

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. The Department engages with communities to develop and implement robust public health programming and policy recommendations, enforces health regulations, responds to public health emergencies, and provides limited direct health services. The Department serves as the lead agency for design and oversight of city-wide 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 Department aims to address parallel pandemics including infections such as tuberculosis and chronic diseases such as heart disease, mental health, overdose, racism, and social instability. It continues to be integral in the City's COVID-19 recovery efforts by collaborating with community partners in data-driven decision making.

The Department 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, provides direct services at four tuberculosis clinics, eight sexual health clinics, one immunization clinic (note some sites are currently closed), three Neighborhood Action Centers and more than 1,200 public schools. It issues birth and death certificates, inspects restaurants and child care centers and protects public safety through immediate response to emergent public health threats. The Department's Early Intervention program serves infants and toddlers with developmental delays.

FOCUS ON EQUITY

To improve health outcomes faster, the City must be deliberate in naming and addressing inequities in health outcomes rooted in historical and contemporary injustices and discrimination, including structural racism and discriminatory practices. The Department aims to integrate equity into all its work as one of its core values. To advance our anti-racism public health practice and increase institutional accountability, the New York City Board of Health passed a resolution on racism as a public health crisis, requesting that the Department commit to actions that would lead to equitable outcomes. In part, this work has been anchored by three strategic priorities focused on the intersecting systems and structures that produce and maintain health inequities, as well as on the City at large:

- Creating Healthy Neighborhoods
- Promoting Healthy Childhoods and a Life Course Approach to Well Being
- Bridging Public Health and Health Care

These focus areas will make sure the 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 our public health and health care systems. The Department promotes equity by using data and storytelling to highlight injustices, embed equity in all policies, prioritize investments in neighborhoods most impacted by long-standing disinvestment, and implement community-based programming to effect change and foster optimal health. To increase equitable health outcomes, the City must be deliberate in identifying and disrupting structural racism and practices rooted in white supremacy in all areas of the Department's work.

OUR SERVICES AND GOALS

SERVICE 1 Detect and control infectious diseases.

- Goal 1a Reduce new cases of HIV and other sexually transmitted infections.
 - Goal 1b Prevent the spread of other infectious diseases.
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SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

- Goal 2a Reduce tobacco use and promote physical activity and healthy eating.
 - Goal 2b Improve preventive health care.
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SERVICE 3 Promote a safe environment.

- Goal 3a Reduce hazards to children in homes and child care programs.
 - Goal 3b Reduce the threat of foodborne illness.
 - Goal 3c Reduce animal-related risks to human health.
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SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance misuse.

- Goal 4a Reduce the adverse health consequences of substance misuse.
 - Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.
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SERVICE 5 Provide high quality and timely service to the public.

