

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Ashwin Vasan, Commissioner



WHAT WE DO

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of New Yorkers. DOHMH, also known as the Health 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 Health Department serves as the lead agency for design and oversight of citywide population health strategy, policy and programming, and works toward a city where all New Yorkers can realize their full health potential, regardless of who they are, how old they are, where they are from or where they live.

The Health Department is prioritizing a just recovery from COVID-19 through data-driven COVID-19 decision-making, collaborating with community partners, ensuring health equity is at the center of the City's recovery, and addressing "parallel pandemics" related to COVID-19, including other infections such as tuberculosis and chronic diseases such as heart disease, mental health, overdose, racism, and social and economic instability. As public health emergencies become more frequent, severe, and complex, the Health Department is rethinking how it can work more equitably, efficiently and effectively day-to-day and during emergencies to better serve its staff and the people of New York City (NYC).

Beyond COVID-19, the Health Department's core public health work continues. The Health Department provides direct services at four tuberculosis clinics, eight sexual health clinics, one immunization clinic (note some sites may be closed due to COVID-19), three Neighborhood Health Action Centers and more than 1,200 public schools. The Health 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 Health Department's Early Intervention program serves infants and toddlers with developmental delays. The Health Department's impact goes well beyond what is accomplished by its own workforce. The agency 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 cancer screenings.

FOCUS ON EQUITY

To improve health outcomes faster, the City must be deliberate in naming and addressing health inequities rooted in historical and contemporary injustices and discrimination, including structural racism and discriminatory practices. As part of its strategic plan, the Health Department seeks to embed equity and anti-racism principles into all its work. To advance the Health Department's anti-racism public health practice and increase institutional accountability, the NYC Board of Health passed a resolution on racism as a public health crisis, requesting that the Health Department commit to actions that would lead to equitable outcomes. In part, this work is anchored by six strategic priorities focused on the intersecting systems and structures that produce and maintain health inequities, as well as the City at large:

1. Make the Health Department a response-ready organization
2. Improve chronic disease outcomes by tackling upstream root causes
3. Address the second pandemic of mental illness and social isolation
4. Reduce Black maternal mortality by engaging with communities, taking an anti-racist health system approach
5. Mobilize against health impacts of climate change
6. Reduce the impacts of violence using a public health approach

These focus areas will make sure the Health Department works to interrupt the vicious cycles that create and maintain inequities in both behavioral and physical health by neighborhood, address harms that accumulate across the life course, and advance common aims to improve public health and achieve health equity by connecting public health and health care systems.

The Health Department promotes equity by applying the following three public health critical race praxis as a framework for research and evaluation while also applying the six anti-racism public health practices mentioned above across programs and policies to highlight and redress injustices, inform policy changes, and implement community-based programming for change and optimal health:

1. Direct tailored and prioritized investment
2. Change the narrative
3. Create an equitable workplace

OUR SERVICES AND GOALS

SERVICE 1 Detect, prevent and reduce the transmission of infectious diseases.

- Goal 1a Reduce new cases of HIV and other sexually transmitted infections.
- Goal 1b Prevent the transmission of other infectious diseases.
- Goal 1c Prevent the transmission of vaccine-preventable 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 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 2023

SERVICE 1 Detect, prevent, and reduce the transmission of infectious diseases.

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

New HIV diagnoses continued to decline in NYC due to wide-ranging programming in the City related to the Ending the Epidemic campaign. There were 745 new HIV diagnoses over the first 6 months of Calendar 2022, as reported to the Health Department by September 30, 2022. Please note that, in addition to being preliminary, data for 2022 should be interpreted with caution due to impact of the COVID-19 pandemic on access to HIV testing, care-related services, and on case surveillance activities in NYC.

