

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Mary Travis 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. More specifically, 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 abuse 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, and more than 1,200 public schools. DOHMH also provides primary care and mental health services in the City's jails. 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 three key areas of focus are: leveraging policy changes to better integrate primary care and public health; building interagency collaboration to address the root causes of health disparities; and increasing access to care by making services more accessible in neighborhoods with the poorest health outcomes. 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 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 abuse.

- Goal 4a Reduce the adverse health consequences of 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.

HOW WE PERFORMED IN FISCAL 2014

SERVICE 1 Detect and control infectious diseases.

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

The Department promotes HIV testing and conducts multimedia campaigns to raise awareness and help prevent infection. DOHMH also supports medical case management to ensure that persons living with HIV are engaged and retained in care and adhere to their medication, so that they can remain healthy and reduce the risk of infecting their partners. Based on preliminary data, the Department is projecting a decrease of 8.3 percent in the number of new HIV diagnoses for Calendar 2013 as compared to Calendar 2012, which reflects the long-term trend of annual declines in the number of new HIV diagnoses in New York City.

The 7.9 percent increase in syphilis cases from Fiscal 2013 to Fiscal 2014 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.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Male condoms distributed (000)	36,838	36,309	36,108	37,561	38,146	37,000	37,828	Neutral	Neutral
★New HIV diagnoses (CY Preliminary)	3,946	3,588	3,467	3,175	2,913	↕	↕	Down	Down
★Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment (%)	NA	NA	NA	83.0%	87.0%	85.0%	90.0%	Neutral	NA
★Syphilis cases	978	966	903	1,104	1,191	↕	↕	Down	Up

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

Goal 1b Prevent the spread of other infectious diseases.

The Department works to increase pediatric immunization rates by distributing vaccines, providing facilities with their immunization data for quality improvement, and distributing patient education materials. Providers with high coverage are recognized for their work. The five percentage point increase in flu vaccination among seniors between Fiscal 2013 and Fiscal 2014 is likely a result of a more active flu season in Fiscal 2014 and increased media coverage and continued promotion.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
★New tuberculosis cases (CY)	760	711	689	651	656	↕	↕	Down	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	52.6%	62.3%	67.4%	61.8%	66.8%	65.0%	68.0%	Up	Up
★Children aged 19-35 months with up-to-date immunizations (%)	57.6%	65.1%	66.4%	70.1%	72.1%	71.5%	74.0%	Up	Up
★Children in the public schools who are in compliance with required immunizations (%)	98.8%	98.8%	99.1%	99.1%	99.2%	99.0%	99.0%	Up	Neutral

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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.

The prevalence of adult smokers in Calendar 2013 was 16.1 percent. While this is not a statistically significant change from 15.5 percent in Calendar 2012, it is a significant increase from the city's lowest recorded adult smoking rate of 14 percent in Calendar 2010. For the first time since 2007, there are over one million smokers in New York City. However, cigarette consumption continues to decrease in NYC, as those who still smoke tend to smoke fewer cigarettes. Non-daily (those smoking some days, but not every day) and light smokers (those smoking 10 or fewer cigarettes per day) now comprise 76 percent of the smoking population, compared with 64 percent in Calendar 2002.

The prevalence of adults who reported consuming one or more sugar-sweetened beverages per day decreased by nearly five percentage points, from 28.2 percent in Calendar 2012 to 23.3 percent in Calendar 2013. The proportion of adults who are obese remained stable between Calendar 2012 and Calendar 2013. The Department continues to educate the public about the health risks associated with sugar-sweetened beverages and promote the availability of healthier food options through the NYC Food Standards for city agencies and the Shop Healthy program with neighborhood food retailers.

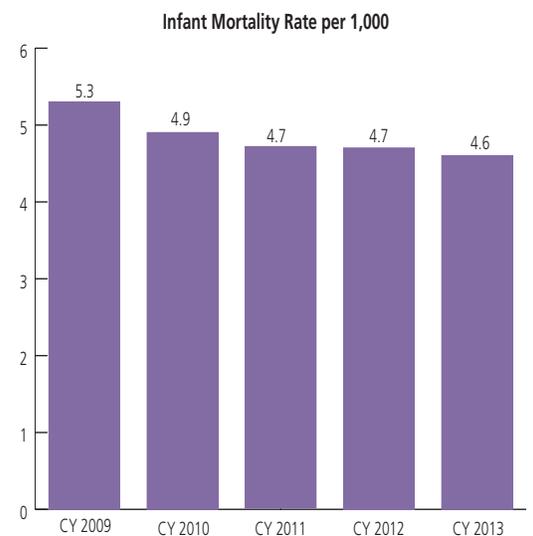
Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
★Adults who smoke %(CY)	15.8%	14.0%	14.8%	15.5%	16.1%	15.1%	14.7%	Down	Neutral
Adults who are obese (%)	23.3%	23.4%	23.7%	24.2%	23.4%	23.9%	23.6%	Down	Neutral
Adults who consume an average of one or more sugar-sweetened beverages per day %(CY)	31.6%	30.3%	29.9%	28.2%	23.3%	27.1%	26.0%	Down	Down

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Goal 2b Improve preventive health care.

