

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Oxiris Barbot, 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 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 toward 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, improving the control of blood pressure and 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's programs work to address and advance health equity. The City must be deliberate in naming and addressing health inequities, or unjust differences in health outcomes, because they are a direct result of historic disinvestment and structural racism. At the cornerstone of these efforts is the Department's Center for Health Equity (CHE). CHE works toward a fair and healthy New York City where all residents—regardless of their ZIP code—have the opportunity to lead their healthiest lives. CHE strengthens the Department's goal to eliminate health inequities by providing training and technical assistance to other Divisions so that residents in neighborhoods affected by racism and long-term disinvestment receive equitable programs and services. The Department promotes equity by using data and storytelling to influence policy, systems and environmental change and by implementing neighborhood-based strategies to foster health. CHE also oversees Neighborhood Health Action Centers in East Harlem, Tremont and Brownsville that offer coordinated health and social services, as well as community programs under one roof. The Action Centers also provide a central location for people to connect and plan for improving the health of their neighborhoods.

## OUR SERVICES AND GOALS

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### SERVICE 1 Detect and control infectious diseases.

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

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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.
- Goal 2b Improve preventive health care.

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### 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.

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

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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.

## HOW WE PERFORMED

- The number of new HIV diagnoses in New York City continued to decline with a 10.5 percent decrease from the first quarter of Calendar 2018 compared to the first quarter of Calendar 2017. This progress is in line with the key goals and wide-ranging initiatives of the City's "Ending the Epidemic" initiative.
- The number of reported primary and secondary syphilis cases decreased to 638 in the first four months of Fiscal 2019 compared to 658 in the first four months of Fiscal 2018. This slight decline may be due, in part, to delays in reporting and classifying syphilis cases, as well as true decreases in syphilis transmission. The Department provides syphilis testing and treatment in the NYC Sexual Health Clinics, monitors reports of syphilis and works to prevent ongoing transmission by notifying, testing and treating the partners of individuals diagnosed with syphilis.
- There was a 25.6 percent decrease in the number of male condoms distributed during the first quarter of Fiscal 2019 compared to the same period last year. Delays in implementing the Department's new CDC cooperative agreement earlier in Calendar 2018 and a reduction in the condom distribution budget caused the decrease. To address the delay, orders were triaged to match demand and all orders were filled during the reporting period. The NYC Condom Availability Program (NYCAP) expects Fiscal 2019 to be similar to or lower than Fiscal 2018. The program is currently experiencing a lag in orders as it rolls out its full new line of products and launches its new web-based ordering system. Once the program has launched its entire product line and the new ordering system is up and running, NYCAP anticipates a significant increase in condom orders with distribution numbers more reflective of Fiscal 2017. Despite these recent declines, NYCAP's distribution efforts, condom education trainings for community members and participation in health fairs and other community events across the city continue to play a vital role in the Department's efforts to end the epidemic. The Department promotes condoms, HIV testing, PrEP and PEP and HIV treatment in tandem as components of New Yorkers' sexual health toolkits, and any temporary decline in condom distribution will not interrupt our overall HIV and STI prevention efforts.
- There was a 4.1 percent decrease in tuberculosis (TB) cases in the first four months of Calendar 2018 compared to the same period in Calendar 2017. The number of TB cases has largely plateaued in the last 10 years. To further reduce the burden of TB in New York City, the Department is expanding its efforts in the community and in its four TB clinics to identify and treat people with TB infection to prevent them from developing active TB.
- The HPV vaccination series completion rate increased from 58.5 percent in the first four months of Fiscal 2018 to 62.5 percent in the current reporting period. The improvement in HPV coverage is likely attributed to the recommendation of a two-dose series instead of three doses. The increase in coverage may also be due to increasing HPV vaccine acceptance and the Department's outreach activities to increase HPV vaccination rates in adolescent provider offices.
- During the first quarter of Calendar 2018, there were 1,306 children under the age of 18 with blood lead levels of five micrograms per deciliter or greater, a nine percent reduction compared to 1,441 children during the same time period in 2017. This decrease may be due to multiple factors, including continued reduction of lead-based paint hazards in homes and blood lead level prevention education efforts aimed at health care providers, community-based organizations and families. New York State law requires testing for lead at ages one and two years, and assessment of risk and testing of children at high risk for lead exposure up to age six years. There was a similar trend in children under the age of six, with a five percent decline during the first quarter of Calendar 2018 as compared to the same period in 2017.
- The number of full inspections performed at group child care centers in the first four months of Fiscal 2019 increased by 36.8 percent over the same period of Fiscal 2018. This increase can be attributed to efficiencies to the Compliance Performance Unit (CPU) that provides technical assistance and increased oversight of poorer performing centers. Specific efficiencies realized include increased supervisory oversight of inspection scheduling and geographic bundling of inspections.
- The percent of group child care inspections that do not require a compliance inspection increased to 72.7 percent through October of Fiscal 2019, a 14.1 percentage point increase over the same period of Fiscal 2018. This improvement can be attributed to a number of factors, including the Performance Summary Card initiative, launched in January of 2018; the change of policy to issue notices of violation on initial, rather than compliance, inspections; and higher-risk sites into the CPU, leaving the remaining pool of non-CPU programs to be relatively higher performing.

