

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 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. 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 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

- The annual number of new HIV diagnoses in New York City has reached an all-time low as progress continues in line with key goals of New York's Ending the Epidemic initiative. The Department expects even greater reduction in new diagnoses with its combination prevention strategy, #PlaySure—launched on December 1st, World AIDS Day—which promotes the use of condoms in combination with other biomedical prevention strategies like pre- and post-exposure prophylaxis for HIV negative individuals, as well as effective antiretroviral therapy for people living with HIV. Quarterly actuals reported here for Fiscal 2015 and 2016 reflect first quarter data for Calendar 2014 and 2015, respectively.
- The increase in syphilis cases is attributed to continued unprotected sex among some men who have sex with men. Increases were seen 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. The Department 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. DOHMH also re-launched a Syphilis Advisory Group in January to bring together practitioners and advocates from across the city to discuss ways to reduce the incidence of this disease.
- Reporting of tuberculosis (TB) cases fluctuates from month to month, and is not consistent throughout the year. The 11 percent increase seen in the first four months of Calendar 2015 compared to the same period in 2014 is not a true reflection of TB trends. Preliminary TB case count for Calendar 2015 is 576 cases, a 1 percent decrease from the previous year. The Department has recently enhanced efforts to promote TB-specific health screening activities in the community and leverage technology to deliver more patient-centered health services to patients. The Department continues to screen and treat high risk TB patients at its four TB clinics, and provide case management to all TB patients and their contacts in New York City.
- The percentage of children in the public schools who are in compliance with required immunizations declined from 93.9 percent to 86.6 percent in the first quarter of Fiscal 2016. The drop in compliance can be attributed in part to the new, more stringent school immunization requirements implemented for the 2015-16 school year, including changes to the number of vaccine doses and the spacing interval between doses required for a child to be considered up-to-date. The Fiscal 2015 quarterly actual number has been corrected to 93.9 percent of children in public schools who are in compliance with required immunizations not including flu. The previous number reported had included flu vaccine in the compliance calculation.
- The proportion of New Yorkers without health insurance declined by more than 7 percentage points from 20.9 percent to 13.8 percent from Fiscal 2014 to Fiscal 2015. DOHMH programs engage in various activities oriented toward decreasing the proportion of New Yorkers who are uninsured. DOHMH has dedicated staff who work primarily at DOHMH health center sites to facilitate enrollment in (and, if applicable, renewal of) insurance. DOHMH staff are Certified Application Counselors who can assist those applying for (or renewing) Medicaid, CHIP or private insurance on the NYS health insurance marketplace.
- DOHMH conducted 7,865 day care site inspections during the first four months of Fiscal 2016, an increase of 32 percent compared to 5,979 inspections during the same period in Fiscal 2015. Beginning January 1, 2015, the Department's Child Care Program resumed its normal inspection schedule following completion of the vast majority of pre-kindergarten site inspections.
- During the first four months of Fiscal 2016, 42.1 percent of restaurants were inspected compared to 50.5 percent in the same period in Fiscal 2015. Restaurants with an A grade are inspected once a year. As more restaurants get A grades on initial inspections, fewer inspections are required. With 42.1 percent of restaurants inspected over 4 months, the Department is on track to inspect 100 percent of restaurants in Fiscal 2016.
- Beginning September 2014, the Department began offering multiyear dog licenses. Previously, this indicator counted licenses on an annual basis and has been revised to reflect the current number of dogs with an active license.
- Response time for birth certificate requests increased slightly from 1.3 days on average for the first four months of Fiscal Year 2015 to 1.5 days on average for the first four months of Fiscal Year 2016. This slightly higher response

time during the first four months of Fiscal 2016, as compared to the same period in Fiscal 2015, may be due to staff adjusting to new workflow processes that were implemented as part of a major building renovation in the area that issues birth certificates. Response time for death certificate requests decreased from 2.1 days in the first four months of Fiscal 2015 to 1.9 days in the first four months of Fiscal 2016. During both time periods, response times for death certificate requests outperformed targets.

- The percent of food establishment and smoking complaints responded to in 14 days declined by 11 and 26 percentage points respectively in the first four months of Fiscal 2016 compared to the same period in Fiscal 2015. A programming issue affecting the response to a portion of complaints received from July through mid-August has been resolved. Performance in October and November improved and the Department expects to meet the target by January 2016.

