

AGENCY BIENNIAL REPORT



2007-2008



Michael R. Bloomberg, Mayor

Thomas Farley, MD, MPH, Commissioner

Mission...

**Our mission
is to protect and
promote the
health of all
New Yorkers.**



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Letter from Mayor Bloomberg



Dear Fellow New Yorker:

Protecting health is one of government's most basic responsibilities, and one of New York City's highest priorities. No public health agency does more than our Department of Health and Mental Hygiene to combat the leading causes of preventable illness and premature death. Over the past few years, its groundbreaking initiatives have helped cut smoking rates, expand access to nutritious food, extend the reach of primary health care and improve life expectancy—which has grown by a year and a quarter since 2001.

The Health Department has done this through cutting-edge information technology, reliance on sound data and informed decisions, sharp focus on the city's greatest health problems, and effective management of its programs. This evidence-based approach to improving the health of New Yorkers continues to set the standard for public-health programs around the nation.

The initiatives described in this report do not by any means represent all Health Department activities. Together, however, they begin to tell the story of the many dedicated people working hard every day to protect the health of the more than eight million people who call New York City home.

Sincerely,

A handwritten signature in black ink that reads "Michael R. Bloomberg". The signature is written in a cursive, flowing style.

Michael R. Bloomberg
Mayor

Letter from Commissioner Farley



Dear Fellow New Yorker:

The New York City Health Department touches the lives of eight million New Yorkers many times each day: From calorie postings to trans fat-free foods, from smoke-free workplaces to pest-free neighborhoods, we are there. We do this with a team of some of the nation's best doctors, nurses, health educators, inspectors, disease detectives, emergency preparedness specialists and many other experts.

We have won many battles over the past two years: Fewer New Yorkers smoke, more are getting colonoscopies, and fewer die from HIV/AIDS and alcohol-related illnesses. Life expectancy reached 79 years (almost 76 years for men, 82 for women) and mortality rates hit an all-time low of 6.5 per 1,000 population in 2007. All told, 6,000 fewer people died that year than in 2001.

We got here by design—and through the dedication of a hard-working staff of 6,000 dedicated professionals. Our innovative programs and policies continue to set the standard for public health. Over the years our responsibilities have become far more diverse, among them:

- We monitor the health of New Yorkers by tracking the leading causes of death and disability.
- We prepare for, and respond to, public health emergencies.
- We make the city a safer place to live, preventing health problems ranging from childhood lead poisoning to food-borne illnesses.
- We use education and advocacy to motivate people to take charge of their health. Our public awareness campaigns have been pointed in encouraging good nutrition and safer sexual behavior—and discouraging tobacco use.
- We are working to shape a city that promotes health. For example, we have launched physical activity programs in parks, housing facilities and day care centers, and we are making fruits and vegetables more accessible in underserved neighborhoods.
- We equip doctors with electronic health records that help them provide the best preventive care.
- We work to reduce health disparities. For example, our colon cancer prevention program has helped eliminate racial disparities in colonoscopy screening rates.
- We provide a wide array of direct health services—including home visits for new mothers, programs for children with developmental delays, and services for New Yorkers struggling with substance use problems and mental illnesses such as depression.

Through all of these activities, we are vigorously upholding our oldest traditions while adapting to today's constantly changing health challenges. Whether tackling a new infectious agent or the burgeoning epidemic of chronic diseases—obesity, diabetes and heart disease—our goal is the same: to help all New Yorkers live longer and healthier lives.

Sincerely,

A handwritten signature in black ink that reads "Thomas Farley". The signature is written in a cursive, slightly slanted style.

