |
| Adults who are obese (%) | 23.4% | 23.7% | 24.2% | 23.4% | 24.7% | 22.9% | 24.2% | Down | Neutral |
| Adults who consume one or more sugar-sweetened beverages per day %(CY) | 30.3% | 29.9% | 28.2% | 23.3% | 22.5% | 22.6% | 21.2% | Down | Down |

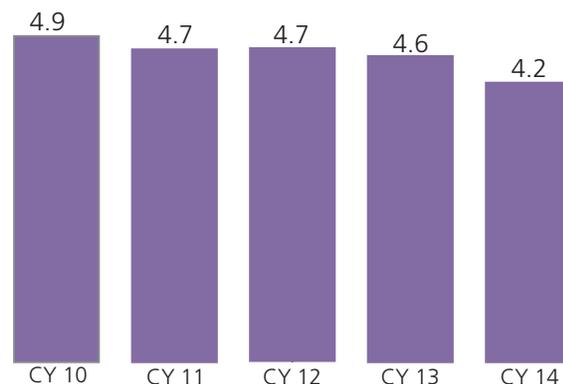
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Goal 2b Improve preventive health care.

Measures of preventive health care have generally improved over time. Asthma hospitalization rates have been fairly stable for several years, though some expected year-to-year fluctuations occur due to varying respiratory virus infection rates and severity, weather, air quality, and hospital admitting practices. In Calendar 2013, the asthma hospitalization rate for children declined to 4.8 from 5.1 the year before.

The decrease in the percent of adult New Yorkers without a doctor between Calendar 2013 and 2014 can be attributed in part to the 35 percent decrease in the NYC uninsured rate for adults 18-64. An important contribution to this decrease in the uninsured rate came from multiple media campaigns and related enrollment activities run throughout NYC, including DOHMH's media campaign, urging NYC residents to sign up for health insurance under the Affordable Care Act. The campaign consisted of subway squares, newspaper ads, radio broadcasts, TV bumpers, and earned media.

Infant Mortality Rate per 1,000



| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|---------|---------|---------|---------|---------|--------|-------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Adult New Yorkers without a regular doctor %(CY) | 16.7% | 16.9% | 18.3% | 19.1% | 15.6% | * | * | Down | Neutral |
| Adults, aged 50+, who received a colonoscopy in the past ten years %(CY) | 67.5% | 68.6% | 68.5% | 69.0% | 69.9% | 70.0% | 71.0% | Up | Neutral |
| ★Hospitalization rate for asthma among children ages 0-14 (per 1,000 children)(CY) | 5.1 | 4.9 | 5.1 | 4.8 | NA | 4.7 | 4.7 | Down | NA |
| Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health, and dental) | 803,871 | 877,270 | 858,172 | 802,405 | 769,459 | * | * | Neutral | Neutral |
| ★Infant mortality rate (per 1,000 live births)(CY) | 4.9 | 4.7 | 4.7 | 4.6 | 4.2 | 4.2 | 4.6 | Down | Down |

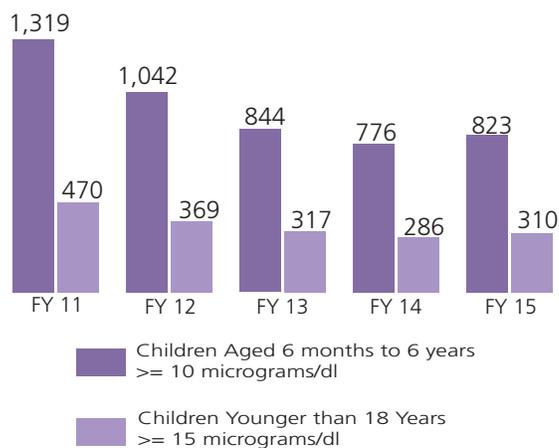
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SERVICE 3 Promote a safe environment.

Goal 3a Reduce hazards to children in homes and child care programs.

The number of children (aged 6 months to less than 6 years) who have been newly identified with blood lead levels of 10 mcg/dL or greater increased by 6.1 percent during Fiscal 2015 compared with Fiscal 2014. However, Fiscal 2015 numbers remain lower than in previous fiscal years and have declined 2 percent from Fiscal 2013 numbers and 41 percent since Fiscal 2010. The Healthy Homes Program (HHP) continues to monitor this indicator and explore factors that could have contributed to this increase, but is not yet able to attribute this increase to any specific factor. In each case where a child is newly identified with elevated blood lead levels, the Department inspects for lead hazards and abates them when they are identified.

New Cases: Blood Lead Levels



| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|--------|--------|--------|--------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| ★ Childhood blood lead levels - new cases among children aged 6 months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter | 1,319 | 1,042 | 844 | 776 | 823 | ↓ | ↓ | Down | Down |
| Day care initial site inspections | 21,610 | 22,219 | 23,024 | 20,091 | 21,898 | * | * | Neutral | Neutral |
| ★ Child care inspections that do not require a compliance inspection (%) | 72.0% | 70.0% | 63.0% | 67.0% | 66.0% | ↑ | ↑ | Up | Neutral |

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Goal 3b Reduce the threat of food-borne illness.