The total number of infectious syphilis cases diagnosed and reported to the Health Department declined 4.3 percent in Fiscal 2023 compared to Fiscal 2022, from 2,186 to 2,091. Similar distributions of cases by borough, age group, and most major race/ethnicity groups are seen in Fiscal 2023 as with Fiscal 2022, except for a slight increase among cases reported as Hispanic (36 percent versus 31 percent of all cases). There were also higher proportions of cases reported as female or transgender in Fiscal 2023 compared with Fiscal 2022. Potential changes in behaviors related to STI acquisition and ascertainment are being reviewed within the program and through intra-agency collaborations. The Health Department continues to provide syphilis testing and treatment in the NYC Sexual Health Clinics, where staff monitor reports of syphilis and work to prevent ongoing syphilis transmission by notifying, testing and treating the partners of individuals diagnosed with syphilis.

There has been an increase of seven reported cases of congenital syphilis (CS) in Fiscal 2023 as compared with Fiscal 2022, representing a 35 percent increase over one year. This increase follows syphilis trends among cases reported as women, and mirrors rises in CS cases nationally. The Health Department continues to collaborate with the New York State Congenital Syphilis Elimination Strategic Planning Group to address CS in the City and State. Distributions of gender, race/ethnicity and borough among cases are similar in Fiscal 2023 and Fiscal 2022.

Throughout Fiscal 2023, businesses that had shut their doors during the COVID-19 pandemic continued reopening, driving up the demand for safer sex products. This led to a 28.6 percent increase in distribution of these products in Fiscal 2023 compared to Fiscal 2022. Also, requests for in-person participation and safer sex product distribution at health fairs and neighborhood events increased significantly in Fiscal 2023.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ New HIV diagnoses (CY Preliminary)	1,917	1,772	1,396	1,594	745	↓	↓	Down	Down
★ Infectious syphilis cases	2,028	2,058	2,340	2,186	2,091	↓	↓	Neutral	Down
★ Congenital syphilis cases	21	14	22	20	27	↓	↓	Up	Down
Safer sex product distribution (000)	19,076	27,336	13,784	18,605	23,935	20,000	20,000	Neutral	Up
★ Critical Indicator	● Equity Indicator	"NA" Not Available		↑↓ Directional Target		* None			

Goal 1b Prevent the transmission of other infectious diseases.

The five percent decrease in COVID-19 hospitalizations between Calendar 2021 and Calendar 2022 may be due to increasing availability and uptake of COVID-19 vaccines and therapeutics, which enhance protection against severe COVID-19 outcomes, including hospitalizations. Existing immunity based on previous COVID-19 infection may also have played a role in the decreased COVID-19 hospitalization rate. Also, starting October 6, 2022, COVID-19 hospitalizations became defined more narrowly to include those diagnosed with COVID-19 from 14 days before through three days after their hospital admission, rather than 14 days before or after their COVID-19 diagnosis.

The number of animals testing positive for rabies doubled between Calendar 2021 and Calendar 2022, increasing from 19 to 38 animals. The increase in rabid animals in Calendar 2022 was driven by outbreaks of raccoon rabies focused in connecting green spaces in Central Queens, the northern border between Queens and Nassau counties, and the northern border of Bronx next to Westchester County.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ New tuberculosis cases (CY)	553	559	444	529	536	↕	↕	Neutral	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	62.8%	67.6%	69.8%	68.5%	72.4%	70.0%	70.0%	Up	Up
★ COVID-19 hospitalizations rate (per 100,000 admissions) (CY)	NA	NA	716.3	651.8	619.4	↕	↕	NA	Down
★ Animals testing positive for rabies at the Public Health Lab (CY)	14	24	38	19	38	↕	↕	Up	Down
Hepatitis C cleared or cured (%) (CY)	61.5%	65.1%	66.4%	67.9%	68.8%	70.0%	70.0%	Up	Up
★ Critical Indicator ● Equity Indicator “NA” Not Available ↕↕ Directional Target * None									

Goal 1c Prevent the transmission of vaccine-preventable diseases.