- The percent of restaurants inspected during the first four months of Fiscal 2019 is 46.5 percent, an increase of 5.3 percentage points over the same period of the prior fiscal year. The increase can be attributed to the addition of 30 public health sanitarians who are now fully trained and performing field inspections.
- The units of supportive housing available to persons with or at risk for developing mental health and substance use disorders increased almost 12 percent from 7.7 during the first four months of Fiscal 2018 to 8.6 in the current reporting period. This increase was anticipated as 901 new housing units were added between October 2017 and October 2018. The New York/New York III (NY/NY III) Supportive Housing Agreement opened 313 congregate units and the NYC 15/15 Initiative opened 495 scattered site and 93 congregate units. The NYC 15/15 Initiative will develop 15,000 units of supportive housing in the City over the next 15 years.

## SERVICE 1 Detect and control infectious diseases.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
★ New HIV diagnoses (CY Preliminary)	2,493	2,279	2,157	↓	↓	573	513
★ Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)	86.2%	90.1%	95.6%	94.0%	96.0%	95.2%	94.9%
★ Syphilis cases	1,807	1,908	1,923	↓	↓	658	638
Male condoms distributed (000)	35,666	35,220	20,917	37,828	34,045	8,838	6,577
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

**Goal 1b** Prevent the spread of other infectious diseases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
★ New tuberculosis cases (CY)	575	565	613	↓	↓	195	187
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	65.5%	65.4%	66.1%	68.0%	68.0%	NA	NA
★ Children aged 19-35 months with up-to-date immunizations (%)	74.7%	75.1%	74.1%	77.0%	77.0%	74.7%	73.0%
★ Children in the public schools who are in compliance with required immunizations (%)	98.8%	98.8%	99.0%	99.0%	99.0%	93.6%	92.8%
★ HPV vaccine series completion (%)	44.2%	56.6%	61.1%	64.0%	67.0%	58.5%	62.5%
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
★ Adults who smoke (%) (CY)	14.3%	13.1%	13.4%	12.6%	12.3%	NA	NA
Adults who are obese (%) (CY)	24.1%	23.6%	25.1%	23.3%	23.2%	NA	NA
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	23.7%	22.7%	23.0%	21.7%	20.4%	NA	NA
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

**Goal 2b** Improve preventive health care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Adult New Yorkers without health insurance (%) (CY)	12.6%	10.9%	11.8%	9.5%	10.0%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.2%	67.1%	67.3%	70.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	68.5%	69.9%	71.4%	71.4%	NA	NA
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	223.0	217.0	NA	↓	↓	NA	NA
★ Infant mortality rate (per 1,000 live births) (CY)	4.3	4.1	4.3	4.2	4.2	NA	NA
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
★ Childhood blood lead levels - number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	6,734	6,274	5,317	↓	↓	1,441	1,306
★ Childhood blood lead levels - number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	5,371	4,928	4,261	↓	↓	1,086	1,032
★ Active group child care center full inspections	7,764	6,732	9,286	*	*	2,125	2,908
★ Active group child care center initial inspections that do not require a compliance inspection (%)	63.7%	50.7%	64.3%	↑	↑	58.6%	72.7%
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None			

**Goal 3b** Reduce the threat of foodborne illness.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Restaurants inspected (%)	99.8%	87.5%	99.5%	100.0%	100.0%	41.2%	46.5%
★ Restaurants scoring an 'A' grade (%)	92.7%	93.3%	93.7%	↑	↑	93.4%	92.4%
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None			

