

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Dave A. Chokshi, Commissioner



WHAT WE DO

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of New Yorkers. DOHMH 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. Through its core values of science, equity and compassion, DOHMH works toward a city where all New Yorkers can realize their full health potential, regardless of who they are, where they are from or where they live. DOHMH is integral to the city's COVID-19 public health emergency response. DOHMH's top COVID-19 priorities in 2020-2021 are to rapidly address a resurgence in COVID-19 infections; plan and prepare to vaccinate New Yorkers for influenza and COVID-19, partnering with New York City communities to inform effective local strategies; and address "parallel pandemics" related to COVID-19, including other infections (such as tuberculosis) or chronic diseases (such as heart disease), mental health, overdose, racism and social and economic instability. Beyond COVID-19, DOHMH's core public health work continues. 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 cancer screenings. Direct services are provided at four tuberculosis clinics, eight sexual health clinics, one immunization clinic and more than 1,200 public schools. DOHMH issues birth and death certificates, inspects restaurants and childcare centers and protects public safety through immediate response to emergent public health threats. The Early Intervention Program serves infants and toddlers with developmental delays.

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 one of its core values, DOHMH aims to integrate equity into all its work. At the cornerstone of these efforts is the Department's focus on promoting healthy childhoods, creating healthier neighborhoods, implementing anti-racist public health practice, improving public health surveillance systems and bridging public health and healthcare delivery. DOHMH envisions a city where every New Yorker lives in a thriving neighborhood with equitable access to resources that will support their health and their community's health, including the infusion of mental health into our public health initiatives. DOHMH promotes equity by using data and storytelling to highlight injustices, inform policy, systematic and environmental change and by implementing neighborhood-based programs and strategies to foster health. The Department invests in three neighborhood-based bureaus that serve catchment areas that have historically experienced the highest burden of premature mortality due to structural inequities and disinvestment. These bureaus also oversee 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 provide a central location for people to connect and plan for improving the health of their neighborhoods.

OUR SERVICES AND GOALS

SERVICE 1 Detect and control infectious diseases.

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

SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

- Goal 2a Reduce tobacco use and promote physical activity and healthy eating.
- Goal 2b Improve preventive health care.

SERVICE 3 Promote a safe environment.

- Goal 3a Reduce hazards to children in homes and child care programs.
- Goal 3b Reduce the threat of 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 misuse.
- Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

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

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

HOW WE PERFORMED

- The number of new HIV diagnoses in New York City continued to decline with a 12.8 percent decrease from the first quarter of Calendar 2019 compared to the first quarter of Calendar 2020. 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 increased to 757 during the first four months of Fiscal 2021 compared to 700 during the same period in Fiscal 2020. Increases were observed across most age groups and boroughs. Data are preliminary and trends should be interpreted with caution due to standard delays in reporting and classifying syphilis cases. Furthermore, the number of syphilis tests reported to DOHMH declined substantially during the first wave of the COVID-19 pandemic in New York City, reaching the lowest volume in April 2020 and rebounding to pre-pandemic levels by July 2020. It is unclear how these changes will impact long-term trends. DOHMH continues to provide syphilis testing and treatment in the City's Sexual Health Clinics, monitor reports of syphilis and work to prevent ongoing syphilis transmission by notifying, testing and treating the partners of individuals diagnosed with syphilis.
- There was a 54.6 percent decrease in the number of male condoms distributed during the first four months of Fiscal 2021 compared to the same period the previous year. In light of physical distancing requirements and other restrictions under New York State on PAUSE, a number of DOHMH's condom distribution sites closed or reduced hours of operation, bringing down the number of condoms distributed citywide. Throughout the COVID-19 public health emergency, the NYC Condom Availability Program has continued to diligently monitor and update its list of distribution sites as sites reopen.
- There was an 11.2 percent decrease in tuberculosis (TB) cases in the first four months of Calendar 2020 compared to the same period in Calendar 2019. Reporting of TB cases fluctuates month to month and is not consistent throughout the calendar year. In Calendar 2020 there were fluctuations in TB cases because of COVID-19; TB cases were low in late March and throughout April and May but began to increase to expected levels beginning in June. Possible causes of this decline include patients delaying care, benefits of COVID-19 social distancing for TB prevention, disruptions in immigration/refugee referrals, additional other factor(s) or any combination of these factors. Staff continue to monitor case counts closely and analyze possible delays in diagnosis or missed TB diagnoses throughout the City.
- The number of children aged 19–35 months with up-to-date immunizations has decreased 5.7 percentage points from 73.7 percent during the first four months of Fiscal 2020 to 68.0 percent during the first four months of Fiscal 2021. This decrease is a result of the COVID-19 public health emergency.
- Adult smoking prevalence decreased to 11.9 percent, a decrease from 14.3 percent in Calendar 2015 and 21.5 percent in Calendar 2002, meeting the current target of 12 percent. This progress follows implementation of new laws in 2018 and 2019, which put the City at the forefront of tobacco control in the nation with the highest minimum cigarette pack price, new protections from secondhand smoke and limits on the number of tobacco and e-cigarette retailers for all neighborhoods. Despite the ongoing COVID-19 public health emergency, DOHMH continues to partner with the New York State Smokers' Quitline to ensure access to free coaching support and nicotine medications for New Yorkers.
- In the first quarter of Calendar 2020, there were 705 children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater, a decrease of 20.3 percent from the prior year. The COVID-19 public health emergency has led to significant changes in health care utilization—including a decrease in blood lead testing among children. This decrease may also be due to other factors, including continued reduction of lead-based paint hazards in homes and lead poisoning prevention education efforts aimed at health care providers, community-based organizations and families. There was a similar trend in children under the age of 18, with a 20 percent decrease during the first quarter of Calendar 2020 compared to the same period in 2019.
- In the first four months of Fiscal 2021, the COVID-19 public health emergency diverted substantial inspection resources to support citywide COVID-19 risk reduction efforts and business compliance. Routine inspections were modified to address the most critical public health requirements and therefore do not equate with the inspections conducted in prior years. Letter grading of restaurants remained suspended during the reporting period.