The percentage of children aged 19–35 months with up-to-date immunizations decreased 2.4 percentage points between Fiscal 2022 and Fiscal 2023 to 60.8 percent. This marks a fifth year of decline. Routine pediatric vaccination was negatively impacted by the COVID-19 pandemic when health-care provider offices were closed and young children were not attending daycare programs. In addition, there has been a declining number of births in NYC over the last several years, as well as a likely increase in the number of children moving out of the City since the COVID-19 pandemic. These population changes have not been accounted for yet in the U.S. Census estimates, likely leading to an underestimate in vaccination coverage. Despite declining coverage in the age group of 19–35 months, children in public schools who are in compliance with required immunization remained steady at 96.4 percent in Fiscal 2023, down just slightly from 97.0 percent in Fiscal 2022.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ Children aged 19-35 months with up-to-date immunizations (%)	67.9%	66.6%	68.4%	63.2%	60.8%	75.0%	75.0%	Down	Up
★ Children in public schools who are in compliance with required immunizations (%)	98.9%	98.2%	96.9%	97.0%	96.4%	99.0%	99.0%	Neutral	Up
★ HPV vaccine series completion (%)	46.8%	45.5%	44.9%	43.5%	42.8%	53.0%	53.0%	Neutral	Up
★ Critical Indicator ● Equity 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 proportion of adults that reported they smoke declined for the sixth consecutive year to 8.7 percent in Calendar 2022. The proportion of adults that reported consuming one or more servings of sugar-sweetened beverages per day was 14.5 percent in Calendar 2022, below the target of 19 percent. This is not comparable to previous reporting due to changes in the methodology and the corresponding update to the indicator name. When the source of the reporting, the Community Health Survey, was preparing for its methodology update in 2021, all historical survey items were tested with participants. The testing revealed that participants struggled to understand whether the survey questions were asking for the frequency

of consuming sugar-sweetened beverages, or the number of these servings they consumed. Through conversations with internal stakeholders, it was determined that collecting the number of servings consumed was more suitable for the Health Department's data needs and to inform programmatic interventions to reduce consumption.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ Adults who smoke (%) (CY)	12.8%	11.9%	10.9%	9.1%	8.7%	9.0%	↓	Down	Down
Adults with obesity (%) (CY)	25.7%	24.8%	25.4%	27.7%	26.5%	23.0%	*	Neutral	Down
Adults who consume one or more servings of sugar-sweetened beverages per day (%) (CY)	NA	NA	NA	14.9%	14.5%	19.0%	*	NA	Down
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

Goal 2b Improve preventive health care.

While not a significant change, the observed reduction in New Yorkers who reported being uninsured went from 12.1 percent Calendar 2021 to 11.2 percent in Calendar 2022, likely in part due to continuous coverage requirements that were originally tied to the federal COVID-19 public health emergency that expired in April 2023. As such, the Health Department anticipates this proportion may increase through Calendar 2023, underscoring the need for the City and State to further expand and promote health insurance coverage. The Health Department continues to work to improve and expand access by 1) directly enrolling New Yorkers into health insurance through the Health Department's Office of Health Insurance Services, 2) conducting mass media campaigns about health insurance eligibility and resources including GetCoveredNYC, 3) partnering with community-based organizations to expand insurance enrollment efforts in NYC, and 4) engaging in policy work with the goal of expanding eligibility and decreasing barriers to insurance enrollment and renewal.

Early detection of colorectal cancer is critical for treatment and positive outcomes. The Health Department makes efforts to promote screening among adult New Yorkers between the ages of 45 and 75, including working with primary care providers and launching a media campaign to raise awareness. As such, the Health Department is encouraged to see an increase of those being screened by 3.3 percentage points between Calendar 2021 and Calendar 2022 to 66.6 percent. Potential reasons for this uptick could include a rebound after missed screenings during the pandemic, an increase in screening of younger adults since guidelines were lowered to include a starting age of 45, and/or increased uptake of stool-based tests as an option. Further on preventative care, the rate of being well-managed for diabetes, defined as less than eight percent for the hemoglobin A1C, has increased to 73.9 percent in Calendar 2022, after having been stable the last several years at around 71 percent. The Health Department would like to see this proportion continue to increase and it highlights the need for expanded public health investments that improve the care of people living with diabetes.