Measures of preventive health care have generally improved over time. Asthma hospitalization rates have been fairly stable for several years, though some expected year-to-year fluctuations occur due to varying respiratory virus infection rates and severity, weather, air quality, and hospital admitting practices. The hospitalization rate for asthma among children ages 0-14 increased from 4.9 in Calendar 2011 to 5.1 in Calendar 2012. The proportion of adults receiving a colonoscopy in the past ten years improved three percentage points from Calendar 2009 to Calendar 2013.

The preliminary infant mortality rate is 4.6 per 1,000 live births in Calendar 2013, and has remained stable since Calendar 2011. Improving a woman's well-being throughout her lifetime, including efforts mentioned above to reduce and prevent obesity, diabetes and cardiovascular disease, are critical to reducing infant mortality.



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Adult New Yorkers without a regular doctor (%)(CY)	18.1%	16.7%	16.9%	18.3%	18.3%	*	*	Down	Neutral
Adults, aged 50+, who received a colonoscopy in the past ten years (%)(CY)	66.0%	67.5%	68.6%	68.5%	69.0%	73.0%	72.0%	Up	Neutral
★Hospitalization rate for asthma among children ages 0-14 (per 1,000 children)(CY)	6.0	5.1	4.9	5.1	NA	4.7	4.7	Down	NA
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health, and dental)	817,012	803,871	877,270	858,172	802,405	*	*	Neutral	Neutral
★Infant mortality rate (per 1,000 live births)(CY)	5.3	4.9	4.7	4.7	4.6	4.4	4.2	Down	Down

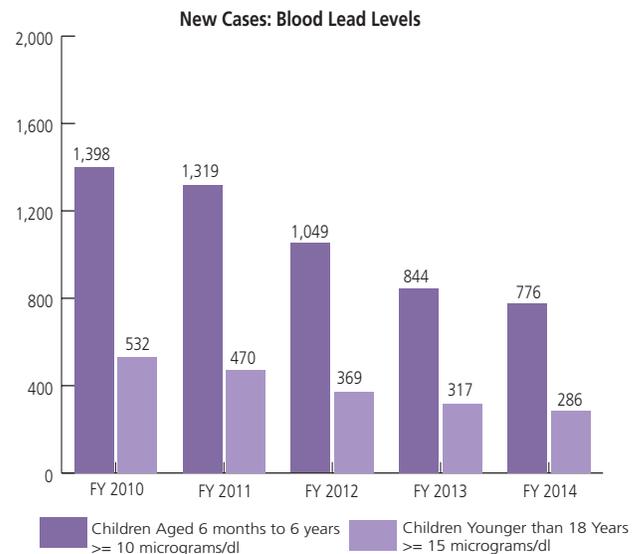
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SERVICE 3 Promote a safe environment.

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

The Department's lead poisoning prevention activities and efforts to reduce lead paint hazards continue to pay off. The number of children with elevated blood lead levels in Fiscal 2014 was 776, which demonstrates an 8.1 percent decrease from Fiscal 2013, and a 44.5 percent decrease since Fiscal 2010. Ongoing reductions in lead poisoning are due to multiple factors. These factors include the continued reduction of lead paint hazards in high-risk housing, education campaigns for at-risk families and workers, community organizations and healthcare providers; and expanded campaigns to include lead-contaminated consumer products.

Technical issues with the implementation of a new state-developed hand-held inspection system and staff involvement in associated training led to a reduction in the number of state regulated facilities that were inspected Fiscal 2014, when compared to Fiscal 2013. Some field staff members were temporarily diverted to perform preliminary site viability inspections for the Universal Pre-K (UPK) Initiative, which are not counted as day care inspections because there were no children present at those sites. Total inspections continue to exceed regulatory requirements. The Department expects to return to targeted service levels before the end of the calendar year.