Thomas Farley, M.D., M.P.H.
Commissioner

DOHMH: 200 Years of Improving the Health of New Yorkers

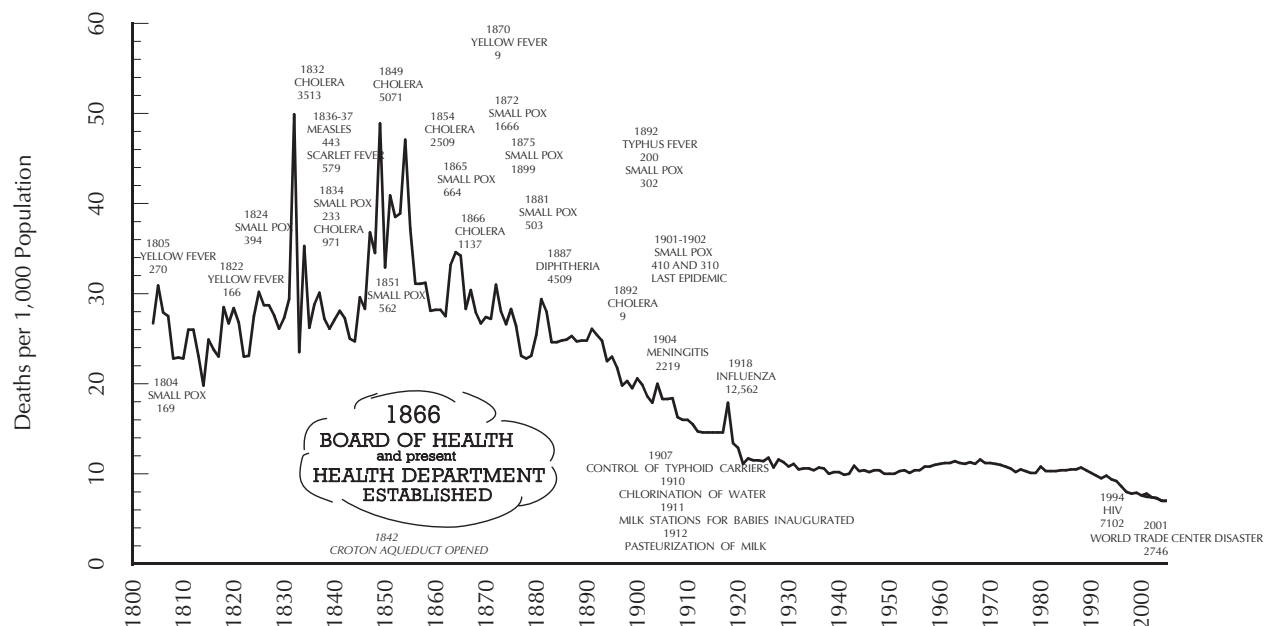
The New York City Department of Health and Mental Hygiene (DOHMH) was initially established as the New York City Board of Health, which held its first meeting in 1805 to combat an outbreak of yellow fever. In response, the board evacuated stricken neighborhoods and started collecting mortality statistics to “furnish data for reflection and calculation.” Yellow fever swept the city for the last time in 1822, but cholera, typhus and tuberculosis persisted, fueled by overcrowding and a lack of sanitation.

In 1866, the New York State Legislature expanded the board and insulated it from political influence by setting aside seats for physicians and scientists. Newly empowered, the board took strong actions to protect the

health of New Yorkers, including the creation of a sewage system and construction of new reservoirs to increase the supply of clean water. The board further decreed that “neither hogs nor goats [could] run at large in our city.” By 1870, New York had a newly established Department of Health; a chemical laboratory to examine water, milk and food supplies, and its first milk inspector. Two decades later, a bacteriological laboratory was established, the first in the nation to routinely diagnose disease, which enabled the city to avert another cholera outbreak. Mass epidemics of infectious disease had all but ended by 1930, and mortality rates fell dramatically, particularly among infants, from 200 deaths per 1,000 live births in 1870 to 70 per 1,000, a 65% decline.

The Conquest of Pestilence in New York City

...As Shown by the Death Rate as Recorded in the Official Records of the Department of Health and Mental Hygiene.



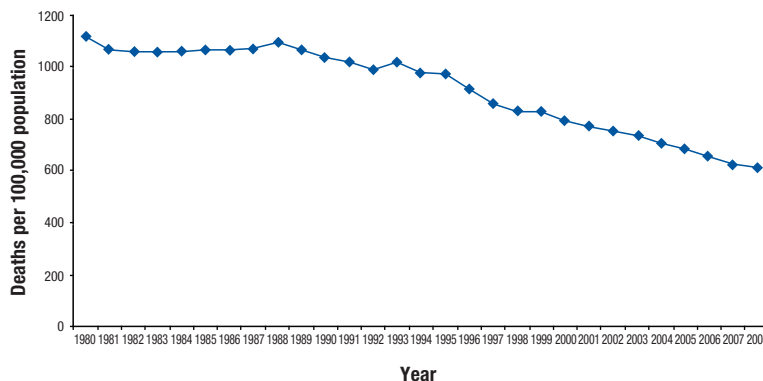
POPULATION	119,734	242,278	696,115	1,478,103	2,507,414	4,766,883	6,930,446	7,891,957	7,894,862	7,322,564	8,008,278
	OLD CITY OF NEW YORK			FORMER CITIES OF NEW YORK & BROOKLYN		GREATER CITY OF NEW YORK					