SERVICE 1 Detect and control infectious diseases.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
★ New HIV diagnoses (CY Preliminary)	3,303	3,016	2,863	↓	↓	747	629
★ Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)	82.6%	87.0%	88.9%	92.0%	92.0%	88.9%	88.5%
★ Syphilis cases	1,104	1,234	1,304	↓	↓	449	520
Male condoms distributed (000)	37,561	38,146	36,604	37,828	37,828	11,522	11,769

★ Critical Indicator "NA" - means Not Available in this report * No Target ↓↑ shows desired direction

Goal 1b Prevent the spread of other infectious diseases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
★ New tuberculosis cases (CY)	651	656	585	↓	↓	182	202
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	61.8%	66.8%	64.2%	72.0%	68.0%	NA	NA
★ Children aged 19-35 months with up-to-date immunizations (%)	70.1%	72.1%	73.0%	74.0%	75.0%	72.2%	73.3%
★ Children in the public schools who are in compliance with required immunizations (%)	99.1%	99.2%	99.0%	99.0%	99.0%	93.9%	86.6%

★ Critical Indicator "NA" - means Not Available in this report * No Target ↓↑ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
★Adults who smoke (%) (CY)	15.5%	16.1%	13.9%	13.5%	13.2%	NA	NA
Adults who are obese (%) (CY)	24.2%	23.4%	24.7%	24.2%	24.0%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	28.2%	23.3%	22.5%	21.2%	20.8%	NA	NA

★ Critical Indicator "NA" - means Not Available in this report * No Target ↓↑ shows desired direction

Goal 2b Improve preventive health care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Adult New Yorkers without health insurance (%) (CY)	19.8%	20.9%	13.8%	12.4%	11.2%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.0%	67.4%	66.8%	69.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	68.5%	69.0%	69.9%	70.6%	71.4%	NA	NA
★Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	231.9	232.1	NA	↓	↓	NA	NA
★Infant mortality rate (per 1,000 live births) (CY)	4.7	4.6	4.2	4.2	4.2	NA	NA

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SERVICE 3 Promote a safe environment.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	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	844	772	818	↓	↓	370	375
Day care initial site inspections	23,024	20,091	21,800	*	*	5,979	7,865
★Child care inspections that do not require a compliance inspection (%)	62.9%	66.9%	65.9%	↑	↑	66.8%	62.2%

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Restaurants inspected (%)	99.6%	99.8%	99.9%	100.0%	100.0%	50.5%	42.1%
★Restaurants scoring an 'A' grade (%)	86.9%	90.0%	93.0%	↑	↑	89.6%	91.5%

★ Critical Indicator "NA" - means Not Available in this report * No Target ↓↑ shows desired direction

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Initial pest control inspections (000)	95	94	97	*	*	31	29
Initial inspections with active rat signs (ARS) (%)	11.1%	10.8%	10.7%	*	*	11.9%	14.9%
★ Compliance inspections found to be rat free (%)	52.6%	50.9%	46.8%	↑	↑	46.5%	45.7%
Dogs licensed (000)	79.0	85.0	82.0	105.0	105.0	78.0	84.0

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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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
New buprenorphine patients (CY) (quarterly)	9,620	8,487	7,046	7,500	8,000	2,231	NA
★ Deaths from unintentional drug overdose (CY)	725	786	793	↓	↓	NA	NA

★ Critical Indicator "NA" - means Not Available in this report * No Target ↓↑ shows desired direction

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Individuals in the assisted outpatient mental health treatment program	1,289	1,388	1,533	*	*	1,466	1,611
Units of supportive housing available to persons with serious mental illness (000)	5.2	5.4	5.7	6.0	6.0	5.5	5.7
New children receiving services from the Early Intervention Program (000)	13.8	13.7	14.3	*	*	4.8	4.7
Calls to LifeNet (000)	92.0	105.1	92.0	*	*	29.3	33.4

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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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
★ Average response time for birth certificates by mail/online (days)	4.3	1.2	1.3	4.0	3.0	1.3	1.5
★ Average response time for death certificates by mail/online (days)	5.2	1.9	1.7	4.0	3.0	2.1	1.9

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AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Workplace injuries reported	145	118	104	*	*	35	36
Collisions involving City vehicles	23	32	29	*	*	9	13
All summonses issued	67,203	66,711	64,625	*	*	24,245	21,970
Violations admitted to or upheld at ECB (%)	64.4%	57.3%	70.9%	*	*	66.6%	70.7%

"NA" - means Not Available in this report * No Target

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Customer Experience							
Completed requests for interpretation	10,664	11,102	12,950	*	*	NA	NA
Letters responded to in 14 days (%)	21%	30%	36%	40%	40%	16%	62%
E-mails responded to in 14 days (%)	42%	68%	58%	75%	75%	46%	70%
Average wait time to speak with a customer service agent (minutes)	11	9	8	10	10	NA	NA
CORE facility rating	90	92	92	85	85	NA	NA
Calls answered in 30 seconds (%)	69%	85%	82%	80%	85%	83%	81%