The infant mortality rate (per 1,000 live births) rose from 4.0 to 4.3 between Calendar 2021 and Calendar 2022. The infant mortality rate may fluctuate from year-to-year due to the small number of infant deaths.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Adult New Yorkers without health insurance (%) (CY)	11.6%	12.7%	12.6%	12.1%	11.2%	10.5%	10.5%	Neutral	Down
Adults, aged 45-75, screened for colorectal cancer (%) (CY)	64.1%	NA	NA	63.3%	66.6%	64.1%	*	NA	Up
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	183.0	150.6	57.1	NA	NA	133.1	133.1	NA	Down
★ Diabetes management among adult New Yorkers (%) (CY)	71.0%	70.9%	71.0%	71.8%	73.9%	↑	↑	Neutral	Up
★ ● Infant mortality rate (per 1,000 live births) (CY)	3.9	4.2	3.9	4.0	4.3	4.1	4.1	Neutral	Down
★ Critical Indicator ● Equity 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.

In Calendar 2022, the number of children under the age of 6 with blood lead levels greater than or equal to five micrograms per deciliter was 2,713, an increase of 6.6 percent over the prior year. Similarly, the number of children under the age of 18 with blood lead levels greater than or equal to five micrograms per deciliter was 3,243, an increase of 7.1 percent over the same period. The COVID-19 public health emergency has led to significant changes in health care utilization—including a drop in blood lead testing among children. Because of these changes, as well as a decline in the population caused by out-migration during the pandemic, Calendar 2020–2022 surveillance data should be interpreted with caution. The Health Department is implementing multiple strategies to promote blood lead testing, including reaching families and health care providers. Examples of these strategies include sending text messages to families of children who are overdue for blood lead testing; sending over 30,000 health care providers guidance documents reminding them of blood lead testing requirements; running advertising campaigns about the need for blood lead testing; and working closely with managed care organizations to identify the children enrolled in their plan who need a blood lead test. Note that blood lead testing is required for entry into school and child care, and these requirements also help promote testing. The Health Department hopes that these efforts lead to increases in the overall rate of blood lead testing in young children.

In Fiscal 2023, the Health Department conducted 6,553 full inspections of group child care centers, a seven percent increase from the prior year. This increase can be attributed to bringing additional staff onboard and resuming normal operational activity. Inspections continue to increase toward pre-pandemic levels, up 77.7 percent from the low of 3,687 inspections in Fiscal 2021. The percent of initial child care inspections that did not require a compliance inspection was 78.6 percent, a slight decrease of 3.1 percentage points from Fiscal 2022, but remaining comparatively steady over the recent five years.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ Childhood blood lead levels - number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	4,717	3,739	3,015	3,027	3,243	↓	↓	Down	Down
★ Childhood blood lead levels - number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	3,866	3,050	2,603	2,546	2,713	↓	↓	Down	Down
★ Active group child care center full inspections	8,624	6,102	3,687	6,124	6,553	*	*	Down	*
★ Active group child care center initial inspections that do not require a compliance inspection (%)	72.5%	74.0%	81.9%	81.7%	78.6%	↑	↑	Up	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

Goal 3b Reduce the threat of foodborne illness.