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
★Childhood blood lead levels - new cases among children aged 6 months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter	1,398	1,319	1,049	844	776	↕	↕	Down	Down
Day care initial site inspections	20,280	21,610	22,219	23,024	20,091	*	*	Neutral	Neutral
★Child care inspections that do not require a compliance inspection (%)	68.0%	72.0%	70.0%	63.0%	67.0%	*	*	Neutral	Neutral

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

The Department continues to inspect almost all licensed restaurants annually, with 99.8 percent inspected in Fiscal 2014. Restaurant compliance with food safety regulations improved for the fourth consecutive year: 90 percent of restaurants inspected earned an 'A' grade in Fiscal 2014.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Restaurants inspected (%)	99.7%	99.8%	99.4%	99.6%	99.8%	100.0%	100.0%	Up	Neutral
«Restaurants scoring an 'A' grade (%)	NA	81.7%	85.6%	87.0%	90.0%	*	*	Neutral	NA

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

During Fiscal 2014, the number of initial pest inspections and the proportion of those inspections with active rat signs remained stable. In Fiscal 2015, the Department is launching a new initiative to address rat reservoirs—locations where significant infestations are found—through extensive extermination, trash management and community outreach.

In Fiscal 2013, DOHMH licensed fewer dogs due to a loss of supplies during Hurricane Sandy. Dog licensing rose in Fiscal 2014, supported by increased outreach, including promotional mailings and on-the-spot licensing at popular pet events.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Initial pest control inspections (000)	85	114	124	95	94	*	*	Neutral	Neutral
Initial inspections with active rat signs (ARS) (%)	15.1%	9.8%	11.0%	11.0%	11.0%	*	*	Down	Down
★ Compliance inspections found to be rat free (%)	43.5%	47.1%	51.0%	51.0%	49.0%	↑	↑	Up	Up
Dog licenses issued (000)	99	98	93	83	91	105	105	Neutral	Down

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

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

The Department continues its work to prevent unhealthy substance use and overdose on a number of fronts, including increasing access to treatment for substance abuse, promoting judicious prescribing of opioids, and promoting the availability of naloxone, an antidote to opioid overdose.

The number of inmates who completed the Department's 'A Road Not Taken' program decreased from 354 in Fiscal 2013 to 257 in Fiscal 2014 because beds were being filled with patients who were not participating in the program, which significantly reduced capacity and lowered graduation rates. An Executive Order instituted by Department of Correction in May 2014 requires that beds be reserved for 'A Road Not Taken' participants, and is expected to increase enrollment and graduation rates.

The number of unintentional drug poisoning deaths increased by 8.4 percent to 786 in Calendar 2013 from 725 in Calendar 2012, which can be attributed to the rise in heroin-involved overdose deaths. The Department continues to work with community groups, syringe exchange programs and first responders to expand naloxone distribution and to promote and support access to drug treatment.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
NYC jail inmates who complete 45-day substance use program ('A Road Not Taken')	NA	NA	579	354	257	450	475	Neutral	NA
New buprenorphine patients (CY)	7,006	7,757	9,913	9,635	9,559	8,000	8,000	Neutral	Up
★Deaths from unintentional drug overdose (CY)	587	555	651	725	786	↓	↓	Down	Up

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

The number of supportive housing units available to persons with serious mental illness increased for the fifth consecutive year in Fiscal 2014. The increase reflects the ongoing development of new housing units produced under the New York/New York III agreement.

In Fiscal 2014 LifeNet experienced a 10 percent increase in answered calls, which can be partially attributed to the standardization of all mobile crisis service referrals through LifeNet in January 2013 and the related increase in calls for Mobile Crisis services to LifeNet (up 181 percent from Fiscal 2013 to Fiscal 2014). Media campaigns on mental health services for people affected by Hurricane Sandy and alcohol and substance use issues highlighted LifeNet as a resource and increased awareness of this hotline. The Department continues to monitor and analyze call data to better understand and respond to the drivers of call volume.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Individuals in the assisted outpatient mental health treatment program	1,344	1,315	1,245	1,289	1,388	*	*	Neutral	Neutral
Units of supportive housing available to persons with serious mental illness (000)	4.5	4.7	5.0	5.2	5.4	5.4	5.5	Up	Up
New children receiving services from the Early Intervention Program (000)	17.0	15.4	13.8	13.8	13.7	*	*	Neutral	Down
Calls to LifeNet (000)	97.2	92.9	85.8	92.0	105.0	*	*	Neutral	Neutral

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SERVICE 5 Provide high quality and timely service to the public.

