



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Thomas A. Farley, Commissioner

Key Public Service Areas

- ✓ Promote health and mental hygiene, prevent and reduce harmful alcohol and drug use and dependence, and reduce health disparities among New York City communities.
- ✓ Facilitate access to high-quality health and mental hygiene (mental health, developmental disabilities, and alcohol and drug use) services.
- ✓ Improve environmental health and safety.
- ✓ Provide high quality and timely services to the public.

Scope of Agency Operations

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and mental well being of all New Yorkers. The Department contracts for: mental health services; developmental disability services; alcohol and drug use services; and Early Intervention services to developmentally delayed infants and toddlers. DOHMH's community-based services include: District Public Health Offices; five borough-based Early Intervention Offices, three year round immunization walk-in clinics; five TB chest centers; nine STD clinics; HIV prevention and control services; health services at more than 1,250 schools; and health and mental health services in the City's correctional facilities. DOHMH has programs to prevent and control chronic diseases such as heart disease, diabetes, asthma and cancer. The Department has also made reducing obesity- and tobacco-related illnesses a priority. DOHMH generates community health profiles; issues birth and death certificates; conducts health and safety inspections to enforce the City Health Code; and protects public safety through immediate response to emergent public health threats.

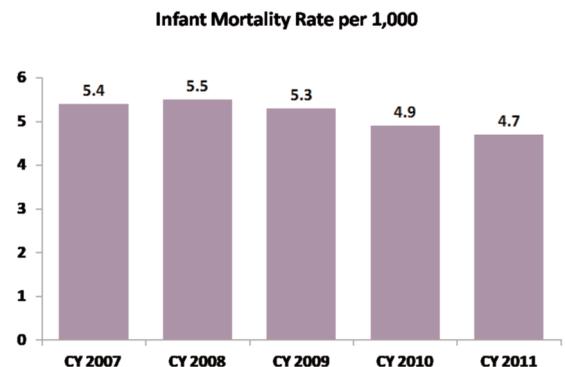
Critical Objectives

- Reduce smoking and the illness and death caused by tobacco use.
- Improve overall health through scientific research and evidence-based initiatives.
- Prevent and control childhood diseases.
- Reduce new cases of HIV/AIDS, tuberculosis, sexually transmitted diseases and other preventable diseases.
- Facilitate access to quality mental health, Early Intervention, developmental disability, and alcohol and drug use services.
- Prevent lead poisoning.
- Promote the safety of child care programs.
- Promote the safety of commercial food establishments.
- Prevent rat infestations through inspection, notification and baiting.
- Reduce risks to human health from unwanted and abandoned animals.
- Provide birth and death certificates to the public quickly and efficiently.

Performance Report

- ✓ **Promote health and mental hygiene, prevent and reduce harmful alcohol and drug use and dependence, and reduce health disparities among New York City communities.**

- The infant mortality rate fell to 4.7 per 1,000 live births in Calendar 2011, the lowest rate recorded in over 100 years of measurement.

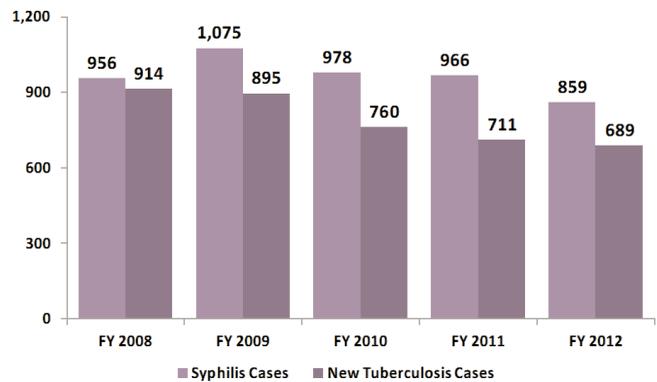


- The adult smoking rate in New York City was 14.8 percent in Calendar 2011, compared to 14.0 percent in Calendar 2010; these rates are not statistically different from one another. DOHMH continues tobacco control efforts such as educational campaigns, nicotine replacement therapies, and prompting providers to screen and treat for tobacco use.
- The percentage of adults who consume an average of one or more sugar-sweetened beverages per day has declined six percentage points since Calendar 2008, and the rate declined slightly from Calendar 2010 to Calendar 2011. The Department continues to pursue anti-obesity initiatives, which may have contributed to this decline. Public education campaigns warn consumers about the health risks to sugary drinks, NYC food standards require healthier

beverage options across meals and beverages served by city agencies, and the Shop Healthy program encourages healthier beverage choices in retailers. The Department also plans to limit the size of sugar-sweetened beverages served in food establishments.

