

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Mary T. Bassett, Commissioner



WHAT WE DO

The Department of Health and Mental Hygiene (the Department) protects and promotes the health and well-being of all New Yorkers. The Department engages with communities to develop and implement robust public health programming and policy recommendations, enforces health regulations, responds to public health emergencies, and provides limited direct health services.

The Department works towards just and fair health outcomes for all new Yorkers. The Department 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 by promoting physical activity. It contracts with community-based organizations to deliver mental health, developmental disability and alcohol and substance use disorder treatment services. It works with health care providers to improve health care delivery and to increase the use of preventive services, such as immunizations, and collaborates with community-based organizations to prevent, detect and treat HIV and other communicable infections. Direct services are provided at four tuberculosis clinics, eight sexual health clinics, one immunization clinic and more than 1,200 public schools. The Department 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 Early Intervention Program serves infants and toddlers with developmental delays. The Department's surveillance systems provide the basis for cutting edge research grounded in public health principles.

FOCUS ON EQUITY

The Department has greatly increased its efforts to ensure its programs address disparities and advance health equity. Because these disparities are a direct result of historic disinvestment and structural racism, we must be more deliberate in naming and addressing them. At the cornerstone of these efforts is the Department's Center for Health Equity (CHE). CHE was created to focus its attention on New York City's communities of color, which have been deprived of the necessary resources to achieve optimal health. CHE strengthens the Department's place-based efforts via its three Neighborhood Health Action Centers in East Harlem, Brownsville and Tremont. The Action Centers are part of the City's plan to better link residents in neighborhoods with disproportionately high rates of chronic disease and premature death with local clinical and community services. The Action Centers enable community-based organizations, Health Department staff, and other City agencies to work together to advance neighborhood health.

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 foodborne 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 2017

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 in line with the key goals and wide-ranging initiatives of New York’s “Ending the Epidemic” initiative. The Department expects even greater reduction in new diagnoses with increasing rates of viral suppression and its associated negligible risk of transmission. In addition, the Department’s data-driven combination prevention strategy, #PlaySure, which promotes the use of condoms in combination with other biomedical prevention strategies like pre- and post-exposure prophylaxis for HIV negative individuals, and immediate antiretroviral (ARV) therapy for people living with HIV.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
★ New HIV diagnoses (CY Preliminary)	3,303	3,016	2,718	2,493	2,279	↓	↓	Down	Down
★ Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)	82.6%	87.0%	87.7%	86.2%	90.1%	92.0%	92.0%	Neutral	*
★ Syphilis cases	1,104	1,234	1,315	1,804	1,808	↓	↓	Up	Down
Male condoms distributed (000)	37,561	38,146	36,604	35,666	35,220	37,828	37,828	Neutral	*
★ Critical Indicator	“NA” Not Available		↑↓ Directional Target	* None					

Goal 1b Prevent the spread of other infectious diseases.

The proportion of seniors who report receiving a flu shot in the last 12 months remained stable in Calendar 2016. The Department works to achieve high immunization rates among all New Yorkers. Flu vaccination can decrease 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. In Calendar 2015, eighty-seven percent of influenza and pneumonia-related deaths were among persons 65 years of age and older.

Each year 31,500 women and men in the US are diagnosed with cancer caused by human papillomavirus (HPV). An effective vaccine is available that can reduce the risk of certain HPV-related cancers by up to 99 percent. The Department works closely with NYC’s providers and with parents of school-aged children to increase the vaccination rate and also tracks HPV vaccine series completion among 13-to-17 year-olds. As of June 2017, HPV vaccine series completion was 59.7 percent for females and 53.6 percent for males. HPV vaccine series completion among adolescents (females and males) 13-17 years of age increased from 44 percent in Fiscal 2016 to 56 percent in Fiscal 2017, an increase of 12 percentage points. NYC has among the highest rates of HPV vaccine coverage in the US and is strongly committed to meeting the Healthy People 2020 national goal of 80 percent vaccine coverage.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
★ New tuberculosis cases (CY)	651	656	585	575	565	↓	↓	Down	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	61.8%	66.8%	64.2%	65.5%	65.4%	68.0%	68.0%	Neutral	Up
★ Children aged 19-35 months with up-to-date immunizations (%)	70.1%	72.1%	73.0%	74.7%	75.1%	75.0%	76.0%	Neutral	Up
★ Children in the public schools who are in compliance with required immunizations (%)	99.1%	99.2%	99.0%	98.8%	98.8%	99.0%	99.0%	Neutral	Up
★ HPV vaccine series completion (%)	26.1%	32.5%	38.5%	44.2%	56.6%	56.0%	60.0%	Up	Up
★ Critical Indicator	“NA” Not Available		↑↓ Directional Target	* None					