The Board of Health remains a vital force today—members are scientific experts appointed by the Mayor with the consent of the City Council. As the overseer of the New York City Health Code, the board has enacted countless measures to improve the well-being of New Yorkers over the years—including a ban on interior lead paint, modern tuberculosis control provisions and, more recently, a ban on the use of trans fat in city restaurants.

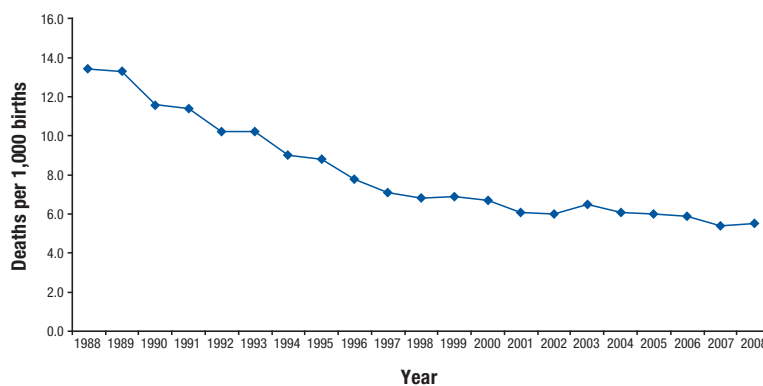
Through recent years, mortality rates for New Yorkers have continued to improve. As city residents are living longer and disease patterns have changed, the department’s responsibilities have become more diverse. Nonetheless, the agency has maintained its focus on creating an environment that protects and promotes health. In 2007 and 2008, that included preparing for large-scale emergencies, as well as working to prevent childhood lead poisoning, food-borne illnesses and pests. The agency used its regulatory authority to make healthy living easier, and education and advocacy to motivate people to take charge of their health. And, as in the past, it provided direct health services, including home visits for new mothers and services for New Yorkers struggling with depression or substance abuse.

The health department continues to uphold its oldest traditions while adapting to meet today’s most pressing health challenges, including epidemics such as obesity, diabetes, heart disease and HIV/AIDS. It also maintains its focus on using data to monitor the health of our residents, making decisions on policies and programs, and evaluating the effects of those policies and programs on protecting and promoting the health of all New Yorkers.

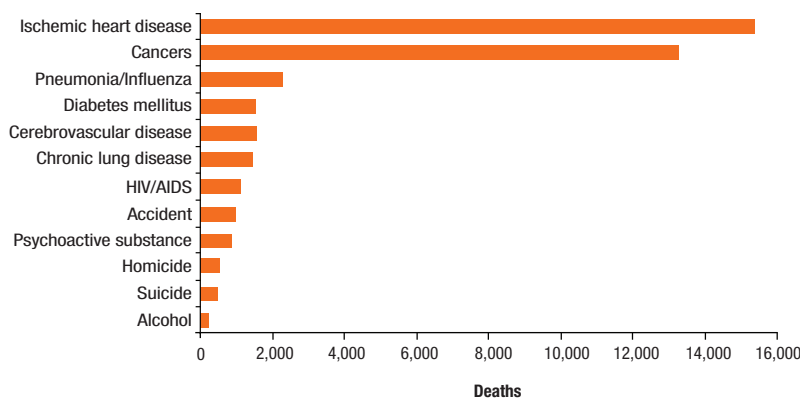
Age-Adjusted Mortality Rates, New York City, 1980-2008.



Infant Mortality Rates, New York City, 1988-2008.



Leading Causes of Death, New York City, 2007.



A Comprehensive Public Approach: *Take Care New York*

Progress on the City's Health Agenda

Take Care New York (TCNY) is a comprehensive health policy developed by the health department to help New Yorkers live longer and healthier lives. Launched in March 2004, *Take Care New York* provides a policy framework in 10 priority health areas that are key elements in preventing illnesses and death, and outlines steps that individuals, health care providers, businesses, and community- and faith-based organizations can take to improve the health of New Yorkers.



