

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 – both 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 the consumption of unhealthy foods and promoting physical activity. It contracts for mental health, developmental disability, as well as alcohol and substance use disorder 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 issues birth and death certificates, inspects restaurants and child care centers and protects public safety through immediate response to emergent public health threats such as the Zika virus. The Department's Neighborhood Health Action Centers 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 at the Center for Health Equity. The Center focuses 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 for Health Equity strengthens the Department's place-based efforts via its Neighborhood Health Action Centers, previously called District Public Health Offices. Action Centers 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 misuse.

- Goal 4a Reduce the adverse health consequences of substance misuse.
- 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 2016

SERVICE 1 Detect and control infectious diseases.

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

The annual number of new HIV diagnoses in New York City has reached an all-time low as progress continues towards achieving the goals of New York's "Ending the Epidemic" initiative. The Department expects even greater reductions in new diagnoses due to its data-driven, combination prevention strategy, #PlaySure. For HIV-negative individuals, #PlaySure promotes the use of condoms in combination with other biomedical prevention strategies such as pre- and post-exposure prophylaxis. For people living with HIV, #PlaySure promotes condoms in combination with suppressive HIV treatment. HIV therapy with an undetectable viral load prevents disease progression and is associated with a negligible risk of transmission.

The increase in syphilis cases is attributed to continued, unprotected sex among some men who have sex with men. Increases were observed across most age groups, with the largest increases among men aged 25 to 39 years. Marked increases were observed among non-Hispanic white and black men and in Manhattan and the Bronx. Increases have also begun among young women of color. DOHMH continues to monitor reports of syphilis and works to prevent ongoing syphilis transmission via: notifying, testing, and treating the partners of individuals diagnosed with syphilis; prioritizing HIV-infected primary and secondary syphilis cases for intervention; and educating medical providers about disease burden in their communities and how to recognize syphilis symptoms. The Department has also convened a Congenital Syphilis Work Group to address the systems-level issues that impede the elimination of congenital syphilis, a potential consequence of syphilis in the female population. DOHMH's Syphilis Advisory Group, which meets quarterly, brings together practitioners and advocates from across the city to discuss ways to reduce the incidence of this disease.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★ New HIV diagnoses (CY Preliminary)	3,467	3,303	3,016	2,718	2,449	↓	↓	Down	Down
★ Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)	NA	82.6%	87.0%	87.7%	86.4%	92.0%	92.0%	Neutral	NA
★ Syphilis cases	903	1,104	1,234	1,315	1,700	↓	↓	Down	Up
Male condoms distributed (000)	36,108	37,561	38,146	36,604	35,666	37,828	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.

The proportion of seniors who report receiving a flu shot in the last 12 months increased slightly from 64.2 percent to 65.5 percent in Fiscal 2016. The Department works to maintain high immunization rates across the population. Delays in vaccination increase the risk of contracting vaccine-preventable diseases, such as influenza and pneumonia, which continue to be the third leading cause of death among New Yorkers. Ninety percent of influenza deaths are among persons 65 years of age and older and despite efforts to increase vaccination coverage for this age group, coverage has remained in the 60th percentile. To ensure access to life-saving immunizations, the Health Department maintains one walk-in immunization clinic for all New Yorkers age 4 and up, regardless of insurance status; during Fiscal 2016, over 67,000 immunizations were given at this facility.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★ New tuberculosis cases (CY)	689	651	656	585	575	↓	↓	Down	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	67.4%	61.8%	66.8%	64.2%	65.5%	72.0%	68.0%	Up	Neutral
★ Children aged 19-35 months with up-to-date immunizations (%)	66.4%	70.1%	72.1%	73.0%	74.7%	74.0%	75.0%	Up	Up
★ Children in the public schools who are in compliance with required immunizations (%)	99.1%	99.1%	99.2%	99.0%	98.8%	99.0%	99.0%	Up	Neutral

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

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.