The Department continues to inspect almost all licensed restaurants annually, with 99.9 percent inspected in Fiscal 2015. Restaurant compliance with food safety regulations improved for the fourth consecutive year: 95 percent of restaurants inspected earned an 'A' grade in Fiscal 2015, a 5 percentage point increase compared to Fiscal 2014.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|-------|-------|-------|-------|--------|--------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Restaurants inspected (%) | 99.8% | 99.4% | 99.6% | 99.8% | 99.9% | 100.0% | 100.0% | Up | Neutral |
| ★ Restaurants scoring an 'A' grade (%) | 81.7% | 86.0% | 87.0% | 90.0% | 95.0% | ↑ | ↑ | Up | Up |

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Goal 3c Reduce animal-related risks to human health.

The number of initial pest control inspections increased slightly, from approximately 94,300 to 97,100 in Fiscal 2015. At the same time, the percentage of initial inspections with active rat signs remained stable at 11 percent. The Department is prioritizing work in neighborhoods with severe infestation. Due to the severity of the issue in the six rat reservoir neighborhoods, failure rates for rat activity are slightly higher in these areas while DOHMH works with property owners to remediate conditions conducive to rats.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|-------|-------|-------|-------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Initial pest control inspections (000) | 114 | 124 | 95 | 94 | 97 | * | * | Neutral | Down |
| Initial inspections with active rat signs (ARS) (%) | 9.8% | 9.6% | 11.0% | 11.0% | 11.0% | * | * | Down | Up |
| ★ Compliance inspections found to be rat free (%) | 47.1% | 51.0% | 52.6% | 50.9% | 47.0% | ↑ | ↑ | Up | Neutral |
| Dog licenses issued (000) | 98 | 93 | 83 | 91 | 97 | 105 | 105 | Up | Neutral |

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SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance abuse.

Goal 4a Reduce the adverse health consequences of substance abuse.

The Department continues its work to prevent unhealthy substance use and expand buprenorphine treatment to address the problem of opioid addiction. The number of new buprenorphine patients declined by 17 percent, from 8,487 to 7,046 in Fiscal 2015. The Department is concerned about this decline, and employing new strategies to increase the number of patients receiving this effective treatment.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|-------|-------|-------|-------|--------|-------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| NYC jail inmates who complete 45-day substance use program ('A Road Not Taken')(quarterly) | NA | 579 | 581 | 609 | 588 | * | * | Neutral | NA |
| New buprenorphine patients (CY)(quarterly) | 7,757 | 9,913 | 9,620 | 8,487 | 7,046 | 8,000 | 7,500 | Neutral | Down |
| ★ Deaths from unintentional drug overdose (CY) | 555 | 651 | 725 | 786 | 793 | ↓ | ↓ | Down | Up |

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Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

The number of individuals served in assisted outpatient mental health treatment (AOT) program increased by 10 percent, from 1,388 to 1,533 between Fiscal 2014 and Fiscal 2015. The increase can be partially attributed to the increase in referrals from Correctional Facilities. Both NYC and New York State correctional facilities have increased the use of AOT as part of the treatment planning that takes place prior to an individual's release from prison. In addition, the New York State Safe Act increased the potential length of the initial AOT court order from up to 6 months to up to one year in March 2013 increasing the average length of the initial AOT in 2015.

LifeNet achieved call center industry standard service levels of answering 85 percent of inbound calls in ≤30 seconds for the last 5 months of Fiscal 2015. In order to reach new goal, LifeNet implemented a comprehensive operational plan to reduce call abandonment rates and wait times.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|-------|-------|-------|-------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Individuals in the assisted outpatient mental health treatment program | 1,315 | 1,245 | 1,289 | 1,388 | 1,533 | * | * | Neutral | Up |
| Units of supportive housing available to persons with serious mental illness (000) | 4.7 | 5.0 | 5.2 | 5.4 | 5.7 | 5.5 | 6.0 | Up | Up |
| New children receiving services from the Early Intervention Program (000) | 15.4 | 13.8 | 13.8 | 13.7 | 14.3 | * | * | Neutral | Neutral |
| Calls to LifeNet (000) | 92.9 | 85.8 | 92.0 | 105.0 | 92.0 | * | * | Neutral | Neutral |

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SERVICE 5 Provide high quality and timely service to the public.

Goal 5a Provide birth and death certificates to the public quickly and efficiently.

While the average response time for birth certificates increased by 8.3 percent in Fiscal 2015, response times for vital records requests surpassed targets during the period, and current performance levels are consistent with or better than past fiscal year performance. Death certificate case matching and payment process improvements implemented in the Office of Vital Records at the end of Fiscal 2014 contributed to the decrease in average response time for death certificate requests in Fiscal 2015.