Take Care New York: 10 Core Health Issues

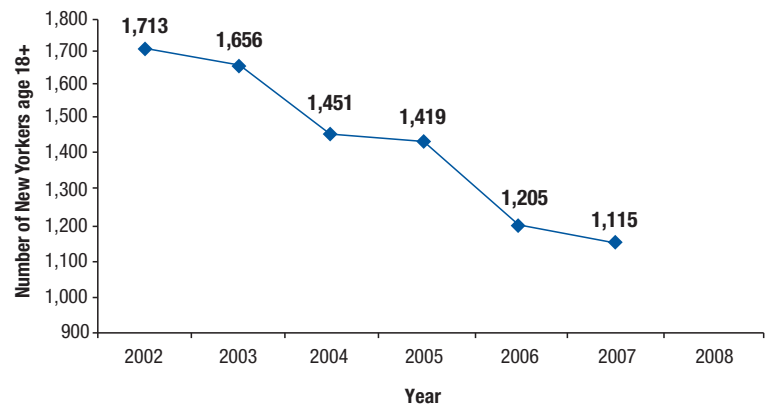
- 1.** Have a regular doctor or other health care provider.
- 2.** Be tobacco free.
- 3.** Keep your heart healthy.
- 4.** Know your HIV status.
- 5.** Get help for depression.
- 6.** Live free of dependence on alcohol and drugs.
- 7.** Get checked for cancer.
- 8.** Get the immunizations you need.
- 9.** Make your home safe and healthy.
- 10.** Have a healthy baby.

By the end of 2008, the health department had made progress in nine priority areas, and reached or surpassed four of the original targets:

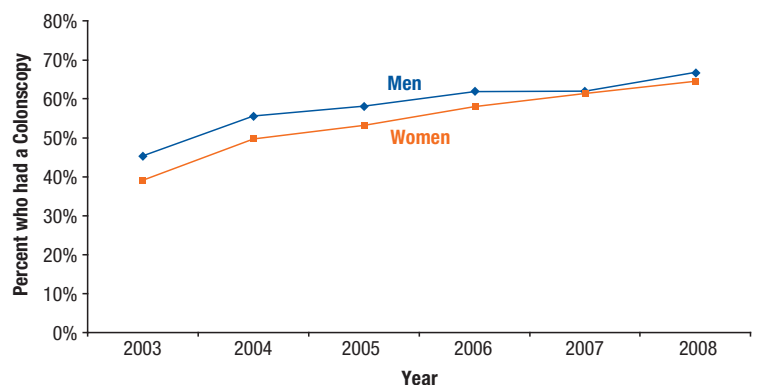
- **364,000 more New Yorkers have a regular doctor.** In 2002, 25% of city residents did not have a regular doctor; this decreased to 19% by 2007, surpassing the goal of 20%.
- **300,000 fewer New Yorkers smoke.** The percentage decreased from 21.5% in 2002 to 16.9% in 2007, surpassing the goal of a reduction to 18%.
- **598 fewer deaths from HIV.** The number of New Yorkers who died from HIV/AIDS-related illnesses decreased from 1,713 in 2002 to 1,115 in 2007, on track to reach the TCNY goal of fewer than 1,000 by 2008.
- **143 fewer deaths attributed to alcohol.** The number of New Yorkers who died from alcohol-attributable causes decreased from 1,551 in 2002 to 1,408 in 2006, almost reaching the goal of a reduction to 1,400 deaths.
- **73 fewer drug-related deaths.** Although data do not reflect a steady decline, the number of New Yorkers who died from drug-related causes decreased from 905 in 2002 to 832 in 2007.
- **A 48% increase in colonoscopy screening rates.** The percentage of New Yorkers older than age 50 years who received a colonoscopy within the past 10 years increased dramatically, from 42% in 2003 to 62% in 2007, surpassing the goal of 60%. Black and Hispanic residents were screened at the same rate as whites; five years ago, screening rates for blacks and Hispanics were far lower than those for whites.
- **In 2007, there were 319 fewer children younger than age six years newly identified with lead poisoning than in 2002,** more than two-thirds of the way to the goal of fewer than 260 children.

- **A 20% reduction in women who died from intimate partner homicide.** The three-year average rate of women killed by an intimate partner decreased from 1 death per 100,000 women during 2000 to 2002, to 0.8 per 100,000 during 2005 to 2007, meeting the goal.
- **A 10% decrease in infant deaths.** The infant mortality rate has decreased from 6 per 1,000 live births in 2002 to 5.54 per 1,000 live births in 2008, half of the way to the goal of 5 per 1,000 live births.