The percentage of adults who consume one or more sugar sweetened beverages each day increased slightly to 23.7 percent in Fiscal 2016. In spring 2015, DOHMH aired the Skinny Kids ad campaign to encourage parents to make healthier beverage choices for themselves and their children. The Department encourages community-based organizations to voluntarily adopt the NYC Food Standards for foods and beverages served by city agencies. Nutrition education programming at farmers' markets and childcare centers continues, and the Department's Healthy Beverage initiative encourages New Yorkers to drink water as an alternative to sugar-sweetened beverages.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★ Adults who smoke (%) (CY)	14.8%	15.5%	16.1%	13.9%	14.3%	13.5%	13.2%	Down	Neutral
Adults who are obese (%) (CY)	23.7%	24.2%	23.4%	24.7%	24.1%	24.2%	24.0%	Down	Neutral
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	29.9%	28.2%	23.3%	22.5%	23.7%	21.2%	20.8%	Down	Down

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Goal 2b Improve preventive health care.

Insured New Yorkers have better access to preventive care services. The percent of uninsured adult New Yorkers continued to decrease, declining from 13.8 percent in Fiscal 2015 to 12.6 percent in Fiscal 2016. Health care reform has been the major driver of this improvement in adult insurance coverage since Fiscal 2014. DOHMH has expanded existing efforts to enroll the uninsured and to raise public awareness about the availability of affordable health insurance, leveraging data from the DOHMH Community Health Survey to focus on areas with high rates of uninsurance. DOHMH uses direct enrollment assistance as well as general education at a broad range of venues; works with other city agencies and initiatives (including 311 and ActionHealthNYC), community partners and volunteers; and employs a variety of multilingual media including print brochures and ads, television and text messages.

Infant Mortality Rate per 1,000



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Adult New Yorkers without health insurance (%) (CY)	18.6%	19.8%	20.9%	13.8%	12.6%	12.4%	11.2%	Down	Down
Adult patients with controlled blood pressure (%) (CY)	67.3%	67.0%	67.4%	66.8%	67.2%	69.0%	70.0%	Up	Neutral
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	68.6%	68.5%	69.0%	69.9%	69.9%	70.6%	71.4%	Up	Neutral
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	NA	231.9	232.1	231.6	NA	↕	↕	Down	NA
★ Infant mortality rate (per 1,000 live births) (CY)	4.7	4.7	4.6	4.2	4.3	4.2	4.2	Down	Down

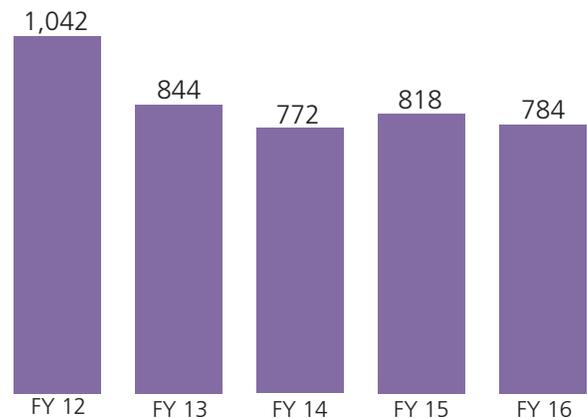
★ Critical Indicator "NA" - means Not Available in this report ↕ shows desired direction

SERVICE 3 Promote a safe environment.

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

The percent of child care programs that are in compliance and therefore do not require a compliance inspection decreased to 62 percent in Fiscal 2016, compared to 65.9 percent in Fiscal 2015. The Department is conducting more targeted inspections of sites with poorer performance than average based on several indicators. Many of these sites require more than one inspection to achieve compliance. During the same time period, new cases of children aged 6 years old or less with blood lead levels greater than or equal to 10 micrograms per deciliter decreased by 4.2 percent from the previous year.