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

HOW WE PERFORMED

- New HIV diagnoses continue to decline in New York City annually due to wide-ranging programming in the City related to the Ending the Epidemic campaign. Through the first quarter of Calendar 2022 there were 374 new HIV diagnoses, an 8.1 percent decrease from the 407 during the same period in Calendar 2021. Annual data and trends from 2020 to 2022 should be interpreted with caution due to the impact of COVID-19 on access to HIV testing, and surveillance activities in New York City.
- Safer sex product distribution increased 4.7 percent during the first four months of Fiscal 2023 compared to the same period in Fiscal 2022. As COVID-19 restrictions were lifted and venues and distribution partners began to reopen, our distribution has increased to pre-COVID-19 levels.
- Reporting of new tuberculosis cases (TB cases) fluctuates month to month and is not consistent throughout the year. This is especially true since 2020, when the Department observed a 20 percent decline in TB cases, which it believes is attributable to pandemic-related factors, such as reduced access to care, possible declines in community-based transmission, potential underreporting, and delays in diagnosis. The exact impact of such factors has yet to be fully quantified or confirmed. An 18.9 percent increase in the first four months of Calendar 2022 compared to Calendar 2021 likely represents a return to pre-pandemic case rates. During this reporting period, as in prior years, most TB cases (89 percent) were among the non-US born population, and non-Hispanic Black individuals disproportionately made up 50 percent of US-born TB cases. The Department has been increasing targeted testing efforts in high-risk communities to achieve lower TB case rates within these populations.
- Routine pediatric vaccination has been negatively impacted by the COVID-19 pandemic among other factors. Through the first quarter of Fiscal 2023 there were 59.2 percent of children aged 19–35 months with up-to-date immunizations, a 5.3 percentage point decrease from the same period in Fiscal 2022 (64.5 percent). The decrease in coverage may also be attributed to the declining number of births in New York City and the lagging census estimates of children living in the City. The Department is confronting rising vaccination hesitancy through media campaigns, providing educational forums to providers and community-based organizations, and providing tools to talk about vaccine confidence with patients and parents.
- In the first four months of Calendar 2022 the number of children under the age of 6 with blood lead levels of 5 or more micrograms per deciliter was 909, a 5.1 percent increase from the first four months of Calendar 2021. Similarly, the number of children under the age of 18 with blood lead levels of 5 or more micrograms per deciliter was 1,122, a 7.7 percent increase from the first four months of Calendar 2021. The COVID-19 pandemic 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 residents moving out of the City during the pandemic, 2021 and 2022 surveillance data and their variance should be interpreted with caution. The Department is implementing multiple strategies to promote blood lead testing, including contacting health care providers and families directly and conducting outreach via social media, print campaigns and other forms of public messaging.
- In the first four months of Fiscal 2023 the Department conducted 1,474 full inspections of group child care centers, a 23.2 percent decrease from the 1,920 inspections conducted during the same period of the prior fiscal year. For six weeks in the summer of 2022, the Child Care Bureau shifted staff to process a backlog of 22,000 comprehensive background check applications, which reduced the number of inspections.
- In the first four months of Fiscal 2023 the Department inspected 31.4 percent of permitted restaurants, a 10.0 percentage point increase from the first four months of Fiscal 2022. The Department also conducted 62,000 initial pest control inspections, a 114.2 percent increase from the prior fiscal year. The Department is returning to normal operations after multiple years of volatility due to the COVID-19 pandemic.
- The number of Supportive Connections provided by NYC Well dropped from 158,290 through the first four months of Fiscal 2022 to 127,642 through the same period in Fiscal 2023, a decrease of 19.4 percent. This was impacted by the national launch of 988, which routes callers to local crisis hotlines such as NYC Well, but data collection is not yet consolidated. As data are consolidated, the Department anticipates an increase in calls into 988 commensurate with reduced calls to NYC Well.

- The number of individuals who received services from long-term mobile community-based treatment providers through the first four months of Fiscal 2023 was 4,981, a 19.3 percent increase from the same period in Fiscal 2022. This growth reflects the opening of new Intensive Mobile Treatment teams, which were procured in prior years and made available for referrals during the reporting period.
- Over the first four months of Fiscal 2023, 199 individuals were engaged by a Co-Response Team (CRT), a decrease from 218 over the same period in Fiscal 2022. Despite this, the Department is confident it will reach the newly established target of 600 individuals by the end of Fiscal 2023 because CRT has expanded the number of referral sources, and because all law enforcement referrals will now be assessed by a CRT. Team deployments will also have more face-to-face contacts because teams will contact community members via telephone before their visit.
- The average response time for birth certificates was 2.3 days, outperforming the target of 3 days. The average response time declined by 66 percent compared to the same period last year. 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 US representing a long-term trend in increasing order volume for birth 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 Department has been able to meet the surge in customer orders by successfully transitioning most customer requests to online orders.
- The average response time for death certificates was 1.8 days, a decline of almost 70 percent from the last reporting period and outperforming the target of three days. As noted above, the faster processing times are related to process improvements.
- During the first four months of Fiscal 2023 the number of workplace injuries reported was 27, a 28.9 percent decrease from the 38 that were reported through the same period in Fiscal 2022. The difference may reflect a return to more routine operations after high activity during the COVID-19 response undertaken by the Department, a lot of which took place offsite.
- There was a 12 percent increase in completed requests for interpretation during the first four months of Fiscal 2023 compared to the same period in Fiscal 2022. One of the main reasons for the increase in over-the-phone interpretation requests is due to the outbreak of mpox this past summer. It led to more inquiries at the Call Center from clients with lower English proficiency. Additionally, the Department started providing in-person interpreters at the mpox vaccination sites on a daily basis, and more programs have started using interpretation services at their events. In general, more programs had events during the summer season when the weather is warm which caused an uptick in in-person interpretation requests.
- During the first four months of Fiscal 2023 the proportion of letters responded to in 14 days was 51 percent, a 19 percentage point reduction from 70 percent in the first four months of Fiscal 2022. Most overdue letters were related to mpox or rodent inspections. Responses regarding mpox required more time and review as new operations and policies were implemented. Department Pest Control Services office is experiencing staffing shortages and a higher number of complaints, resulting in slower response time.
- In the first four months of Fiscal 2023, 60 percent of all rodent complaints were responded to within 14 days, a 15 percentage point increase over the same period in the prior year when complaint response times were impacted by the continued deployment of inspection staff to support citywide COVID-19 mitigation efforts.
- In the first four months of Fiscal 2023, 95 percent of smoking complaints were responded to within 14 days, a 10 percentage point increase from the prior year. The Department is responding more frequently to smoking complaints with warning letters and inspecting in instances of repeated or egregious allegations.