Number of New Yorkers Who Died from HIV/AIDS-related Causes, 2002-2007.



Colonoscopy Screenings in Men and Women, New York City, 2003-2008.



Take Care New York 2012

Building on the successes of the initial policy, the health department launched *Take Care New York 2012* in September 2009. The 10 new priority areas focus on reducing health disparities; improving access to high-quality, prevention-oriented health care; and making all New York City neighborhoods healthy and safe places.

DOHMH will regularly track a comprehensive set of indicators to measure progress toward the 2012 goals in each of the 10 priority areas.

Take Care New York 2012: 10 Priority Health Areas

New York City aims to:

- 1.** Promote quality health care for all.
- 2.** Be tobacco free.
- 3.** Promote physical activity and healthy eating.
- 4.** Be heart healthy.
- 5.** Stop the spread of HIV and other sexually transmitted diseases.
- 6.** Recognize and treat depression.
- 7.** Reduce risky alcohol use and drug dependence.
- 8.** Prevent and detect cancer.
- 9.** Raise healthy children.
- 10.** Make all neighborhoods healthy places.



Addressing Racial, Ethnic and Economic Disparities

Health disparities persist among economic and racial/ethnic groups; for example, black and Hispanic New Yorkers are much more likely to be diagnosed with HIV/AIDS, are less likely to receive an annual influenza shot, and die more often from cardiovascular disease. Closing these gaps will reduce inequalities and improve the city's overall health.

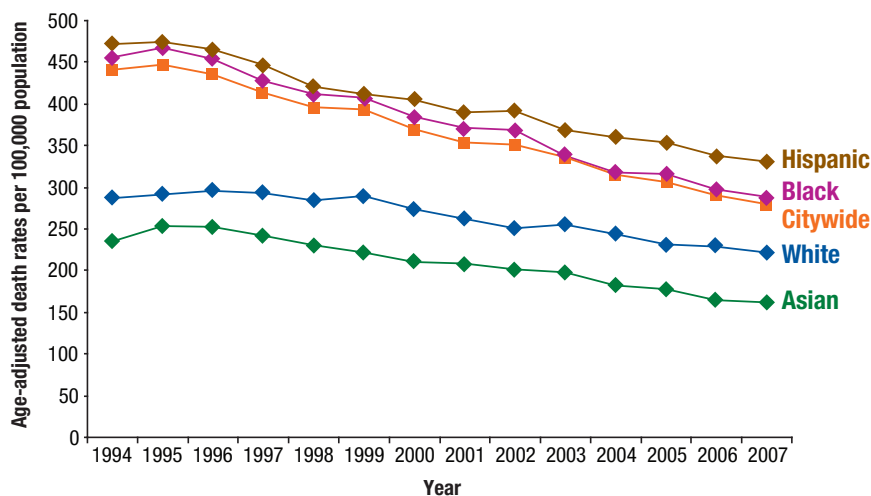
The agency's District Public Health Offices focus resources and programs on high-need neighborhoods to reduce health inequalities across the city.

In 2007 and 2008, the offices achieved several public health milestones, including distributing 425,000 condoms to at-risk adolescents in 38 Brooklyn and 20 Bronx high schools, developing referral networks with 17 Brooklyn health clinics, piloting an evidence-based sex education curriculum in seven Bronx schools, assessing the "teen friendliness" of 102 medical practices in the South Bronx, and providing 68 medical practices with a "frontline training" program focusing on confidentiality, access and customer service for teenagers.

The District Public Health Offices in the Bronx and Harlem worked with over 50 elementary school nurses to ensure that children with asthma had access to asthma medications during the school day. Also, the Harlem arm launched the East Harlem Asthma Center of Excellence, a neighborhood asthma management program to support children with asthma and their families. The offices also published seven reports on community-based research findings such as obesity, healthy food availability and health behaviors among teens.

The Office of Minority Health partners with faith-based organizations to provide support for health programs. In 2007 and 2008, the office established or maintained physical activity programs in 52 faith-based organizations citywide, which helped nearly 7,000 individuals adopt health-promoting behaviors. The office also organized health screenings for minority men at faith-based sites in Central Harlem and Brooklyn, and convened an HIV conference for faith leaders in Brooklyn. The office maintains a database of approximately 4,000 faith-based organizations citywide through which it distributes health education materials.