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 smoke in New York City in Calendar 2016 was 13.1 percent, continuing a long-term downward trend in this area, although the decline from Calendar 2015 is not statistically significant. This indicator is measured via survey, and the point estimate has a margin of error that may fluctuate from year to year due to survey sampling. Department initiatives such as “NYC Quits” and anti-tobacco media campaigns support smokers in their efforts to quit and may help lower the smoking rate. Additionally, new legislation to help reduce the number of smokers in New York City is expected to go into effect in Fiscal 2018. These new laws will raise the minimum prices for cigarettes and all other tobacco products, cap the number of tobacco retailers and e-cigarette retailers citywide, create a retail license for e-cigarettes, increase the fee for a cigarette retail dealer license, require all residential buildings to create and disclose a smoking policy, prohibit smoking and the use of e-cigarettes in common areas in multiple dwellings with fewer than 10 units, and ban the sale of tobacco products at pharmacies.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
★ Adults who smoke (%) (CY)	15.5%	16.1%	13.9%	14.3%	13.1%	13.8%	12.8%	Down	Down
Adults who are obese (%) (CY)	24.2%	23.4%	24.7%	24.1%	23.6%	23.9%	23.5%	Neutral	Down
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	28.2%	23.3%	22.5%	23.7%	22.7%	22.8%	21.8%	Down	Down
★ Critical Indicator	“NA” Not Available		↕↔ Directional Target	* None					

Goal 2b Improve preventive health care.

The percentage of adult New Yorkers without health insurance showed a statistically significant decrease from 12.6 percent in Fiscal 2016 to 10.9 percent in Fiscal 2017. One contributing factor to this decline could be the New York State implementation of the Essential Plan in January 2016. This plan offers qualified low-income individuals who are not eligible for Medicaid a choice of plans with no or very low-cost monthly fees and no deductibles. In addition, New York City has continued to focus enrollment efforts on the remaining uninsured populations through citywide multi-lingual media campaigns, advertisements and outreach. The Administration funded these citywide campaigns and on the ground enrollment efforts that included outreach and in-reach within agencies, such as NYC Health + Hospitals.

Colonoscopies became a widely used method of screening for colorectal cancer more than a decade ago. Since 2003, NYC’s rate of this preferred screening method increased from 42 percent to about 70 percent. The rate has plateaued in recent years both in NYC and nationally due to several factors: a segment of the population may be reluctant to undergo colonoscopy screening; and the complex referral and procedure processes for a colonoscopy, remain a barrier for some. Patient navigation is an intervention that addresses these barriers, and, in June 2016, DOHMH implemented a new community- and primary care-based navigation program. The Department looks forward to providing findings on the impact of this program in future reports.

Infant Mortality Rate per 1,000



Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Adult New Yorkers without health insurance (%) (CY)	19.8%	20.9%	13.8%	12.6%	10.9%	11.2%	10.0%	Down	Down
Adult patients with controlled blood pressure (%) (CY)	67.0%	67.4%	66.8%	67.2%	67.1%	70.0%	70.0%	Neutral	Up
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	68.5%	69.0%	69.9%	69.9%	68.5%	71.4%	71.4%	Neutral	Up
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	231.9	232.1	231.6	NA	NA	↓	↓	NA	Down
★ Infant mortality rate (per 1,000 live births) (CY)	4.7	4.6	4.2	4.3	4.1	4.2	4.2	Down	Down
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