SERVICE 1 Detect and control infectious diseases.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
★ New HIV diagnoses (CY Preliminary)	1,772	1,396	1,594	↓	↓	407	374
★ Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)	96.4%	97.5%	97.8%	98.0%	98.0%	98.6%	97.4%
★ Syphilis cases	2,055	2,340	2,180	↓	↓	772	789
Safer sex product distribution (000)	27,336	13,784	18,605	20,000	20,000	6,250	6,541
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

Goal 1b Prevent the spread of other infectious diseases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
★ New tuberculosis cases (CY)	559	444	530	↓	↓	143	170
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	67.6%	69.8%	68.5%	70.0%	70.0%	NA	NA
★ Children aged 19-35 months with up-to-date immunizations (%)	69.3%	65.4%	61.3%	75.0%	75.0%	64.5%	59.2%
★ Children in the public schools who are in compliance with required immunizations (%)	98.2%	96.9%	97.0%	99.0%	99.0%	92.8%	93.2%
★ HPV vaccine series completion (%)	45.5%	44.9%	43.5%	53.0%	53.0%	45.1%	43.2%
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
★ Adults who smoke (%) (CY)	11.9%	10.9%	9.1%	9.0%	9.0%	NA	NA
Adults with obesity (%) (CY)	24.8%	25.4%	27.7%	23.0%	27.7%	NA	NA
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	22.1%	22.3%	21.7%	19.0%	19.0%	NA	NA
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

Goal 2b Improve preventive health care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Adult New Yorkers without health insurance (%) (CY)	12.7%	12.6%	12.1%	10.5%	10.5%	NA	NA
Adults with hypertension meeting blood pressure goal (%) (CY)	69.5%	NA	NA	69.7%	69.7%	NA	NA
Adults, aged 45-75, screened for colorectal cancer (%) (CY)	NA	NA	60.5%	64.1%	64.1%	NA	NA
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	150.6	NA	NA	133.1	133.1	NA	NA
★ ● Infant mortality rate (per 1,000 live births) (CY)	4.2	3.9	4.0	4.1	4.1	NA	NA
★ Diabetes management among adult New Yorkers (%)	70.9%	NA	NA	↑	↑	NA	NA
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
★ Childhood blood lead levels - number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	3,739	3,015	3,027	↓	↓	1,042	1,122
★ Childhood blood lead levels - number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	3,050	2,603	2,546	↓	↓	865	909
★ Active group child care center full inspections	6,102	3,687	6,124	*	*	1,920	1,474
★ Active group child care center initial inspections that do not require a compliance inspection (%)	74.0%	81.1%	81.7%	↑	↑	82.2%	78.4%
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