- In the first four months of Fiscal 2021, DOHMH conducted 19,000 initial pest control inspections, a 60 percent decrease from 47,000 inspections conducted during the same period of the prior year. The rate of initial inspections found to have active rat signs was 21.7 percent, an increase of 5.7 percentage points from the 16 percent rate in the same period of the prior year. The rate of compliance inspections found to be rat free was 33.3 percent, a decrease of 14.9 percentage points from the 48.2 percent rate in the same period of the prior year. Due to the ongoing COVID-19 public health emergency, as substantial inspection resources were diverted to support citywide COVID-19 risk reduction efforts, inspection resources were focused on properties with more severe rodent cases.
- The number of new children receiving services from the Early Intervention Program (EIP) decreased from 4,800 during the first four months of Fiscal 2020 to 3,500 during the same period in Fiscal 2021, a 27.1 percent decline. The COVID-19 public health emergency significantly impacted the number of referrals to EIP, which in turn impacted the number of children initiating services. Impact on referrals was greatest between March and July 2020, with a gradual increase in subsequent months. Services usually begin 45 days or more after referral; the current data reflects May through September 2020 referrals. Referral levels had nearly reached Fiscal 2019 levels by the end of November 2020.
- During the first four months of Fiscal 2021, the average response time for birth certificate requests was 6.2 days, compared to 3.1 days during the same period in Fiscal 2020. Processing times increased because of the COVID-19 public health emergency but have started to trend downward, most recently at 3.3 days in October 2020. Similarly, the average response time for death certificate requests was 5.4 days, compared to 2.1 days during the same period in Fiscal 2020. These requests have also begun to trend downwards, most recently at 2.6 days in October 2020.

SERVICE 1 Detect and control infectious diseases.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ New HIV diagnoses (CY Preliminary)	2,157	1,917	1,772	↓	↓	429	374
★ Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)	95.8%	96.1%	96.4%	96.0%	96.0%	96.5%	96.0%
★ Syphilis cases	1,942	2,027	2,032	↓	↓	700	757
Male condoms distributed (000)	20,917	19,076	16,454	25,000	25,000	6,828	3,098
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None			

Goal 1b Prevent the spread of other infectious diseases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ New tuberculosis cases (CY)	613	559	556	↓	↓	169	150
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	66.1%	62.8%	67.6%	68.0%	70.0%	NA	NA
★ Children aged 19-35 months with up-to-date immunizations (%)	74.1%	72.9%	69.3%	75.0%	75.0%	73.7%	68.0%
★ Children in the public schools who are in compliance with required immunizations (%)	99.0%	98.9%	98.2%	99.0%	99.0%	95.2%	93.6%
★ HPV vaccine series completion (%)	45.5%	46.8%	49.9%	50.0%	53.0%	48.1%	49.1%
★ 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	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ Adults who smoke (%) (CY)	13.4%	12.8%	11.9%	12.0%	12.0%	NA	NA
Adults with obesity (%) (CY)	25.1%	25.7%	24.8%	23.0%	23.0%	NA	NA
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	23.0%	23.6%	22.1%	19.0%	19.0%	NA	NA
★ Critical Indicator	"NA" Not Available		⬆️⬆️ Directional Target	* None			