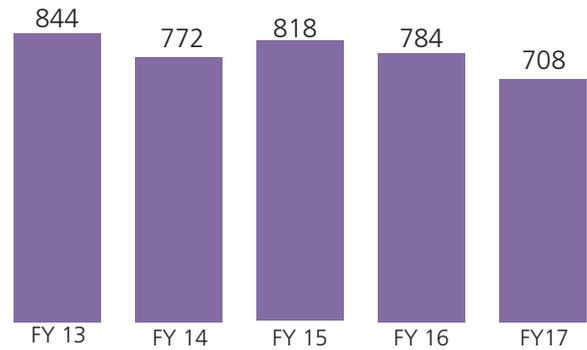
SERVICE 3 Promote a safe environment.

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

Fewer children were found to have elevated blood lead levels in Fiscal 2017, the lowest number of cases ever. The 9.7 percent decrease in the number of children with elevated blood lead levels may be due to multiple factors, including continued reduction of lead-based paint hazards in homes, screening and lead poisoning prevention educational efforts aimed at health care providers, community-based organizations and families.

The percent of child care inspections that do not require a compliance inspection decreased by 4.6 percentage points from the previous fiscal year. The Department added more stringent requirements around child supervision to the Health Code, which may have resulted in lower compliance as programs adjust to new regulatory requirements.

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



Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
★ 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	844	772	818	784	708	↓	↓	Down	Down
Day care initial site inspections	23,024	20,091	21,800	22,032	21,478	*	*	Neutral	*
★ Child care inspections that do not require a compliance inspection (%)	62.9%	66.9%	65.9%	62.0%	57.4%	↑	↑	Neutral	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 3b Reduce the threat of foodborne illness.

The percent of restaurants receiving a full sanitary inspection during the reporting period declined 12.3 percentage points due to the transfer of multiple Public Health Sanitarians into new, high-priority initiatives in the Department, and atypical challenges in backfilling the positions. The Food Safety program has resolved those challenges and expects to meet the 100 percent target next fiscal year.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Restaurants inspected (%)	99.6%	99.8%	99.9%	99.8%	87.5%	100.0%	100.0%	Neutral	Up
★ Restaurants scoring an 'A' grade (%)	86.9%	90.0%	93.0%	92.7%	93.3%	↑	↑	Neutral	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

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

The number of initial pest control inspections increased by 49 percent over the previous fiscal year due to increased inspections conducted under the Rat Reservoir Index program, in which DOHMH proactively inspects neighborhoods for rat activity, and the new Shelter Repair Squad, which regularly inspects homeless shelters for the presence of pests. Higher staffing levels enabled more inspections to be conducted.

The rate of initial inspections with active rat signs declined by 1.7 percentage points from the previous fiscal year. The lower rate reflects the increase in indexing inspections, which typically have a lower failure rate than other inspection types because all properties in a neighborhood are inspected, including those without rats.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Initial pest control inspections (000)	95	94	97	98	146	*	*	Up	*
Initial inspections with active rat signs (ARS) (%)	11.1%	10.8%	10.7%	13.9%	12.2%	*	*	Up	Down
★ Compliance inspections found to be rat free (%)	52.6%	50.9%	46.8%	47.8%	49.1%	↑	↑	Neutral	Up
Dogs licensed (000)	79.0	85.0	83.0	85.0	84.6	105.0	105.0	Neutral	*
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

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

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

Overdose rates in New York City have increased for six consecutive years. Fentanyl, a very potent semi-synthetic opioid, more than 50-100 times stronger than morphine, is primarily driving the increase. Opioids were involved in more than 80 percent of deaths; and heroin and/or fentanyl were involved in 72 percent (nearly three quarters) of overdose deaths, which is a sharp increase for New York City. In March 2017, the Administration released HealingNYC, a comprehensive plan to disrupt the upward trend of opioid overdose deaths. Under HealingNYC, the Department is undertaking a number of new initiatives including building a rapid assessment and response (RAR) team to identify people at risk; creating a new 24/7 non-fatal overdose response system to engage individuals who come to the emergency department (ED) after a non-fatal overdose; raising public awareness through media campaigns on overdose and overdose prevention; significantly expanding the distribution of naloxone, an overdose rescue medication; and expanding access to effective treatment services, including buprenorphine and methadone, medications to treat opioid addiction.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
New buprenorphine patients (CY) (quarterly)	9,620	8,487	7,046	6,950	6,894	8,000	7,300	Down	*
★ Deaths from unintentional drug overdose (CY)	725	786	793	939	1,374	↓	↓	Up	Down
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