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Initial pest control inspections (000)	98	146	175	*	*	55	53
Initial inspections with active rat signs (ARS) (%)	13.9%	12.2%	11.5%	*	*	12.1%	12.6%
★ Compliance inspections found to be rat free (%)	47.8%	49.1%	53.3%	↑	↑	52.4%	49.9%
Dogs licensed (000)	85.0	84.6	89.2	105.0	105.0	87.6	84.8
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Buprenorphine patients (CY)	13,293	13,612	14,098	16,022	16,022	9,910	10,577
★ Deaths from unintentional drug overdose (CY)	942	1,425	1,487	↓	↓	NA	NA
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Individuals in the assisted outpatient mental health treatment program	2,236	2,368	2,517	*	*	1,812	1,730
Units of supportive housing available to persons at risk for developing serious mental health and substance use disorders (000)	7.8	7.8	8.4	9.0	9.7	7.7	8.6
New children receiving services from the Early Intervention Program (000)	14.4	14.0	13.8	*	*	4.7	5.0
★ Total number of answered contacts by NYC Well (000)	NA	152.6	256.6	*	*	89.0	86.7
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
★ Average response time for birth certificates by mail/online (days)	1.8	1.6	1.9	3.0	3.0	1.9	NA
★ Average response time for death certificates by mail/online (days)	2.0	1.5	1.7	3.0	3.0	1.8	NA
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

## AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Workplace injuries reported	104	116	135	*	*	31	49
Collisions involving City vehicles	40	28	47	*	*	12	10
All summonses issued	59,067	57,780	92,063	*	*	39,533	47,518
Violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	70.0%	75.2%	55.7%	*	*	67.2%	42.8%
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

## AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Customer Experience							
Completed requests for interpretation	14,352	18,495	13,377	*	*	7,407	8,277
Letters responded to in 14 days (%)	60%	44%	68%	70%	70%	59%	73%
E-mails responded to in 14 days (%)	72%	73%	86%	80%	80%	81%	87%
Average wait time to speak with a customer service agent (minutes)	1	1	1	10	10	NA	NA
CORE facility rating	81	96	94	85	85	NA	NA
Calls answered in 30 seconds (%)	78%	73%	80%	80%	80%	75%	83%
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target		* None			

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Response to 311 Service Requests (SRs)							
Percent meeting time to first action - Rodent (14 days)	73%	75%	81%	73%	73%	77%	83%
Percent meeting time to first action - Food Establishment (14 days)	92%	95%	95%	90%	90%	94%	96%
Percent meeting time to first action - Food Poisoning (3 days)	94%	98%	98%	90%	90%	99%	99%
Percent meeting time to first action - Indoor Air Quality (14 days)	99%	98%	98%	95%	95%	99%	99%
Percent meeting time to first action - Smoking Complaint (14 days)	81%	92%	60%	75%	75%	83%	74%
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target		* None			

## AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2018 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY16	FY17	FY18	FY19	FY19 <sup>1</sup>	FY20 <sup>1</sup>	FY18	FY19
Expenditures (\$000,000) <sup>2</sup>	\$1,450.7	\$1,622.4	\$1,699.4	\$1,678.7	\$1,777.1	\$1,697.1	\$934.7	\$1,023.1
Revenues (\$000,000)	\$60.0	\$31.0	\$33.5	\$30.4	\$30.4	\$30.4	\$10.1	\$10.5
Personnel	5,858	6,577	6,858	6,655	6,970	6,748	6,581	6,819
Overtime paid (\$000,000)	\$11.8	\$10.9	\$11.0	\$5.9	\$7.6	\$5.4	\$3.2	\$3.7
Capital commitments (\$000,000)	\$23.9	\$21.4	\$17.2	\$123.8	\$130.6	\$133.3	\$3.1	\$8.1
Human services contract budget (\$000,000)	\$626.3	\$651.5	\$682.8	\$731.1	\$696.3	\$753.3	\$202.3	\$212.8
<sup>1</sup> February 2019 Financial Plan	<sup>2</sup> Expenditures include all funds		"NA" - Not Available					