Deaths from Major Cardiovascular Disease in New York City by Race, 1994-2007.



Reducing Tobacco Use: Taxation, Education, Cessation, Evaluation

Tobacco is the leading agent of preventable disease and death in New York City and the United States, and indeed throughout the world. Between 1991 and 2002, smoking prevalence among New York City adults had remained constant, between 21.5% and 21.7%, and only slightly lower than U.S. smoking rates overall.

A New Strategy to Get Smokers to Quit

In 2002, New York City introduced a five-point tobacco control program consisting of:

- (1) Raising taxes to increase cigarette prices
- (2) Supporting the enforcement of, and advocating for, additional anti-smoking laws
- (3) Providing clinical cessation assistance to smokers motivated to quit
- (4) Launching educational campaigns that emphasized the dangers of smoking and secondhand smoke
- (5) Monitoring the epidemic of tobacco use and the effects of agency interventions

In 2007 and 2008, the health department continued to make significant strides in tobacco control; between 2005 and 2007, there was a significant decline in adult smokers in the city, from 18.9% to 16.9%, and in 2008, the number dropped to 15.8% (350,000 fewer smokers than in 2002). Smoking rates among high school students mirrored this decline, dropping from 24.1% in 1999 to 8.5% in 2007.

Taxes and the Smoke-Free Air Act

In 2008, the health department and the Mayor's Office successfully advocated for a \$1.25-per-pack increase in New York State's cigarette tax. This raised the average pack price to about \$8.50 in New York City, making cigarettes more expensive there than anywhere else in the country. Because increasing the price of cigarettes is proven to be the most effective way to motivate people to quit—the number of calls to 311 for help to quit smoking tripled in the week following the price



The stark images in the “Marie” campaign prompted a four-fold spike in calls to 311 for help quitting.

increase—this new tax is expected to significantly cut the number of smokers in the city and save tens of thousands of lives.

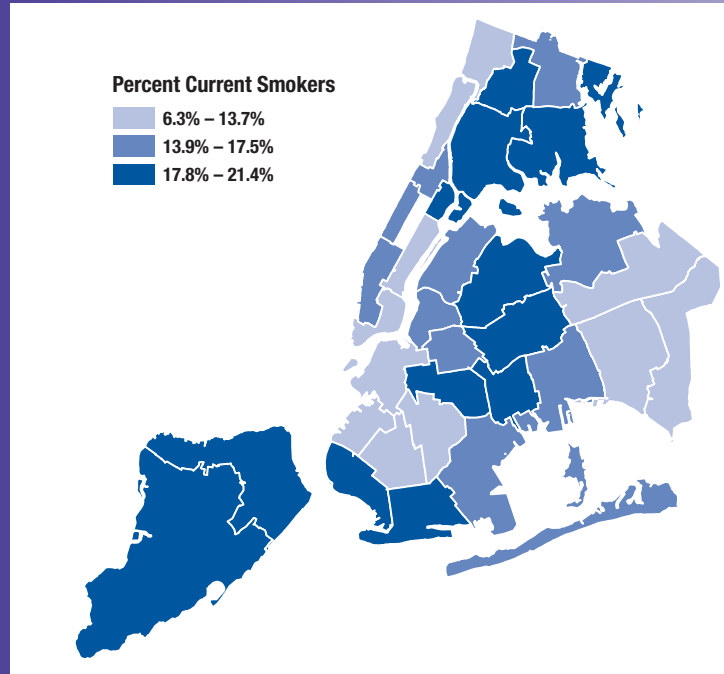
The Smoke-Free Air Act, effective March 2003, made virtually all indoor city workplaces, restaurants and bars smoke free, and continues to be extremely popular. The law has substantially reduced people’s exposure to secondhand smoke, encouraged more people to make their homes smoke free, and increased awareness of the dangers of secondhand smoke.

Raising Awareness through Media

In 2007 and 2008, the agency implemented an aggressive anti-tobacco advertising campaign that included *Cigarettes Are Eating You Alive*, a graphic depiction of the health consequences of smoking, and *Marie*, a testimonial featuring a city resident who required multiple amputations as a result of a smoking-related illness. Calls to 311 for help quitting increased fourfold, from about 11,000 in 2005, before the launch of the campaign, to about 50,000 in 2008.