Goal 3b Reduce the threat of foodborne illness.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Restaurants inspected (%)	72.3%	3.3%	71.7%	100.0%	100.0%	21.4%	31.4%
★ Restaurants scoring an 'A' grade (%)	93.5%	92.2%	92.9%	↑	↑	92.6%	92.7%
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Initial pest control inspections (000)	110	54	115	*	*	29	62
Initial inspections with active rat signs (ARS) (%)	14.7%	26.9%	25.4%	*	*	22.0%	22.1%
★ Compliance inspections found to be rat free (%)	46.3%	30.0%	30.1%	↑	↑	30.8%	29.3%
Dogs licensed (000)	83.4	93.2	87.5	105.0	105.0	90.0	83.0
★ 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 misuse.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Buprenorphine patients (CY)	16,383	15,949	15,080	16,919	16,919	10,654	10,537
★ Deaths from unintentional drug overdose (CY)	1,497	2,103	2,668	↓	↓	625	NA
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Individuals in the assisted outpatient mental health treatment program	2,321	2,292	2,247	*	*	1,761	1,923
Units of supportive housing available to persons with or at risk for developing serious mental health and substance use disorders (000)	9.6	9.9	10.6	11.4	11.7	10.2	11.1
New children receiving services from the Early Intervention Program (000)	12.4	12.8	14.9	*	*	4.7	5.0
Supportive connections provided by NYC Well, a behavioral health helpline	262,200	372,900	394,631	335,800	500,000	158,290	127,642
Individuals who received services from long-term mobile community-based treatment providers	4,477	4,583	4,949	5,169	6,072	4,176	4,981
New individuals engaged by a Co-Response Team	498	661	635	500	600	218	199
★ 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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
★ Average response time for birth certificates by mail/online/in person (days)	5.1	5.1	5.4	3.0	3.0	6.8	2.3
★ Average response time for death certificates by mail/online/in person (days)	2.5	3.7	4.2	3.0	3.0	5.9	1.8
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Workplace injuries reported	120	97	85	*	*	38	27
ECB violations received at the Office of Administrative Trials and Hearings	21,452	16,709	35,108	*	*	NA	14,720
ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	67.6%	70.9%	65.4%	*	*	NA	67.3%
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Customer Experience							
Completed requests for interpretation	39,655	59,963	41,755	*	*	15,680	17,569
Letters responded to in 14 days (%)	69%	42%	64%	70%	70%	70%	51%
E-mails responded to in 14 days (%)	90%	91%	90%	80%	80%	89%	86%
Average wait time to speak with a customer service agent (minutes)	1	0	0	10	10	NA	NA
CORE facility rating	99	99	100	85	85	NA	NA
Calls answered in 30 seconds (%)	70%	78%	45%	80%	75%	35%	35%
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

Performance Indicators	Actual			Target		4-Month Actual	
	FY20	FY21	FY22	FY23	FY24	FY22	FY23
Response to 311 Service Requests (SRs)							
Percent meeting time to first action - Rodent (14 days)	37%	40%	56%	73%	73%	45%	60%
Percent meeting time to first action - Food Establishment (14 days)	89%	94%	93%	90%	90%	95%	96%
Percent meeting time to first action - Food Poisoning (3 days)	100%	99%	99%	90%	90%	97%	100%
Percent meeting time to first action - Indoor Air Quality (14 days)	98%	97%	98%	95%	95%	96%	98%
Percent meeting time to first action - Smoking Complaint (14 days)	80%	77%	79%	75%	75%	85%	95%
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None							

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2022 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY20	FY21	FY22	FY23	FY23 ¹	FY24 ¹	FY22	FY23
Expenditures (\$000,000) ²	\$1,860.3	\$2,181.3	\$2,613.2	\$2,284.5	\$2,887.5	\$2,027.4	\$1,432.6	\$1,561.9
Revenues (\$000,000)	\$31.9	\$29.3	\$34.0	\$32.0	\$30.8	\$32.0	\$10.7	\$10.8
Personnel	6,907	6,542	6,090	7,240	6,880	6,851	6,294	6,104
Overtime paid (\$000,000)	\$22.8	\$46.5	\$22.5	\$5.5	\$17.6	\$5.6	\$7.4	\$8.5
Capital commitments (\$000,000)	\$50.1	\$59.3	\$248.5	\$512.6	\$561.4	\$94.3	\$53.9	\$216.3
Human services contract budget (\$000,000)	\$732.0	\$713.5	\$780.1	\$890.5	\$950.9	\$882.8	\$256.4	\$286.3
¹ January 2023 Financial Plan. ² Expenditures include all funds "NA" - Not Available								