In Fiscal 2023, the Health Department conducted inspections at 83.4 percent of restaurants, an increase of 11.7 percentage points from Fiscal 2022, when inspection staff were still being diverted to assist in the COVID-19 response effort. The Health Department did not reach its target of inspecting 100 percent of restaurants and is expanding recruitment efforts to increase staffing. The percent of restaurants scoring an 'A' grade was 91.5 percent, remaining above 90 percent, as it has been historically.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Restaurants inspected (%)	99.5%	72.3%	3.3%	71.7%	83.4%	100.0%	100.0%	Down	Up
★ Restaurants scoring an 'A' grade (%)	93.6%	93.5%	92.2%	92.9%	91.5%	↑	↑	Neutral	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

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

In Fiscal 2023, 22.3 percent of properties inspected failed their initial inspection due to signs of rat activity, a 3.1 percentage point decline from Fiscal 2022. This improvement can be attributed to the City ramping up response efforts to neighborhood-level rat infestations. However, the percentage of properties found to be rat free during compliance inspections declined to 28 percent in Fiscal 2023 from 30.1 percent in the prior year. This decline suggests that property owners are still failing to remediate rat conditions on their property after being ordered to do so. The Health Department will be looking at ways to increase compliance. In Fiscal 2023, there were approximately 79,900 dogs licensed in NYC, an 8.7 percent decline from Fiscal 2022. The public has purchased fewer dog licenses since the surge that occurred during the pandemic when 93,200 dogs were licensed in Fiscal 2021.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Initial pest control inspections (000)	178	110	54	115	179	*	*	Neutral	*
Initial inspections with active rat signs (ARS) (%)	11.7%	14.7%	26.9%	25.4%	22.3%	*	*	Up	*
★ Compliance inspections found to be rat free (%)	49.7%	46.3%	30.0%	30.1%	28.0%	↑	↑	Down	Up
Dogs licensed (000)	85.8	83.4	93.2	87.5	79.9	105.0	105.0	Neutral	*
★ Critical Indicator ● Equity 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 abuse.

There was a 26.9 percent increase in overdose deaths between Calendar 2020 and Calendar 2021, rising to 2,668. This is an 84.8 percent increase from what was observed in Calendar 2018. These year-over-year increases in overdose deaths are primarily driven by the presence of fentanyl in the unregulated and rapidly changing drug supply. In Calendar 2021, fentanyl was present in four out of five overdose deaths in NYC, making it the most common substance involved in overdose deaths. Certain factors may increase an individual's risk of fatal overdose, including using alone and experiencing reduced tolerance to opioids due to gaps in use. However, stigma against people who use drugs, social isolation, and insufficient access to care also drives the magnitude and distribution of overdose deaths in NYC. Disparities in overdose mortality reflect inequities in income, wealth, employment, education, criminal legal system involvement, and housing. All of these factors have been linked to an increased risk of overdose death and are the result of structural racism and disinvestment in communities.

In March 2023, the City launched a comprehensive plan detailing its place-based and equity-centered approach to reducing overdose deaths and improving quality of life for people who use drugs. Key strategies to reduce the risk of fatal overdose include distributing naloxone kits citywide, expanding the Health Department's emergency department-based nonfatal overdose response program, optimizing and expanding Overdose Prevention Center services, and increasing access to fentanyl test strips and drug-checking services. The Health Department also funds comprehensive services across the spectrum of prevention, treatment and recovery supports to ensure that people who use drugs have access to care when, where and how they need it.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Buprenorphine patients (CY)	15,174	16,383	15,949	15,080	15,034	16,919	16,919	Neutral	Up
★ Deaths from unintentional drug overdose (CY)	1,444	1,497	2,103	2,668	NA	↓	↓	NA	Down
★ Critical Indicator ● Equity 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.

The Health Department oversaw increased accessibility and utilization of mental health services in Fiscal 2023. Individuals in the assisted outpatient mental health treatment program increased 8.7 percent, from 2,247 in Fiscal 2022 to 2,442 in Fiscal 2023. The program's activity is recovering from a decline during the pandemic due to the inability of the courts to perform the full spectrum of their typical functions in the Assisted Outpatient Treatment (AOT) investigation process. Supportive housing units have been expanded over the last fiscal year, enabling service to a greater number of individuals, and are up to 11,400 in Fiscal 2023 compared to 10,600 in Fiscal 2022.