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|------|------|------|------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| ★Average response time for birth certificates by mail/online (days) | 4.4 | 3.0 | 4.3 | 1.2 | 1.3 | 4.0 | 4.0 | Down | Down |
| ★Average response time for death certificates by mail/online (days) | 7.1 | 4.1 | 5.2 | 1.9 | 1.7 | 4.0 | 4.0 | Down | Down |

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AGENCY-WIDE MANAGEMENT

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|--------|--------|--------|--------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Workplace injuries reported | NA | NA | 145 | 118 | 104 | * | * | Down | NA |
| Collisions involving City vehicles | NA | NA | 23 | 32 | 27 | * | * | Down | NA |
| All summonses issued | NA | 77,949 | 67,203 | 66,711 | 64,625 | * | * | Neutral | NA |
| Violations admitted to or upheld at ECB (%) | NA | 70.1% | 64.4% | 57.3% | 70.9% | * | * | Neutral | NA |

AGENCY CUSTOMER SERVICE

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|--|--------|--------|--------|--------|--------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Customer Experience | | | | | | | | | |
| Completed requests for interpretation | 12,256 | 10,278 | 10,664 | 11,102 | 12,950 | * | * | Neutral | Neutral |
| Letters responded to in 14 days (%) | 28% | 31% | 21% | 30% | 36% | 40% | 40% | Up | Up |
| E-mails responded to in 14 days (%) | 63% | 39% | 42% | 68% | 58% | 75% | 75% | Up | Up |
| Average wait time to speak with a customer service agent (minutes) | 17 | 12 | 11 | 9 | 8 | 10 | 10 | Down | Down |
| CORE facility rating | 86 | 81 | 90 | 92 | 92 | 85 | 85 | Up | Up |
| Calls answered in 30 seconds (%) | 35% | 65% | 69% | 85% | 82% | 78% | 80% | Up | Up |

| Performance Indicators | Actual | | | | | Target | | Desired Direction | 5yr Trend |
|---|--------|------|------|------|------|--------|------|-------------------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | | |
| Response to 311 Service Requests (SRs) | | | | | | | | | |
| Percent meeting time to first action - Rodent (14 days) | 64% | 72% | 74% | 75% | 73% | 70% | 70% | Neutral | Up |
| Percent meeting time to first action - Food Establishment (14 days) | 87% | 94% | 97% | 98% | 98% | 90% | 90% | Neutral | Up |
| Percent meeting time to first action - Food Poisoning (3 days) | 94% | 96% | 96% | 96% | 84% | 90% | 90% | Neutral | Neutral |
| Percent meeting time to first action - Indoor Air Quality (14 days) | 98% | 99% | 97% | 99% | 99% | 95% | 95% | Neutral | Neutral |
| Percent meeting time to first action - Smoking complaint (14 days) | 86% | 77% | 81% | 78% | 86% | 70% | 70% | Neutral | Neutral |

AGENCY RESOURCES

| Resource Indicators | Actual | | | | | Plan ¹ | | 5yr Trend |
|---|-----------|-----------|-----------|-----------|-----------|-------------------|-----------|-----------|
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY15 | FY16 | |
| Expenditures (\$000,000) ² | \$1,564.3 | \$1,508.6 | \$1,441.2 | \$1,357.4 | \$1,480.9 | \$1,439.3 | \$1,285.9 | Neutral |
| Revenues (\$000,000) | \$79.0 | \$36.8 | \$34.2 | \$32.8 | \$31.5 | \$32.0 | \$60.0 | Down |
| Personnel | 5,270 | 5,179 | 5,070 | 4,954 | 5,122 | 5,603 | 5,645 | Neutral |
| Overtime paid (\$000,000) | \$5.4 | \$5.7 | \$6.3 | \$4.4 | \$6.4 | \$5.2 | \$4.1 | Neutral |
| Capital commitments (\$000,000) | \$138.9 | \$25.5 | \$7.4 | \$64.4 | \$49.7 | \$210.6 | \$98.3 | Down |
| Human services contract budget (\$000,000) | \$900.9 | \$836.3 | \$775.8 | \$702.5 | \$734.6 | \$704.9 | \$602.0 | Down |
| Work Experience Program (WEP) participants assigned | 38 | 113 | 94 | 114 | 71 | * | * | Up |

¹Authorized Budget Level "NA" - Not Available in this report ²Expenditures include all funds.

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Asthma hospitalizations data for Calendar 2014 will be available in January 2016.
- Syphilis Cases data was updated to correct for cases not included due to lags in data reporting.
- New Buprenorphine patients data was corrected to exclude patients who may have been prescribed buprenorphine for pain management purposes.
- Prior-year data for the indicator 'NYC jail inmates who complete 45-day substance use program ('A Road Not Taken') (quarterly)' was corrected for fiscal years 2013 and 2014. Previously reported data was corrected to reflect revised figures for 'Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)', 'Syphilis cases', 'Childhood blood lead levels - new cases among children aged 6 months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter', 'Restaurants scoring an 'A' grade (%)', 'Initial inspections with active rat signs (ARS) (%)', 'Compliance inspections found to be rat free (%)', and agency customer service indicators.
- Beginning in August of Fiscal 2016, the Health and Hospitals Corporation (HHC) will provide correctional health services in the jails.

ADDITIONAL RESOURCES

For additional information go to:

- Data & statistics:
<http://www.nyc.gov/html/doh/html/data/data.shtml>

For more information on the agency, please visit: www.nyc.gov/health.