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY22 ¹ (\$000,000)	January 2023 Financial Plan FY23 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$539.7	\$594.8	
101 - Health Administration	\$61.1	\$63.2	All
102 - Disease Control	\$118.4	\$138.4	1a, 1b
103 - Family and Child Health	\$120.5	\$123.4	1b, 2b
104 - Environmental Health Services	\$73.1	\$79.4	2b, 3a, 3b, 3c
105 - Early Intervention	\$14.6	\$16.8	4b
106 - Office of Chief Medical Examiner	\$71.5	\$73.0	Refer to table in OCME chapter
107 - Center for Health Equity & Community Wellness	\$20.1	\$29.3	2a, 2b
108 - Mental Hygiene Management Services	\$43.5	\$53.4	4a, 4b
109 - Epidemiology	\$16.9	\$17.9	2a, 2b, 5a
Other Than Personal Services - Total	\$2,073.5	\$2,292.7	
111 - Health Administration	\$147.2	\$194.7	All
112 - Disease Control	\$888.7	\$860.9	1a, 1b
113 - Family and Child Health	\$73.7	\$96.2	1b, 2b
114 - Environmental Health Services	\$33.8	\$42.7	2b, 3a, 3b, 3c
115 - Early Intervention	\$266.4	\$278.0	4b
116 - Office of Chief Medical Examiner	\$36.5	\$23.7	Refer to table in OCME chapter
117 - Center for Health Equity & Community Wellness	\$104.7	\$105.2	2a, 2b
118 - Mental Hygiene Management Services	\$44.6	\$70.6	4a, 4b
119 - Epidemiology	\$4.8	\$8.8	2a, 2b, 5a
120 - Mental Health Services	\$352.6	\$461.4	4b
121 - Developmental Disability	\$9.0	\$12.2	*
122 - Alcohol & Drug Use Prevention, Care, Treatment	\$111.5	\$138.3	4a
Agency Total	\$2,613.2	\$2,887.5	

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

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- ‘Male condoms distributed’ was retired and replaced with ‘Safer sex product distribution’, an indicator which is more inclusive of the totality of product distributed.
- ‘Diabetes management among adult New Yorkers (%) (CY)’ was added as a new indicator at the request of the New York City Council.
- After nearly two decades of data collection, in 2021 the Community Health Survey (CHS) transitioned to new methodologies in order to enhance survey design and efficiency. The CHS team has assessed that methodology changes have resulted in estimates that are no longer comparable to past years. The indicators affected by this data change include: ‘Seniors aged 65+ who report receiving a flu shot in the last 12 months (CY)’; ‘Adults who smoke (CY)’; ‘Adults with obesity (CY)’; ‘Adults who consume one or more sugar-sweetened beverages per day (CY)’; ‘Adults with hypertension meeting blood pressure goal (%) (CY)’; ‘Adult New Yorkers without health insurance (CY)’; and ‘Adults, aged 45–75, screened for colorectal cancer (CY)’.
- Calendar Year 2022 quarterly data for ‘Deaths from unintentional drug overdose (CY)’ indicator is not available as of January 2023.
- A number of previously published data points were updated as part of this publication:
 - The Fiscal 2022 figure for ‘New HIV diagnoses (CY Preliminary)’ was updated from 821 to 1,594, including the four-month actual being revised from 397 to 407 individuals diagnosed.
 - There were two updates to the number of ‘Syphilis cases’. The Fiscal 2021 figure was updated from 2,341 to 2,340. The Fiscal 2022 figure was updated from 2,152 to 2,180, including the four-month actual being revised from 653 to 772.
 - There were several updates to the ‘HPV vaccine series completion (%)’ indicator’. The Fiscal 2020 figure was updated from 50.5 percent to 45.5 percent. The Fiscal 2021 figure was updated to from 48.9 percent to 44.9 percent. The Fiscal 2022 figure was updated to from 47.7 percent to 43.5 percent, including the four-month actual being revised from 49.1 to 45.1 percent.
 - The Fiscal 2022 four-month actual figure for ‘Initial inspections with active rat signs (ARS) (%)’ was updated from 25.4 percent to 22.0 percent.
 - The Fiscal 2022 four-month actual figure for ‘Buprenorphine patients (CY)’ was updated from 10,646 to 10,654.
 - There were several updates to the ‘Deaths from unintentional drug overdose (CY)’ indicator. The Fiscal 2021 figure was updated from 2,062 to 2,103. The Fiscal 2022 figure was updated from NA to 2,668, including the four-month actual being revised from 596 to 625.
 - The Fiscal 2022 four-month actual figure for ‘E-mails responded to in 14 days (%)’ was updated from 88 percent to 89 percent.

ADDITIONAL RESOURCES

For additional information visit:

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

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