- The percent of adults, aged 50+, who received a colonoscopy in the past ten years remained stable at 68.6 percent for Calendar 2011.
- The percentage of seniors, aged 65+, who reported receiving a flu shot in the past 12 months increased 5.1 percentage points and surpassed the target of 64 percent.
- Deaths from AIDS declined 7.9 percent and the number of new adult AIDS cases diagnosed declined by 14.3 percent from Calendar 2010 to 2011. While some of the decrease maybe due to incomplete reporting, the decrease in AIDS cases also mirrors national trends.
- The 18.2 percent decline in HIV tests from Fiscal 2011 to Fiscal 2012 is due to incomplete reporting from contracted providers resulting from a transition to new contracts and data reporting system and to a reduction of TB and STD clinic services that offered HIV testing services.
- The number of syphilis cases reported during Fiscal 2012 decreased 11.1 percent from the same period in Fiscal 2011, to 859. The number of new tuberculosis cases declined by 3.1 percent, to 689, from Calendar 2010 to 2011, an all time low.

Syphilis Cases and New Tuberculosis Cases



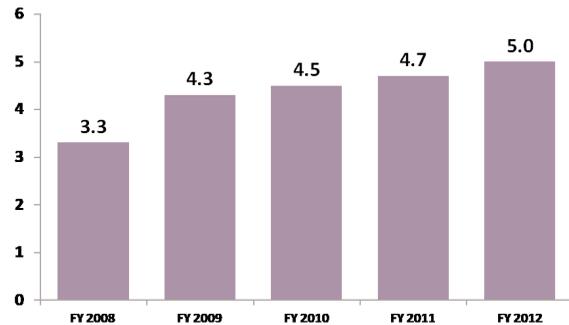
Performance Statistics	Actual					Target		5-Yr. Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
★ Adults who smoke (%) (CY) (preliminary)	16.9%	15.8%	15.8%	14.0%	14.8%	12.0%	12.5%	Downward
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY) (preliminary)	61.7%	65.6%	66.0%	67.5%	68.6%	80.0%	73.0%	Upward
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY) (preliminary)	35.9%	32.6%	31.6%	30.3%	29.9%	29.0%	26.0%	Downward
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY) (preliminary)	54.7%	56.6%	52.6%	62.3%	67.4%	64.0%	67.0%	Upward
★ Hospitalization rate for asthma among children ages 0-14 (per 1,000 children) (CY) (preliminary)	5.2	5.2	5.2	5.5	NA	4.7	4.7	NA
★ Infant mortality rate (per 1,000 live births) (CY)	5.4	5.5	5.3	4.9	4.7	4.7	4.7	Downward
★ Children in the public schools who have completed required immunizations (%)	97.9%	98.8%	98.8%	98.8%	99.1%	98.8%	99.0%	Neutral
Number of male condoms distributed (000)	39,070	41,838	36,838	36,309	36,108	36,000	37,000	Downward
Number of New Yorkers who die from HIV/AIDS (CY)	1,115	1,073	933	832	766	*	*	Downward
★ New adult AIDS cases diagnosed (CY) (preliminary)	3,522	3,266	2,947	2,483	2,129	*	*	Downward
Persons diagnosed, living and reported with HIV/AIDS (CY)	104,415	106,584	108,791	110,736	112,791	*	*	Neutral
★ HIV tests conducted (preliminary)	201,624	278,222	282,692	291,551	238,347	250,000	250,000	Upward
Unduplicated clients enrolled in HIV/AIDS (Ryan White) health and supportive services (FY March - February) (000)	64.7	88.0	87.7	81.4	70.7	75.5	70.0	Neutral
★ Syphilis cases	956	1,075	978	966	859	*	*	Downward
★ New tuberculosis cases (CY) (preliminary)	914	895	760	711	689	*	*	Downward
Patients who complete treatment for active tuberculosis (%) (CY)	92.0%	94.0%	90.5%	91.0%	91.0%	93.0%	93.0%	Neutral

★ Critical Indicator "NA" - means Not Available in this report

✓ **Facilitate access to high-quality health and mental hygiene (mental health, developmental disabilities, and alcohol and drug use) services.**

- The number of supportive housing units available to persons with serious mental illness increased 6.4 percent between Fiscal 2011 and Fiscal 2012. The increase reflects the ongoing development of new housing units produced under the New York/New York III agreement.