In Fiscal 2023, supportive connections provided by 988/NYC Well increased seven percent to 422,343 connections compared to 394,631 in Fiscal 2022. There has been an infusion of resources and attention on ensuring a successful implementation of a crisis system including a call center.

Individuals who received services from long-term mobile community-based treatment providers also increased 7.0 percent to 5,296 in Fiscal 2023, from 4,949 the prior year. The increase is attributable to the deployment of new Assertive Community Treatment (ACT) teams this fiscal year, which expanded overall capacity. ACT provides mental health and substance use treatment, including medication, and support to people with serious mental illness. They are staffed by mental health and substance use clinicians, and occasionally peers. Co-Response Teams (CRT) received 14.9 percent more referrals in Fiscal 2023 than in Fiscal 2022 as referrals increased from 558 to 641, and higher than the target of 500. CRT had less referrals in Fiscal 2022 likely due to reallocating resources to support the Subway Outreach initiative. This initiative was a city partnership with between the Health Department and the Department of Social Services (DSS)/Department of Homeless Services (DHS) to provide mental health outreach to homeless individuals in need in designated subway stations in collaboration with DSS/DHS and NYPD. Some Health Department staff were deployed to serve in this initiative.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Individuals in the assisted outpatient mental health treatment program	2,476	2,321	2,292	2,247	2,442	*	*	Neutral	*
Units of supportive housing available to persons with or at risk for developing serious mental health and substance use disorders (000)	9.1	9.6	9.9	10.6	11.4	11.4	11.7	Up	Up
New children receiving services from the Early Intervention Program (000)	13.8	12.4	12.8	14.9	15.2	*	*	Up	*
Supportive connections provided by 988/NYC Well	274,400	262,200	372,900	394,631	422,343	335,800	500,000	Up	*
Individuals who received services from long-term mobile community-based treatment providers	4,706	4,477	4,583	4,949	5,296	5,169	6,072	Up	*
New individuals served by a Co-Response Team	591	497	658	558	641	500	600	Up	*
★ Critical Indicator ● Equity 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 average Fiscal 2023 response time for birth certificates was two days, outperforming the target of three days. The average response time declined by 63 percent compared to the Fiscal 2022 average of 5.4 days. Similarly, the average response time for death certificates was 1.3 days, improving by 69 percent compared to the same period last year when it was 4.2 days. The faster processing time is related to process improvements, such as automating processes that were previously manual. The overall volume of customer requests for vital records remains high and is consistent with vital records jurisdictions across the United States, representing a long-term trend in increasing order volume for vital records, such as birth and death certificates. Additionally, most customer requests are now submitted online rather than in person. Online orders are much more efficient to process than in person or mailed requests. The Health Department has been able to meet the surge in customer orders by successfully transitioning most customer requests to online orders and continuing to identify areas for process efficiencies.

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
★ Average response time for birth certificates by mail/online/in person (days)	5.6	5.1	5.1	5.4	2.0	3.0	3.0	Down	Down
★ Average response time for death certificates by mail/online/in person (days)	2.6	2.5	3.7	4.2	1.3	3.0	3.0	Down	Down
★ Critical Indicator ● Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Workplace injuries reported	144	120	97	85	96	*	*	Down	Down
ECB violations received at the Office of Administrative Trials and Hearings	38,339	21,452	16,709	35,108	45,527	*	*	Up	*
ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	54.8%	67.6%	70.9%	65.4%	66.9%	*	*	Up	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Trend	
Customer Experience	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Completed requests for interpretation	27,528	39,655	59,963	41,755	59,975	*	*	Up	*
Letters responded to in 14 days (%)	74%	69%	42%	64%	63%	70%	70%	Down	Up
E-mails responded to in 14 days (%)	87%	90%	91%	90%	85%	80%	80%	Neutral	Up
Average wait time to speak with a customer service agent (minutes)	1	1	0	0	0	10	10	Down	Down
CORE facility rating	NA	99	99	100	98	85	85	NA	Up
Calls answered in 30 seconds (%)	70%	70%	78%	45%	69%	80%	80%	Down	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