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

The average response time for birth certificate requests decreased from 4.3 days in Fiscal 2013 to 1.2 days in Fiscal 2014. Similarly, the average response time for death certificate requests improved from 5.2 days in Fiscal 2013 to 1.9 days in Fiscal 2014. This change reflects a shift from predominantly paper-based to online processing of vital records requests. The Department has adjusted its calculation method to better reflect all order processing methods. Data are weighted to accurately capture these methods in the response time calculation.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
★Average response time for birth certificates by mail/online (days)	5.7	4.4	3.0	4.3	1.2	5.0	4.0	Down	Down
★Average response time for death certificates by mail/online (days)	9.8	7.1	4.1	5.2	1.9	5.0	4.0	Down	Down

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AGENCY-WIDE MANAGEMENT

The 18.6 percent decrease in workplace injuries can be partially attributed to new safety training rolled out to human resources and health and safety representatives in all programs.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Workplace injuries reported	NA	NA	NA	145	118	*	*	Down	NA
Collisions involving City vehicles	NA	NA	NA	49	32	*	*	Down	NA
All summonses issued	NA	NA	77,949	67,203	66,711	*	*	Neutral	NA
Violations admitted to or upheld at ECB (%)	NA	NA	70.1%	64.4%	57.3%	*	*	Neutral	NA

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Customer Experience									
Completed requests for interpretation	14,357	12,256	10,278	10,664	13,701	*	*	Neutral	Neutral
Letters responded to in 14 days (%)	43%	28%	31%	21%	30%	40%	40%	Up	Down
E-mails responded to in 14 days (%)	76%	63%	39%	42%	68%	70%	75%	Up	Down
Average wait time to speak with a customer service agent (minutes)	38	17	12	11	9	10	10	Down	Down
CORE facility rating	85	86	81	89.7	92	85	85	Up	Neutral
Calls answered in 30 seconds (%)	83%	35%	65%	69%	86%	70%	78%	Up	Up

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15		
Response to 311 Service Requests (SRs)									
Percent meeting time to first action - Rodent (14 days)	NA	73%	72%	74%	75%	70%	70%	Neutral	NA
Percent meeting time to first action - Food Establishment (14 days)	NA	97%	94%	97%	98%	90%	90%	Neutral	NA
Percent meeting time to first action - Food Poisoning (3 days)	NA	97%	96%	96%	99%	90%	90%	Neutral	NA
Percent meeting time to first action - Indoor Air Quality (14 days)	NA	96%	99%	97%	99%	95%	95%	Neutral	NA
Percent meeting time to first action - Smoking complaint (14 days)	NA	44%	77%	81%	78%	70%	70%	Neutral	NA

AGENCY RESOURCES

Resource Indicators	Actual					Plan ¹		5-year Trend
	FY10	FY11	FY12	FY13	FY14	FY14	FY15	
Expenditures (\$000,000) ²	\$1,619.9	\$1,564.3	\$1,508.6	\$1,441.2	\$1,404.8	\$1,367.8	\$1,336.8	Down
Revenues (\$000,000)	\$69.2	\$79.0	\$36.8	\$34.2	\$32.8	\$33.4	\$33.4	Down
Personnel	5,578	5,270	5,179	5,070	4,954	5,568	5,351	Down
Overtime paid (\$000,000)	\$7.8	\$5.4	\$5.7	\$6.3	\$5.8	\$4.6	\$3.6	Down
Capital commitments (\$000,000)	\$50.5	\$138.9	\$25.5	\$7.4	\$64.4	\$320.2	\$137.8	Down
Human services contract budget (\$000,000)	\$934.4	\$900.9	\$836.3	\$775.8	\$707.1	\$687.4	\$707.7	Down
Work Experience Program (WEP) participants assigned	293	38	113	94	114	*	*	Down

¹Authorized Budget Level

"NA" - Not Available in this report

²Expenditures include all funds.

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- HIV Diagnoses: Updates to Calendar 2010-2013 data were made based on the surveillance dataset generated in April 2014, to reflect most recent data on annual numbers of new HIV diagnoses. Prior numbers were generated with earlier datasets and are therefore not comparable to Calendar 2010-2013 data.
- Previously reported Fiscal 2013 data for the indicator 'NYC jail inmates who complete 45-day substance use program ('A Road Not Taken')' was revised to reflect program graduates rather than program enrollees.
- Due to a reporting lag, data reported in Fiscal 2013 for 'Collisions involving City vehicles' was corrected. The data collection process has been improved to avoid discrepancies in future reports.

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.