Units of Supportive Housing Available for Persons with Serious Mental Illness (000)



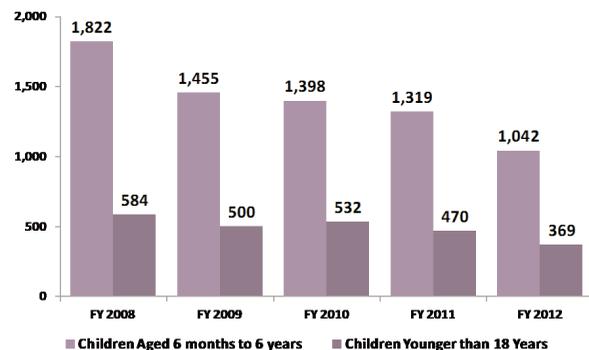
Performance Statistics	Actual					Target		5-Yr. Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health, and dental)	817,437	838,467	817,012	803,871	877,270	*	*	Neutral
New children receiving services from the Early Intervention Program (000)	15.8	16.9	17.0	15.4	NA	*	*	NA
All children receiving services from the Early Intervention Program (000)	31.5	32.7	34.9	33.9	NA	*	*	NA
Adult New Yorkers without a regular doctor (%) (CY)(preliminary)	19.4%	15.6%	18.1%	16.7%	16.9%	*	*	Neutral
Screening rates for breast cancer (%) (CY)	73.9%	77.8%	78.5%	76.7%	NA	80.0%	80.0%	NA
Screening rates for cervical cancer (%) (CY)	79.8%	82.5%	81.6%	78.4%	NA	83.0%	80.2%	NA
Calls to LifeNet (000)	88.4	94.5	97.2	92.9	85.8	*	*	Neutral
Individuals in the assisted outpatient mental health treatment program	1,061	1,274	1,344	1,315	1,245	*	*	Upward
Units of supportive housing available to persons with serious mental illness (000)	3.3	4.3	4.5	4.7	5.0	5.1	5.3	Upward
New buprenorphine patients	4,177	6,733	7,006	7,238	NA	7,500	8,000	NA
★ Deaths from unintentional drug overdose (CY)	695	631	624	516	NA	*	*	NA
Alcohol-attributable mortality (CY)	1,680	1,703	1,675	1,629	NA	*	*	NA

★Critical Indicator "NA" - means Not Available in this report

✓ **Improve environmental health and safety.**

- New cases among children aged 6 months to less than 6 years with blood lead levels greater than or equal to 10 micrograms per deciliter decreased by 21 percent from Fiscal 2011 to 2012. New cases among children less than 18 years old that require environmental intervention for lead poisoning decreased by 21.5 percent from Fiscal 2011 to Fiscal 2012 as well. Performance reflects the continued success of the Department's lead poisoning prevention activities and the reduction of lead environmental hazards citywide.

New Cases: Blood Lead Levels >= 10micrograms/dl



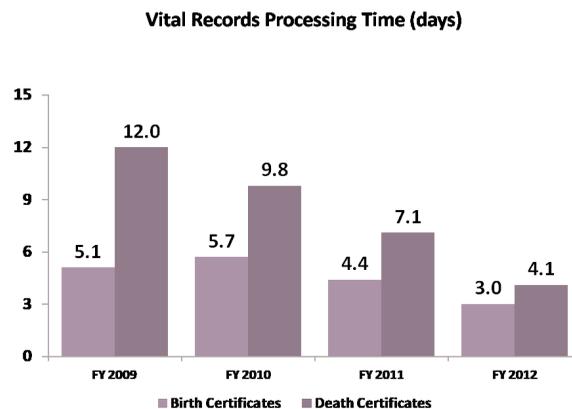
- Pest control initial inspections increased 8.8 percent in Fiscal 2012 to approximately 124,000, compared to 114,000 in Fiscal 2011.
- While initial pest control inspections with signs of active rats increased by 1.2 percentage points to 11 percent, compliance pest control inspections found to be rat free increased by 3.9 percentage points to 51 percent from Fiscal 2011 to Fiscal 2012. The change is due to two factors: (1) indexing activity in the Bronx was restricted to a smaller area as compared to that in Fiscal 2011, in order to target community districts with the highest failure rates; and (2) indexing began in Manhattan, which has a higher initial inspection failure rate. However, because of the Department's intervention efforts following failed initial inspections, homeowners were more likely in Fiscal 2012 to make improvements and pass their compliance inspections.
- Restaurants earning an 'A' grade increased to 85.4 percent of all licensed eateries, up 3.7 percentage points from Fiscal 2011 to Fiscal 2012. The Department inspected 99.4 percent of all licensed restaurants during Fiscal 2012.