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Response to 311 Service Requests (SRs)							
Percent meeting time to first action - Rodent (14 days)	74%	75%	73%	70%	70%	75%	73%
Percent meeting time to first action - Food Establishment (14 days)	97%	98%	97%	90%	90%	98%	87%
Percent meeting time to first action - Food Poisoning (3 days)	96%	98%	84%	90%	90%	90%	85%
Percent meeting time to first action - Indoor Air Quality (14 days)	97%	99%	99%	95%	95%	100%	99%
Percent meeting time to first action - Smoking complaint (14 days)	81%	78%	86%	70%	75%	88%	62%

"NA" - means Not Available in this report * No Target

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2015 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY13	FY14	FY15	FY16	FY16 ¹	FY17 ¹	FY15	FY16
Expenditures (\$000,000) ²	\$1,441.2	\$1,357.4	\$1,429.0	\$1,285.9	\$1,369.2	\$1,343.4	\$866.9	\$746.6
Revenues (\$000,000)	\$34.2	\$32.8	\$31.5	\$60.0	\$59.0	\$32.0	\$10.5	\$38.2
Personnel	5,070	4,954	5,122	5,299	6,051	5,927	4,909	4,773
Overtime paid (\$000,000)	\$6.3	\$4.4	\$6.4	\$4.1	\$6.4	\$4.1	\$1.5	\$2.3
Capital commitments (\$000,000)	\$7.4	\$64.4	\$49.9	\$98.3	\$121.7	\$130.3	\$5.8	\$3.8
Human services contract budget (\$000,000)	\$775.8	\$702.5	\$725.2	\$602.0	\$618.7	\$636.5	\$235.3	\$232.1
Work Experience Program (WEP) participants assigned	94	114	71	*	*	*	89	84

¹January 2016 Financial Plan

²Expenditures include all funds

"NA" - Not Available in this report

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- At the end of August 2015 NYC Health + Hospitals assumed management of Correctional Health Services from DOHMH. Correctional Health Services-related indicators no longer appear in this chapter.
- DOHMH added a new indicator, 'Percent of adult patients with controlled blood pressure (%) (CY)' to goal 2b. Several indicators are replaced or revised: 'Adult New Yorkers without health insurance (%) (CY)' replaces 'Adult New Yorkers without a regular doctor (%) (CY)' to reflect Department efforts to increase access to health care. 'Asthma-related emergency department visits among children ages 5-17 (rate per 10,000)' replaces 'Hospitalization rate for asthma among children ages 0-14 (per 1,000 children) (CY)' to improve reporting on the incidence of acute asthma exacerbations in children which does not always result in hospitalization; 'Dogs licensed (000)' replaces 'Dog licenses issued (000).'
- DOHMH revised previously reported figures for the following indicators: 'New HIV diagnoses (CY Preliminary)', 'Patients enrolled in Ryan White w/ current ARV Rx 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', 'Day care initial site inspections', 'Child care inspections that do not require a compliance inspection (%)', 'Restaurants scoring an 'A' grade (%)', 'Initial inspections with active rat signs (ARS) (%)', 'Compliance inspections found to be rat free (%)', 'Units of supportive housing available to persons with serious mental illness (000)', 'Calls to LifeNet (000)' and 'SLA - Food Establishment-% of SRs Meeting Time to Action.'
- DOHMH corrected the Fiscal 2016 targets for 'Infant mortality rate (per 1,000 live births)' and 'Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY).'
- DOHMH introduced more ambitious Fiscal 2017 targets for the following indicators: 'Children aged 19-35 months with up-to-date immunizations (%)', 'Adults who smoke (%) (CY)', 'Adults who are obese (%) (CY)', 'Adults who consume one or more sugar-sweetened beverage per day (%) (CY)', 'Adult New Yorkers without health insurance (%) (CY)', 'Adult patients with controlled blood pressure (%) (CY)', 'Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)', 'New buprenorphine patients (CY) (quarterly)', 'Average response time for birth certificates by mail/online (days)', 'Average response time for death certificates by mail/online (days)', 'Calls answered within 30 seconds (%)' and 'Percent meeting time to first action - Smoking complaint (14 days).'
- DOHMH introduced a less ambitious Fiscal 2017 target for 'Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY).'
- The Department revised the language for Service 4 to 'Prevent and address mental illness, developmental delays and disabilities, and substance misuse' and Goal 4a to 'Reduce the adverse health consequences of substance misuse.'
- Beginning with the Fiscal 2016 Mayor's Management Report, the agency resources indicator 'Work Experience Program (WEP) participants assigned' will be replaced with 'Work Experience Program (WEP) enrollment' to better reflect actual program participation.

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.