Performance Indicators	Actual					Target		Trend	
Response to 311 Service Requests (SRs)	FY19	FY20	FY21	FY22	FY23	FY23	FY24	5-Year	Desired Direction
Percent meeting time to first action - Rodent (14 days)	83%	37%	40%	56%	66%	73%	73%	Down	*
Percent meeting time to first action - Food Establishment (14 days)	95%	89%	94%	93%	96%	90%	90%	Neutral	*
Percent meeting time to first action - Food Poisoning (3 days)	100%	100%	99%	99%	99%	90%	90%	Neutral	*
Percent meeting time to first action - Indoor Air Quality (14 days)	98%	98%	97%	98%	99%	95%	95%	Neutral	*
Percent meeting time to first action - Smoking Complaint (14 days)	65%	80%	77%	79%	91%	75%	75%	Up	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY19	FY20	FY21	FY22	FY23	FY23	FY24	
Expenditures (\$000,000) ³	\$1,782.8	\$1,860.3	\$2,181.3	\$2,613.2	\$2,959.0	\$2,887.5	\$2,201.8	Up
Revenues (\$000,000)	\$34.1	\$31.9	\$29.3	\$34.0	\$31.9	\$30.8	\$32.0	Neutral
Personnel	6,935	6,907	6,542	6,090	6,164	6,880	7,047	Down
Overtime paid (\$000,000)	\$13.3	\$22.8	\$46.5	\$22.5	\$22.2	\$17.6	\$5.6	Up
Capital commitments (\$000,000)	\$67.1	\$50.1	\$59.3	\$248.5	\$336.1	\$561.4	\$20.9	Up
Human services contract budget (\$000,000)	\$720.3	\$732.0	\$713.5	\$780.1	\$1,014.6	\$950.9	\$920.7	Up
¹ Actual financial amounts for the 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 FY22 ¹ (\$000,000)	Modified Budget FY23 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$539.7	\$639.8	
101 - Health Administration	\$61.1	\$68.6	All
102 - Disease Control	\$118.4	\$155.1	1a, 1b
103 - Family and Child Health	\$120.5	\$133.7	1b, 2b
104 - Environmental Health Services	\$73.1	\$86.4	2b, 3a, 3b, 3c
105 - Early Intervention	\$14.6	\$18.4	4b
106 - Office of Chief Medical Examiner	\$71.5	\$76.0	Refer to table in OCME chapter
107 - Center for Health Equity & Community Wellness	\$20.1	\$28.0	2a, 2b
108 - Mental Hygiene Management Services	\$43.5	\$54.8	4a, 4b
109 - Epidemiology	\$16.9	\$18.9	2a, 2b, 5a
Other Than Personal Services - Total	\$2,073.5	\$2,319.2	
111 - Health Administration	\$147.2	\$175.7	All
112 - Disease Control	\$888.7	\$842.9	1a, 1b
113 - Family and Child Health	\$73.7	\$116.8	1b, 2b
114 - Environmental Health Services	\$33.8	\$44.9	2b, 3a, 3b, 3c
115 - Early Intervention	\$266.4	\$289.1	4b
116 - Office of Chief Medical Examiner	\$36.5	\$24.7	Refer to table in OCME chapter
117 - Center for Health Equity & Community Wellness	\$104.7	\$99.2	2a, 2b
118 - Mental Hygiene Management Services	\$44.6	\$79.1	4a, 4b
119 - Epidemiology	\$4.8	\$8.5	2a, 2b, 5a
120 - Mental Health Services	\$352.6	\$482.9	4b
121 - Developmental Disability	\$9.0	\$12.2	*
122 - Alcohol & Drug Use Prevention, Care, Treatment	\$111.5	\$143.3	4a
Agency Total	\$2,613.2	\$2,959.0	