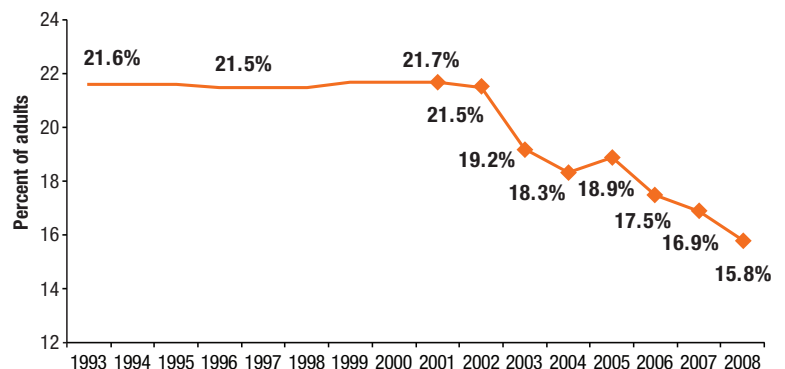
During these years, DOHMH also distributed tobacco-related educational materials and publications to a variety of audiences, including three new or updated publications (*How to Make Your Home Smoke-Free* [brochure], *Who’s Still Smoking?* [Vital Signs] and *Treating Tobacco Addiction* [City Health Information]). The agency also distributed materials to 14,000 retailers explaining the laws on tobacco sales to minors, and provided in-person education to 700 retailers who had sold cigarettes to minors.

Percent of Current New York Smokers by Neighborhood, 2008.

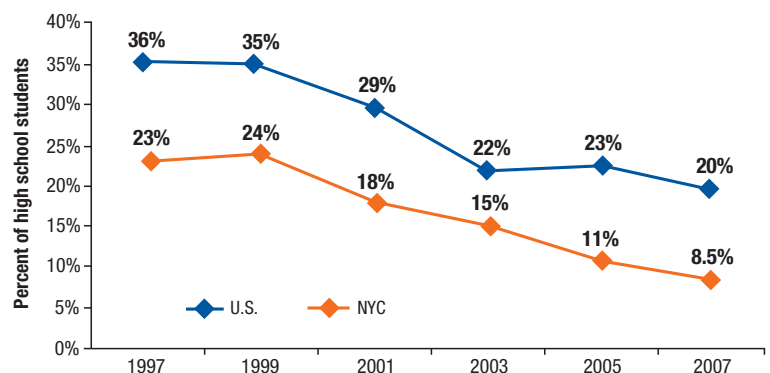


Adult Smokers in New York City, 1993-2008.

300,000 Fewer Smokers (about 100,000 premature deaths prevented)



High School Smokers in New York City, 1997-2007.



At the Ready: Emergency Preparedness and Response

The terrorist attacks of 9/11 made clear that the public health system and its partners play a crucial role in managing emergency response. Protecting the public from potential environmental and occupational health hazards during emergencies is a critical component of the health department's emergency preparedness and response initiative. Rapid assessment of hazards and implementation of immediate and long-term protective strategies are key components in the agency's plan to help the city recover from disasters.

Testing the Emergency Response System

In 2007, DOHMH responded swiftly to a major steam pipe explosion near Grand Central Station and in 2008 responded to a hepatitis A outbreak. Both of these incidents activated the Incident Command System and tested the agency's emergency response capacity in the field. These events elicited swift responder and containment efforts, which minimized the impact on city residents and resources.

Honing Emergency Operations

To enhance the coordination of internal departments during catastrophic events, in 2008 the agency opened a state-of-the-art Emergency Operations Center to serve as the primary command and control center during public health emergencies. During 2007 and 2008, the health department also completed a draft All-Hazards Emergency Operations Plan that defined agency response structure and protocols for all types of hazards, and released a Radiological Emergency Operations Plan outlining the public health management of a radiological incident. The Environmental Data Exchange Network now provides a secure, Web-based system designed to facilitate sharing environmental information among local, state and federal response agencies.

Training was a major component of 2007 and 2008 emergency preparedness activities—the agency oversaw the recruitment and training of the city's 8,300-member Medical Reserve Corps, the nation's largest pool of volunteer health care professionals, and trained more



than 5,800 agency employees in Root Learning, an education initiative that strengthened knowledge of the agency's emergency operations.