Goal 2b Improve preventive health care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Adult New Yorkers without health insurance (%) (CY)	11.8%	11.6%	12.7%	10.5%	10.5%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.3%	67.7%	69.5%	68.7%	69.2%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	69.1%	70.7%	71.4%	72.0%	NA	NA
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	195.3	183.3	150.6	141.6	133.1	NA	NA
★ Infant mortality rate (per 1,000 live births) (CY)	4.3	3.9	4.2	4.1	4.1	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	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ Childhood blood lead levels - number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	5,317	4,717	3,739	⬇️	⬇️	1,105	884
★ Childhood blood lead levels - number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	4,261	3,866	3,050	⬇️	⬇️	885	705
★ Active group child care center full inspections	9,286	8,624	6,102	*	*	2,626	NA
★ Active group child care center initial inspections that do not require a compliance inspection (%)	64.3%	72.5%	74.0%	⬆️	⬆️	75.2%	NA
★ Critical Indicator	"NA" Not Available		⬆️⬆️ Directional Target	* None			

Goal 3b Reduce the threat of foodborne illness.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Restaurants inspected (%)	99.5%	99.5%	72.3%	100.0%	100.0%	46.9%	NA
★ Restaurants scoring an 'A' grade (%)	93.7%	93.6%	93.5%	⬆️	⬆️	92.7%	NA
★ Critical Indicator	"NA" Not Available		⬆️⬆️ Directional Target	* None			

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Initial pest control inspections (000)	175	178	110	*	*	47	19
Initial inspections with active rat signs (ARS) (%)	11.5%	11.7%	14.7%	*	*	16.0%	21.7%
★ Compliance inspections found to be rat free (%)	53.3%	49.7%	46.3%	↑	↑	48.2%	33.3%
Dogs licensed (000)	89.2	85.8	83.4	105.0	105.0	92.2	84.0
★ 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	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Buprenorphine patients (CY)	14,098	15,174	16,383	16,919	16,919	10,584	11,439
★ Deaths from unintentional drug overdose (CY)	1,482	1,444	1,463	↓	↓	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	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Individuals in the assisted outpatient mental health treatment program	2,517	2,476	2,321	*	*	1,944	1,834
Units of supportive housing available to persons with or at risk for developing serious mental health and substance use disorders (000)	8.4	9.1	9.6	10.4	10.9	9.4	9.6
New children receiving services from the Early Intervention Program (000)	13.8	13.8	12.4	*	*	4.8	3.5
★ 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	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ Average response time for birth certificates by mail/online (days)	1.9	6.5	6.0	3.0	3.0	3.1	6.2
★ Average response time for death certificates by mail/online (days)	1.7	2.8	2.2	3.0	3.0	2.1	5.4
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None			

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Workplace injuries reported	137	144	120	*	*	43	35
Collisions involving City vehicles	47	24	36	*	*	11	7
ECB violations received at the Office of Administrative Trials and Hearings	68,228	38,339	21,452	*	*	12,404	2,163
ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	37.1%	54.8%	67.6%	*	*	74.8%	77.4%
★ Critical Indicator	“NA” Not Available	↕↔ Directional Target	* None				

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Customer Experience							
Completed requests for interpretation	13,377	27,528	39,655	*	*	13,735	12,527
Letters responded to in 14 days (%)	68%	74%	67%	70%	70%	71%	33%
E-mails responded to in 14 days (%)	86%	87%	89%	80%	80%	86%	90%
Average wait time to speak with a customer service agent (minutes)	1	1	1	10	10	NA	NA
CORE facility rating	94	NA	99	85	85	NA	NA
Calls answered in 30 seconds (%)	80%	70%	70%	80%	80%	63%	78%
★ Critical Indicator	“NA” Not Available	↕↔ Directional Target	* None				