Performance Statistics	Actual					Target		5-Yr. Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
<i>Childhood blood lead levels - New cases among children less than 18 years requiring environmental intervention for lead poisoning</i>	584	500	532	470	369	*	*	Downward
<i>- Primary address inspected within 5 business days (%)</i>	90.2%	90.4%	86.9%	85.0%	89.7%	90.0%	90.0%	Neutral
★ <i>- New cases among children aged 6 months to less than 6 years with blood lead levels greater than or equal to 10 micrograms per deciliter</i>	1,822	1,455	1,398	1,319	1,042	*	*	Downward
<i>Day Care site complaints received</i>	1,554	1,525	1,416	1,325	1,082	*	*	Downward
<i>Day care initial site inspections</i>	18,695	15,989	20,280	21,610	22,219	*	*	Upward
<i>Restaurants inspected (%)</i>	80.1%	99.1%	99.7%	99.8%	99.4%	100.0%	100.0%	Upward
<i>Restaurants scoring an 'A' grade (%)</i>	NA	NA	NA	81.7%	85.4%	*	*	NA
★ <i>Pest control complaints received by DOHMH (000)</i>	23.0	22.1	21.8	22.5	22.3	*	*	Neutral
<i>Initial pest control inspections (000)</i>	72	99	85	114	124	*	*	Upward
<i>Initial Inspections with active rat signs (ARS) (%)</i>	22.3%	13.1%	15.1%	9.8%	11.0%	*	*	Downward
★ <i>Compliance inspections found to be rat free (%)</i>	42.2%	40.8%	43.5%	47.1%	51.0%	*	*	Upward
<i>Dog licenses issued (000)</i>	91.8	101.0	99.4	97.6	92.7	105.0	105.0	Neutral

★ Critical Indicator "NA" - means Not Available in this report

✓ **Provide high quality and timely services to the public.**

- The average response time for birth certificates declined by 31.8 percent between Fiscal 2011 and Fiscal 2012. The average response time for death certificates declined by 42.3 percent for the same period. The Department has improved the average response time through continued active promotion and expansion of online orders, which are less time-consuming to fulfill than orders received through the mail. The Department also streamlined its internal procedures for processing mail orders through information technology upgrades, which have reduced the turnaround time for these orders. Additional information on customer service-related performance is available in the "Agency Customer Service" section of this chapter.



Performance Statistics	Actual					Target		5-Yr. Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
★ Average response time for birth certificates by mail/online (days)	NA	5.1	5.7	4.4	3.0	5.0	5.0	NA
★ Average response time for death certificates by mail/online (days)	NA	12.0	9.8	7.1	4.1	8.0	8.0	NA
★ Critical Indicator "NA" - means Not Available in this report								

Agency Customer Service

Performance Statistics	Actual					Target		5-Yr.Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
Customer Experience								
Percent of e-mails responded to in 14 days	NA	NA	76	63	31	NA	70	NA
Percent of letters responded to in 14 days	NA	NA	43	28	18	NA	40	NA
Percent of calls answered in 30 seconds	NA	86	83	35	65	NA	70	NA
Average customer in-person wait time (minutes)	NA	18	38	17	12	NA	10	NA
Completed customer requests for interpretation	NA	3,283	14,357	12,256	10,278	NA	NA	NA
CORE customer experience rating (0-100)	NA	NA	85	86	81	NA	85	NA
Response to 311 Service Requests (SRs)								
Percent meeting time to action – Food Establishment (14 days)	NA	NA	90	87	94	NA	90	NA
Percent meeting time to action – Food poisoning (3 days)	98	92	93	94	96	NA	90	Neutral
Percent meeting time to action – Indoor Air Quality (14 days)	63	85	96	98	99	NA	95	Upward
Percent meeting time to action – Smoking (14 days)	NA	NA	86	72	77	NA	70	NA
Percent meeting time to action – Rodent (14 days)	NA	NA	71	64	72	NA	70	NA