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

In Fiscal 2017, 1,800 new units of supportive housing were added as part of the Administration’s plan to create 15,000 units of supportive housing over the next 15 years. The City’s 15,000 unit plan is comprised of roughly 7,500 newly-constructed, congregate units and 7,500 scattered site units.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Individuals in the assisted outpatient mental health treatment program	1,289	1,388	2,176	2,236	2,368	*	*	Up	*
Units of supportive housing available to persons with serious mental illness (000)	5.2	5.4	5.7	6.0	7.8	6.5	9.4	Up	Up
New children receiving services from the Early Intervention Program (000)	13.8	13.7	14.3	14.4	14.0	*	*	Neutral	*
Calls to NYC Well (000)	92.0	105.1	92.0	97.5	170.4	*	*	Up	*
★ Critical Indicator	“NA” Not Available	↑↓ Directional Target				* None			

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 processing time for vital records requests improved in Fiscal 2017. Birth certificate processing improved from 1.8 days to 1.6 days. The processing time for death certificates decreased from two days to 1.5 days. Slight fluctuations in processing times are normal and reflect various factors, including customer volume, staff vacancies and process improvements. The processing time continued to outperform the target of three days.

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
★ Average response time for birth certificates by mail/online (days)	4.3	1.2	1.3	1.8	1.6	3.0	3.0	Down	Down
★ Average response time for death certificates by mail/online (days)	5.2	1.9	1.7	2.0	1.5	3.0	3.0	Down	Down
★ Critical Indicator	“NA” Not Available	↑↓ Directional Target				* None			

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Workplace injuries reported	145	118	104	104	116	*	*	Down	Down
Collisions involving City vehicles	23	32	29	28	28	*	*	Neutral	Down
All summonses issued	67,203	66,711	64,625	59,067	57,780	*	*	Down	*
Violations admitted to or upheld at ECB (%)	64.4%	57.3%	70.9%	70.0%	75.2%	*	*	Up	*
★ Critical Indicator	“NA” Not Available	↑↓ Directional Target				* None			

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Customer Experience									
Completed requests for interpretation	10,664	11,102	12,475	14,986	18,486	*	*	Up	*
Letters responded to in 14 days (%)	21%	30%	36%	60%	44%	40%	50%	Up	Up
E-mails responded to in 14 days (%)	42%	68%	58%	72%	73%	75%	75%	Up	Up
Average wait time to speak with a customer service agent (minutes)	11	9	8	1	1	10	10	Down	Down
CORE facility rating	90	92	92	81	96	85	85	Neutral	Up
Calls answered in 30 seconds (%)	69%	85%	82%	78%	73%	85%	80%	Neutral	Up
★ Critical Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

Performance Indicators	Actual					Target		Trend	
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	5-Year	Desired Direction
Response to 311 Service Requests (SRs)									
Percent meeting time to first action - Rodent (14 days)	74%	75%	73%	73%	75%	70%	73%	Neutral	*
Percent meeting time to first action - Food Establishment (14 days)	97%	98%	97%	92%	95%	90%	90%	Neutral	*
Percent meeting time to first action - Food Poisoning (3 days)	96%	98%	84%	94%	98%	90%	90%	Neutral	*
Percent meeting time to first action - Indoor Air Quality (14 days)	97%	99%	99%	99%	98%	95%	95%	Neutral	*
Percent meeting time to first action - Smoking Complaint (14 days)	81%	78%	86%	81%	92%	75%	75%	Up	*
★ Critical Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY13	FY14	FY15	FY16	FY17	FY17	FY18	
Expenditures (\$000,000) ³	\$1,441.2	\$1,357.4	\$1,429.0	\$1,382.1	\$1,591.6	\$1,523.3	\$1,539.1	Neutral
Revenues (\$000,000)	\$34.2	\$32.8	\$31.5	\$60.0	\$31.0	\$30.5	\$31.4	Up
Personnel	5,070	4,954	5,122	5,292	5,986	6,133	5,916	Up
Overtime paid (\$000,000)	\$6.3	\$4.4	\$6.4	\$6.7	\$8.5	\$6.2	\$3.5	Up
Capital commitments (\$000,000)	\$7.4	\$64.4	\$49.9	\$23.9	\$20.8	\$136.9	\$163.3	Down
Human services contract budget (\$000,000)	\$775.8	\$702.5	\$725.2	\$626.3	\$662.6	\$635.1	\$696.5	Down
¹ Actual 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. ² Authorized Budget Level ³ Expenditures include all funds "NA" - Not Available *None								