## 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 FY18 <sup>1</sup> (\$000,000)	February 2019 Financial Plan FY19 <sup>2</sup> (\$000,000)	Applicable MMR Goals <sup>3</sup>
Personal Services - Total	\$494.4	\$521.6	
101 - Health Administration	\$62.3	\$56.8	All
102 - Disease Control	\$98.6	\$106.1	1a, 1b
103 - Family and Child Health and Health Equity	\$126.6	\$124.9	1b, 2b
104 - Environmental Health Services	\$64.1	\$66.5	2b, 3a, 3b, 3c
105 - Early Intervention	\$15.5	\$16.5	4b
<sup>1</sup> Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2018. Includes all funds.	<sup>2</sup> Includes all funds.		
<sup>3</sup> Refer to agency goals listed at front of chapter.	"NA" Not Available		* None

Unit of Appropriation	Expenditures FY18' (\$000,000)	February 2019 Financial Plan FY19 <sup>2</sup> (\$000,000)	Applicable MMR Goals <sup>3</sup>
106 - Office of Chief Medical Examiner	\$55.6	\$66.3	Refer to table in OCME chapter
107 - Prevention and Primary Care	\$15.7	\$18.0	2a, 2b
108 - Mental Hygiene Management Services	\$38.5	\$48.5	4a, 4b
109 - Epidemiology	\$17.4	\$18.0	2a, 2b, 5a
Other Than Personal Services - Total	\$1,205.0	\$1,255.4	
111 - Health Administration	\$137.4	\$120.5	All
112 - Disease Control	\$192.4	\$194.6	1a, 1b
113 - Family and Child Health and Health Equity	\$67.3	\$74.0	1b, 2b
114 - Environmental Health Services	\$32.4	\$39.4	2b, 3a, 3b, 3c
115 - Early Intervention	\$254.6	\$201.8	4b
116 - Office of Chief Medical Examiner	\$21.0	\$26.3	Refer to table in OCME chapter
117 - Prevention and Primary Care	\$53.2	\$65.2	2a, 2b
118 - Mental Hygiene Management Services	\$61.1	\$84.7	4a, 4b
119 - Epidemiology	\$4.5	\$5.9	2a, 2b, 5a
120 - Mental Health Services	\$256.8	\$312.4	4b
121 - Developmental Disability	\$15.5	\$16.1	*
122 - Chemical Dependency and Health Promotion	\$108.8	\$114.7	4a
Agency Total	\$1,699.4	\$1,777.1	

<sup>1</sup>Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2018. Includes all funds. <sup>2</sup>Includes all funds.  
<sup>3</sup>Refer to agency goals listed at front of chapter. "NA" Not Available \* None

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- DOHMH has revised Goal 1a under the service 'Detect and control infectious diseases' to 'Reduce new cases of HIV and other sexually transmitted infections.'
- The indicators 'Childhood blood lead levels – number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)' and 'Childhood blood lead levels – number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)' replace the indicator '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.' These new indicators use the CDC's recommendation of five micrograms per deciliter as the blood lead reference level. More than 80 percent of the children included in the less than 18 years of age indicator are age six or less. This indicator is not representative of the New York City population under 18 years, as only children older than age two at high risk are tested. The data for this indicator is reported by calendar year quarter.
- The indicator 'Day care initial site inspections' has been replaced with 'Active group child care center full inspections.' The new indicator only includes New York City permitted sites and does not include state-licensed sites. The new indicator better captures the permitting, enforcement, education and initiatives that help group child care centers operate in compliance with the New York City Health Code.
- The indicator 'Child care inspections that do not require a compliance inspection (%)' has been revised to 'Active group child care center initial inspections that do not require a compliance inspection (%)'. The new indicator only includes New York City permitted sites and does not include state-licensed sites. The new indicator better captures the permitting, enforcement, education and initiatives that help group child care centers operate in compliance with the New York City Health Code.
- October 2018 figures for the indicators 'Average response time for birth certificates by mail/online (days)' and 'Average response time for death certificates by mail/online (days)' is currently unavailable. DOHMH launched eVital, the new electronic system for registering births and deaths in New York City, in October 2018, resulting in data being unavailable for that month until issues with system reports and extracts are resolved.

## ADDITIONAL RESOURCES

For additional information go to:

- Data & statistics:  
<http://www1.nyc.gov/site/doh/data/data-sets/data-sets-and-tables.page>
- Healthy People 2020:  
<https://www.healthypeople.gov/>

For more information on the agency, please visit: [www.nyc.gov/health](http://www.nyc.gov/health).