New Cases: Blood Lead Levels Children Aged 6 months to 6 years >= 10 micrograms/dl



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★ 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	1,042	844	772	818	784	↓	↓	Down	Down
Day care initial site inspections	22,219	23,024	20,091	21,800	22,032	*	*	Neutral	Neutral
★ Child care inspections that do not require a compliance inspection (%)	70.0%	62.9%	66.9%	65.9%	62.0%	↑	↑	Up	Neutral

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

The proportion of restaurants inspected citywide remained near 100 percent in Fiscal 2016. At the same time, the proportion of restaurants scoring an 'A' grade remained stable near 93 percent.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Restaurants inspected (%)	99.4%	99.6%	99.8%	99.9%	99.8%	100.0%	100.0%	Up	Neutral
★ Restaurants scoring an 'A' grade (%)	86.0%	86.9%	90.0%	93.0%	92.7%	↑	↑	Up	Neutral

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

The proportion of initial inspections with active rat signs (ARS) increased 3.2 percentage points to 13.9 percent in Fiscal 2016, compared to 10.7 percent in Fiscal 2015 due in part to the significant expansion of the Rat Reservoir Program. The Rat Reservoir program is a citywide initiative that identifies neighborhoods throughout the five Boroughs with the highest concentration of rat activity and targets these neighborhoods for increased inspection, outreach, monitoring and treatment. With the number of targeted areas increasing from 6 to 42, increases in ARS are expected due to high concentrations of rat activity in these areas.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Initial pest control inspections (000)	124	95	94	97	98	*	*	Neutral	Down
Initial inspections with active rat signs (ARS) (%)	9.6%	11.1%	10.8%	10.7%	13.9%	*	*	Down	Up
★ Compliance inspections found to be rat free (%)	51.0%	52.6%	50.9%	46.8%	47.8%	↑	↑	Up	Neutral
Dogs licensed (000)	NA	79.0	85.0	83.0	85.0	105.0	105.0	Neutral	NA

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

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

The number of deaths due to unintentional drug overdose increased for the fifth consecutive year, to 939 in Calendar 2015. An increasing proportion of these deaths are related to unintentional overdoses of heroin or fentanyl, a potent, short acting opioid that significantly increases the risk of overdose and death. To reverse this trend, the Department is undertaking a number of new initiatives, many as part of ThriveNYC, including building a rapid assessment and response team to identify people at risk, expand distribution of naloxone, an overdose rescue medication and expand access to effective treatment services, including buprenorphine, a medication to treat opioid addiction.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
New buprenorphine patients (CY) (quarterly)	9,913	9,620	8,487	7,046	6,950	7,500	8,000	Neutral	Down
★ Deaths from unintentional drug overdose (CY)	651	725	786	793	939	↓	↓	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.

In Fiscal 2016, DOHMH achieved its target of 6,000 units of supportive housing for individuals with serious mental illness. During the same time period, the number of calls to LifeNet, the City's crisis hotline, increased by 6 percent to 97,500. Through ThriveNYC roadmap initiatives, new funding was made available to increase call center capacity, and LifeNet continued to achieve call center industry standard service levels of answering 85 percent of inbound calls in less than 30 seconds and reducing call abandonment rates and wait times.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Individuals in the assisted outpatient mental health treatment program	1,245	1,289	1,388	1,533	1,570	*	*	Neutral	Up
Units of supportive housing available to persons with serious mental illness (000)	5.0	5.2	5.4	5.7	6.0	6.0	6.0	Up	Up
New children receiving services from the Early Intervention Program (000)	13.8	13.8	13.7	14.3	14.4	*	*	Neutral	Neutral
Calls to LifeNet (000)	85.8	92.0	105.1	92.0	97.5	*	*	Neutral	Up

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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.

The average response time for mail and internet requests for birth certificates increased but remained under two days, at 1.8 days in Fiscal 2016, compared to 1.3 days in Fiscal 2015, and significantly outperformed the overall target of 4 days. The slight increase is due to several factors, including staff turnover and an increase in volume of online orders submitted by customers. The average response time for death certificate mail and internet orders was 2 days in Fiscal 2016, compared to 1.7 days in Fiscal 2015. The increase is correlated with various factors, including normal fluctuations in the number of customer orders submitted, and an overall increase in internet orders during the second half of Fiscal 2016. The response time significantly outperformed the target of 4 days.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★Average response time for birth certificates by mail/online (days)	3.0	4.3	1.2	1.3	1.8	4.0	3.0	Down	Down
★Average response time for death certificates by mail/online (days)	4.1	5.2	1.9	1.7	2.0	4.0	3.0	Down	Down