Agency Resources

Resource Statistics	Actual					Plan ¹		5-Yr.Trend
	FY08	FY09	FY10	FY11	FY12	FY12	FY13	
Expenditures (\$ millions) ²	\$1,518.5	\$1,646.3	\$1,619.9	\$1,564.3	\$1,608.0	\$1,521.8	\$1,517.2	Neutral
Revenues (\$ millions)	\$129.5	\$65.3	\$69.2	\$79.0	\$36.8	\$33.6	\$35.4	Downward
Personnel	6,070	6,073	5,578	5,270	5,179	5,393	5,292	Downward
Overtime paid (\$ millions)	\$5.5	\$6.2	\$7.8	\$5.4	\$4.0	\$3.3	\$3.2	Downward
Capital commitments (\$ millions) ³	\$52.7	\$51.1	\$50.5	\$138.9	\$25.7	\$80.0	\$141.0	Upward
Human services contract budget (\$ millions)	\$800.6	\$947.8	\$934.4	\$900.9	\$874.6	\$905.3	\$882.2	Neutral
Work Experience Program (WEP) participants assigned	192	188	293	38	113	*	*	Downward
¹ Authorized Budget Level "NA" - Not Available in this report								
² Expenditures include all funds. ³ To view the FY 2013 September Capital Commitment Plan upon its release, see www.nyc.gov/omb .								

Noteworthy Changes, Additions or Deletions

- Beginning in Fiscal 2013, the Mayor's Management Report will be restructured to focus on the goals that the agency intends to achieve during the fiscal year. Each goal will be accompanied by a performance measure or measures that will quantify the agency's progress toward achieving that goal. For Fiscal 2013, the department's services and goals are:

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 alcohol and substance abuse.

Goal 4a: Reduce the adverse health consequences of excessive drinking and substance abuse.

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

Service 5: Provide high quality and timely service to the public.

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

- With the release of Community Health Survey (CHS) 2011 data, the Health Department has updated its weighting methodology which is consistent with other large state and national surveys. The new weighting methods incorporate Census 2010 data and additional demographic characteristics to best represent the population of adult New Yorkers in its health and risk factor estimates. The Health Department conducted an extensive analysis of the effects of these changes, with the key finding that the updated methodology has minimal or no effect on CHS health estimates and does not impact the interpretation of trends in prevalence (percentages) over time. Trends in health indicators can be best measured using prevalence estimates (percentages). CHS estimates of the number of New Yorkers with a health condition are more sensitive to the changes in methodology than estimated percentages. The estimated number of adults from CHS 2011 should be compared with caution to those from previous years, because changes will reflect not only change in the health indicator, but also population shifts between 2000 and 2010. This change impacts the following indicators; 'Adults who smoke (%) (CY)', 'Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)', 'Adults who consume an average of one or more sugar-sweetened beverage per day (%) (CY)', 'Seniors, aged 65+, who received a flu shot in the last 12 months (%) (CY)' and 'Adult New Yorkers without a regular doctor (%) (CY)'.
- The data for the indicator 'Hospitalization rates for asthma among children ages 0-14' is not available. New York State continues to receive updated hospital discharge data indefinitely and the data are not usually complete until at least six months after the end of a given calendar year. After the Health Department requests data, there is an additional lag time to process the request and for the data to be cleaned and analyzed by the Health Department.
- Last year, NYS DOH implemented a new database, from which Early Intervention data is reported. The new system is still not able to transmit accurate data, which is a state-wide problem. DOHMH is actively working with NYS DOH to fix the system and will report updated Early Intervention data as soon as it is available.

- Data on the number of breast cancer screenings and the number of cervical cancer screenings were not collected in 2011.
- The Department revised its calculation method for the measure of 'Units of supportive housing available to persons with serious mental illness (000)' to reflect only those units that NYC DOHMH oversees. Previously this indicator counted City-overseen units and units overseen by the New York State Office of Mental Health, which the Department does not fund, control or oversee. The new methodology will provide a clearer picture of progress made in supportive housing units overseen by NYC DOHMH.
- The NYS DOH Bureau of Narcotics Enforcement collects data on new buprenorphine patients. At this time, data for Fiscal 2012 is unavailable.
- Data on deaths from unintentional drug overdose require reporting from DOHMH Vital Statistics and additional review and verification of toxicology reports. At this time, review of the data is still ongoing, with completion expected in late September.
- The Department revised its calculation method for the indicator 'Alcohol-attributable mortality (CY)' and data for Fiscal 2012 is not yet available.
- The Department revised its Fiscal 2013 targets for 'Adults who smoke (%) (CY)' and 'Adults who consume an average of one or more sugar-sweetened beverage per day (%) (CY)'. The target for 'Adults who smoke (%) (CY)' was revised based on previous year-to-year changes in smoking prevalence. The target for 'Adults who consume an average of one or more sugar-sweetened beverage per day (%) (CY)' was based on the findings of the City's Obesity Task Force.

For more information please visit the website at: www.nyc.gov/doh