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Response to 311 Service Requests (SRs)							
Percent meeting time to first action - Rodent (14 days)	81%	83%	37%	73%	73%	85%	28%
Percent meeting time to first action - Food Establishment (14 days)	95%	95%	89%	90%	90%	86%	94%
Percent meeting time to first action - Food Poisoning (3 days)	98%	100%	100%	90%	90%	99%	97%
Percent meeting time to first action - Indoor Air Quality (14 days)	98%	98%	98%	95%	95%	99%	97%
Percent meeting time to first action - Smoking Complaint (14 days)	60%	65%	80%	75%	75%	85%	75%
★ Critical Indicator	“NA” Not Available	↕↔ Directional Target	* None				

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2020 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY18	FY19	FY20	FY21	FY21¹	FY22¹	FY20	FY21
Expenditures (\$000,000)²	\$1,699.4	\$1,782.8	\$1,860.3	\$1,722.7	\$2,185.8	\$1,770.7	\$1,042.1	\$1,189.3
Revenues (\$000,000)	\$33.5	\$34.1	\$31.9	\$30.4	\$30.7	\$30.4	\$11.8	\$8.4
Personnel	6,858	6,935	6,907	6,931	6,735	6,948	6,773	6,687
Overtime paid (\$000,000)	\$11.0	\$13.3	\$22.8	\$5.6	\$16.2	\$5.7	\$3.8	\$8.4
Capital commitments (\$000,000)	\$17.2	\$67.1	\$50.1	\$195.2	\$134.6	\$211.1	\$15.6	\$49.8
Human services contract budget (\$000,000)	\$682.8	\$720.3	\$732.0	\$718.3	\$779.0	\$782.2	\$259.8	\$247.9
¹January 2021 Financial Plan. ²Expenditures 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 FY20 ¹ (\$000,000)	January 2021 Financial Plan FY21 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$559.7	\$576.7	
101 - Health Administration	\$63.7	\$59.4	All
102 - Disease Control	\$125.5	\$140.3	1a, 1b
103 - Family and Child Health and Health Equity	\$127.2	\$116.0	1b, 2b
104 - Environmental Health Services	\$71.0	\$73.8	2b, 3a, 3b, 3c
105 - Early Intervention	\$15.2	\$16.6	4b
106 - Office of Chief Medical Examiner	\$70.0	\$72.5	Refer to table in OCME chapter
107 - Prevention and Primary Care	\$20.9	\$27.5	2a, 2b
108 - Mental Hygiene Management Services	\$47.2	\$52.6	4a, 4b
109 - Epidemiology	\$18.9	\$18.0	2a, 2b, 5a
Other Than Personal Services - Total	\$1,300.6	\$1,609.2	
111 - Health Administration	\$146.2	\$126.6	All
112 - Disease Control	\$218.2	\$482.9	1a, 1b
113 - Family and Child Health and Health Equity	\$60.2	\$58.2	1b, 2b
114 - Environmental Health Services	\$31.8	\$31.9	2b, 3a, 3b, 3c
115 - Early Intervention	\$261.1	\$238.2	4b
116 - Office of Chief Medical Examiner	\$40.8	\$80.3	Refer to table in OCME chapter
117 - Prevention and Primary Care	\$59.1	\$63.4	2a, 2b
118 - Mental Hygiene Management Services	\$55.1	\$45.2	4a, 4b
119 - Epidemiology	\$4.4	\$5.6	2a, 2b, 5a
120 - Mental Health Services	\$290.9	\$349.1	4b
121 - Developmental Disability	\$13.7	\$13.1	*
122 - Chemical Dependency and Health Promotion	\$119.1	\$114.8	4a
Agency Total	\$1,860.3	\$2,185.8	
¹ Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2020. Includes all funds. ² Includes all funds. ³ Refer to agency goals listed at front of chapter. "NA" Not Available * None			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator 'HPV vaccine series completion (%)' has been updated to only include adolescents age 13 vaccinated by their 13th birthday. The previous definition included adolescents aged 13 to 17 years. This modification is in alignment with changes made by the Centers for Disease Control (CDC) on data reporting for HPV coverage. Data for Fiscal 2018, 2019 and 2020 have been updated to reflect this definition. Targets have also been revised to align with this definition.
- The indicator 'Asthma-related emergency department visits among children ages 5–17 (per 10,000 children)(CY)' now includes targets.
- The Fiscal 2020 4-Month Actual has been revised for 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).'

ADDITIONAL RESOURCES

For additional information go to:

- Take Care New York 2020
<https://www1.nyc.gov/assets/doh/downloads/pdf/tcny/tcny-2020.pdf>.

For more information on the agency, please visit: www.nyc.gov/health.