¹Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2022. Includes all funds. ²City of New York Adopted Budget for Fiscal 2023, as of June 2023. Includes all funds. ³Refer to agency goals listed at front of chapter. "NA" Not Available *None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Service 1, 'Detect and control infectious diseases,' was changed to 'Detect, prevent and reduce the transmission of Infectious Diseases' to better describe the efforts of the Health Department.
- In Goal 1a, clarified name of 'Syphilis cases' to 'Infectious syphilis cases' and added 'Congenital syphilis cases.' Also, removed 'Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)' as the effort has resulted in the percentage being maintained at a rate higher than 95 percent of patients over several years.
- Goal 1b, 'Prevent the spread of other infectious diseases,' was changed to 'Detect, prevent and reduce the transmission of Infectious Diseases,' and 'Prevent the transmission of vaccine-preventable diseases' was added as Goal 1c.
- In Goal 1b, added 'COVID-19 hospitalizations rate (per 100,000 admissions) (CY),' 'Animals testing positive for rabies at the Public Health Lab (CY),' and 'Hepatitis C cleared or cured (%) (CY).'
- In Goal 1c, previously published performance data for 'Children aged 19-35 months with up-to-date immunizations (%)' for was updated for several fiscal years: from 72.9 percent to 67.9 percent for Fiscal 2019, from 69.3 percent to 66.6 percent for Fiscal 2020, from 65.4 percent to 68.4 percent for Fiscal 2021, and from 61.3 percent to 63.2 percent for Fiscal 2022.
- In Goal 2a, based on methodology changes, 'Adults who consume one or more sugar-sweetened beverages per day (%) (CY),' was revised to 'Adults who consume one or more servings of sugar-sweetened beverages per day (%) (CY),' and the Fiscal 2022 metric was updated from 21.7 percent to 14.9 percent to reflect this change in methodology. Metrics for years before Fiscal 2022 are not comparable.
- In Goal 2b, previously published performance data for 'Adults, aged 45-75, screened for colorectal cancer (%) (CY)' for Fiscal 2022 was updated from 60.5 percent to 63.3 percent. Performance data that was previously unreported for 'Diabetes management among adult New Yorkers (%) (CY)' for Fiscal 2019, Fiscal 2021, and Fiscal 2022, was published in this report.
- In Goal 2b, 'Adults with hypertension meeting blood pressure goal (%)' was removed as the Health Department no longer has access to the data source and is currently investigating other opportunities to report on a similar performance indicator.
- In Goal 3a, previously published performance data for 'Active group child care center initial inspections that do not require a compliance inspection (%)' for Fiscal 2021 was updated from 81.1 percent to 81.9 percent.
- In Goal 4a, previously published performance data for 'Deaths from unintentional drug overdose (CY)' for Fiscal 2019 was updated from 1,452 to 1,444.
- In Goal 4b, 'Supportive Connections provided by NYC Well, a behavioral health helpline' was revised to 'Supportive Connections provided by 988/NYC Well,' and 'New individuals engaged by a Co-Response Team' was revised to 'New individuals served by a Co-Response Team.'
- In Goal 4b, previously published performance data for 'New individuals served by a Co-Response Team' was updated for several fiscal years: from 605 to 591 for Fiscal 2019, from 498 to 497 for Fiscal 2020, from 661 to 658 for Fiscal 2021, and from 635 to 558 for Fiscal 2022.

ADDITIONAL RESOURCES

For additional information go to:

- The Social Indicators and Equity Report, EquityNYC:
<http://equity.nyc.gov/>

For more information about the NYC Health Department, please visit: www.nyc.gov/health.