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY16 ¹ (\$000,000)	Modified Budget FY17 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$400.9	\$455.5	
101 - Health Administration	\$47.6	\$54.5	All
102 - Disease Control	\$80.6	\$98.4	1a, 1b
103 - Family and Child Health and Health Services	\$102.2	\$108.4	1b, 2b
104 - Environmental Health Services	\$53.7	\$59.5	2b, 3a, 3b, 3c
105 - Early Intervention	\$14.7	\$16.7	4b
106 - Office of Chief Medical Examiner	\$49.0	\$55.2	Refer to table in OCME chapter
107 - Prevention and Primary Care	\$12.9	\$14.3	2a, 2b
108 - Mental Hygiene Management Services	\$25.1	\$31.9	4a, 4b
109 - Epidemiology	\$15.0	\$16.6	2a, 2b, 5a
Other Than Personal Services - Total	\$1,049.8	\$1,212.2	
111 - Health Administration	\$107.1	\$125.4	All
112 - Disease Control	\$183.3	\$234.5	1a, 1b
113 - Family and Child Health and Health Services	\$51.8	\$63.8	1b, 2b
114 - Environmental Health Services	\$32.6	\$42.2	2b, 3a, 3b, 3c
115 - Early Intervention	\$237.3	\$243.2	4b
116 - Office of Chief Medical Examiner	\$19.6	\$20.9	Refer to table in OCME chapter
117 - Prevention and Primary Care	\$71.6	\$63.1	2a, 2b
118 - Mental Hygiene Management Services	\$16.5	\$46.8	4a, 4b
119 - Epidemiology	\$5.9	\$5.6	2a, 2b, 5a
120 - Mental Health Services	\$233.4	\$261.2	4b
121 - Developmental Disability	\$11.2	\$14.9	NA
122 - Chemical Dependency and Health Promotion	\$79.4	\$90.6	4a
Agency Total	\$1,450.7	\$1,667.7	

¹Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2016. Includes all funds. Includes all funds.

²City of New York Adopted Budget for Fiscal 2017, as of June 2017.

³Refer to agency goals listed at front of chapter.

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Fiscal 2016 figures for 'Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)' and 'Syphilis cases' have been revised. The Fiscal 2015 figure for the indicator 'Individuals in the assisted outpatient mental health treatment program' has been revised.
- The Department began reporting 'HPV vaccine series completion (%)', under goal 1b of this report.
- The Department revised Fiscal 2016 data for the indicator 'Deaths from unintentional drug overdose (CY)' to reflect current figures.
- The Department revised Fiscal 2018 targets for the following indicators: 'Adults who smoke (%) (CY),' 'Adults who are obese (%) (CY),' 'Adult New Yorkers without health insurance (%) (CY),' 'Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY),' 'New buprenorphine patients (CY),' 'Units of supportive housing available to persons with serious mental illness (000),' 'Letters responded to in 14 days (%)' and 'Calls answered in 30 seconds (%).'
- Fiscal 2017 data for Customers Observing and Reporting Experiences (CORE) ratings are based on the inspection results of all the agency's service centers. In Fiscal 2016, as an exception, the rating was based on inspections of targeted facilities.

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.