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AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Workplace injuries reported	NA	145	118	104	104	*	*	Down	NA
Collisions involving City vehicles	NA	23	32	29	23	*	*	Down	NA
All summonses issued	77,949	67,203	66,711	64,625	59,067	*	*	Neutral	Down
Violations admitted to or upheld at ECB (%)	70.1%	64.4%	57.3%	70.9%	70.0%	*	*	Neutral	Neutral

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Customer Experience									
Completed requests for interpretation	10,278	10,664	11,102	12,475	14,986	*	*	Neutral	Up
Letters responded to in 14 days (%)	31%	21%	30%	36%	60%	40%	40%	Up	Up
E-mails responded to in 14 days (%)	39%	42%	68%	58%	72%	75%	75%	Up	Up
Average wait time to speak with a customer service agent (minutes)	12	11	9	8	1	10	10	Down	Down
CORE facility rating	81	90	92	92	81	85	85	Up	Neutral
Calls answered in 30 seconds (%)	65%	69%	85%	82%	78%	80%	85%	Up	Up

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
Response to 311 Service Requests (SRs)									
Percent meeting time to first action - Rodent (14 days)	72%	74%	75%	73%	73%	70%	70%	Neutral	Neutral
Percent meeting time to first action - Food Establishment (14 days)	94%	97%	98%	97%	92%	90%	90%	Neutral	Neutral
Percent meeting time to first action - Food Poisoning (3 days)	96%	96%	98%	84%	94%	90%	90%	Neutral	Neutral
Percent meeting time to first action - Indoor Air Quality (14 days)	99%	97%	99%	99%	99%	95%	95%	Neutral	Neutral
Percent meeting time to first action - Smoking complaint (14 days)	77%	81%	78%	86%	81%	70%	75%	Neutral	Neutral

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17	
Expenditures (\$000,000) ³	\$1,508.6	\$1,441.2	\$1,357.4	\$1,429.0	\$1,455.4	\$1,369.2	\$1,455.4	Neutral
Revenues (\$000,000)	\$36.8	\$34.2	\$32.8	\$31.5	\$60.0	\$59.0	\$31.4	Up
Personnel	5,179	5,070	4,954	5,122	5,292	6,051	6,047	Neutral
Overtime paid (\$000,000)	\$5.7	\$6.3	\$4.4	\$6.4	\$8.4	\$6.4	\$3.3	Up
Capital commitments (\$000,000)	\$25.5	\$7.4	\$64.4	\$49.9	\$23.8	\$121.7	\$72.4	Up
Human services contract budget (\$000,000)	\$836.3	\$775.8	\$702.5	\$725.2	\$652.0	\$618.7	\$650.8	Down

¹Actual financial amounts for the most current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller's Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ²Authorized Budget Level ³Expenditures include all funds
 "NA" - Not Available in this report

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Fiscal 2012 data for 'Adult New Yorkers without health insurance (%) (CY)' and 'Adult patients with controlled blood pressure (%) (CY)' is now available in this report.
- Fiscal 2016 data for the indicator 'Average wait time to speak with a customer service agent (minutes)' does not include wait time for birth and death certificates. The Vital Statistics walk-in center is currently undergoing a major renovation. Because of the renovation and related changes to business processes, the equipment used to calculate customer wait times is not currently in use. Once renovations are complete, the Department will return to tracking customer wait time for Vital Records services.
- The Department no longer participates in the Work Experience Program. As a result, agency resources data for 'Work Experience Program (WEP) participants assigned' is no longer reported.
- Fiscal 2016 data for Customers Observing and Reporting Experiences (CORE) ratings represents a change in methodology. For agencies with multiple service centers, inspectors focused on sites that had historically lower scores, specifically sites that received an average overall site score of 85 or lower over the last three years and sites that received a score of 85 or lower in Fiscal 2015. If all agency service centers scored above 85 last year, the service center with the lowest overall score was inspected.

ADDITIONAL RESOURCES

For additional information go to:

- Data & statistics:
<http://www1.nyc.gov/site/doh/data/data-sets/data-sets-and-tables.page>

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