During this time, the Public Health Laboratory was renovated to enable a rapid, secure and accurate identification of, and response to, the threat of bioterrorist attacks, including installing an operational All Hazards Receipt Facility, standardizing all clinical testing requisition forms to improve customer service, expanding emergency preparedness training, and administering Bio-Safety Level 3 workshops for sentinel lab readiness.

The Healthcare Emergency Preparedness Program enhanced hospitals' ability to detect patients with radioactive contamination by placing radiation detection equipment at 59 hospital entrances and training more than 500 hospital staff in their use. Hospital critical care surge capacity was also addressed when the program purchased 469 respiratory ventilators, and trained more than 600 New York City hospital staff to prepare for pandemics and other large-scale public health emergencies.

The Office of Mental Health Disaster Preparedness and Response in the Division of Mental Hygiene trained mental health professionals, paraprofessionals, community



leaders and emergency responders on the psychological impacts of disasters. During 2007 and 2008, the office administered 32 trainings to approximately 2,700 participants and provided disaster mental health services during the public health response to five emergency events.



Promoting Quality Health Care: Raising Physician and Public Awareness

The Primary Care Information Project

The Primary Care Information Project was launched in 2005 to promote the use of prevention-oriented electronic health records by primary care providers in the city's underserved communities. The project helps primary care practices install electronic health record systems and train staff to use them to transform workflow and improve patient care.

Point-of-care reminders help providers keep patients updated on preventive care services. The electronic health records also allow providers to access statistics on their entire patient panel so they can improve both individual patient care and reach out to the entire practices with reminders.

In 2007 and 2008, the project helped more than 1,000 New York City primary care providers (serving one million patients) to adopt the prevention-enhanced electronic health record, making it the largest program of its kind in the nation.

Quality IMPACT for Improving Mental Hygiene

Quality IMPACT (Improving Mental Hygiene Programs and Communities Together) implements a data-driven quality improvement process to improve outcomes, and promotes the use of evidence-based practices by mental hygiene services. Nearly 300 mental health, chemical dependency and mental retardation/developmental disability programs participate.

Advances in 2007 and 2008 included completing a four-year project to better identify and treat individuals who have co-occurring mental health and alcohol/drug use disorders. Such people have high rates of illness and death, yet research suggests they often are not identified or treated. The program's success was the catalyst for requiring all health department mental health, alcohol and drug treatment programs to screen and assess every patient for co-occurring disorders, and subsequently provide coordinated or integrated care.

Preventing and Detecting Colon Cancer through Screening

Colorectal cancer kills more nonsmokers than any other cancer. The health department estimates that widespread use of colonoscopy to detect polyps and early cancers could result in an 80% reduction in the city's colon cancer deaths, preventing more than 1,000 deaths annually.



In 2007 and 2008, the agency expanded the bureau's colon cancer navigator program to all 11 Health and Hospitals Corporation hospitals and six other city hospitals.

After providing citywide educational and outreach campaigns and introducing navigation programs that guide patients through the screening process, New York City achieved the 2008 *Take Care New York* goal of having 60% of eligible New Yorkers screened (up from 42% in 2003); in addition, disparities in screening rates among different racial/ethnic groups were eliminated.

The Detailing Campaign to Market Public Health to Providers

Modeled on the pharmaceutical industry's marketing strategies to physicians, the Public Health Detailing Program promotes evidence-based clinical, preventive services and tools. Health department detailers make initial brief, unscheduled visits to health care practices and then arrange follow-up appointments to provide comprehensive two- to three-month educational campaigns on a range of preventable and manageable health issues.

The detailers distribute "action kits" containing attractive, easy-to-understand physician and patient education materials such as posters, questionnaires and checklists. In 2007 and 2008, the program conducted 17 public health detailing campaigns in various health care settings on topics such as hypertension, diabetes, HIV testing, influenza, cholesterol, depression screening and obesity. These efforts generated 43,000 teaching encounters with doctors and other clinical staff.

Caring for Incarcerated New Yorkers

Correctional Health Services is responsible for providing health care to all New Yorkers who are incarcerated in New York City jails.

People who are incarcerated in the city receive a full range of health services, including care for mental illnesses, substance abuse,



communicable diseases such as HIV, and chronic conditions such as hypertension and diabetes. Within 24 hours of admission, all inmates receive a comprehensive medical and mental health intake exam that includes a public health focus.

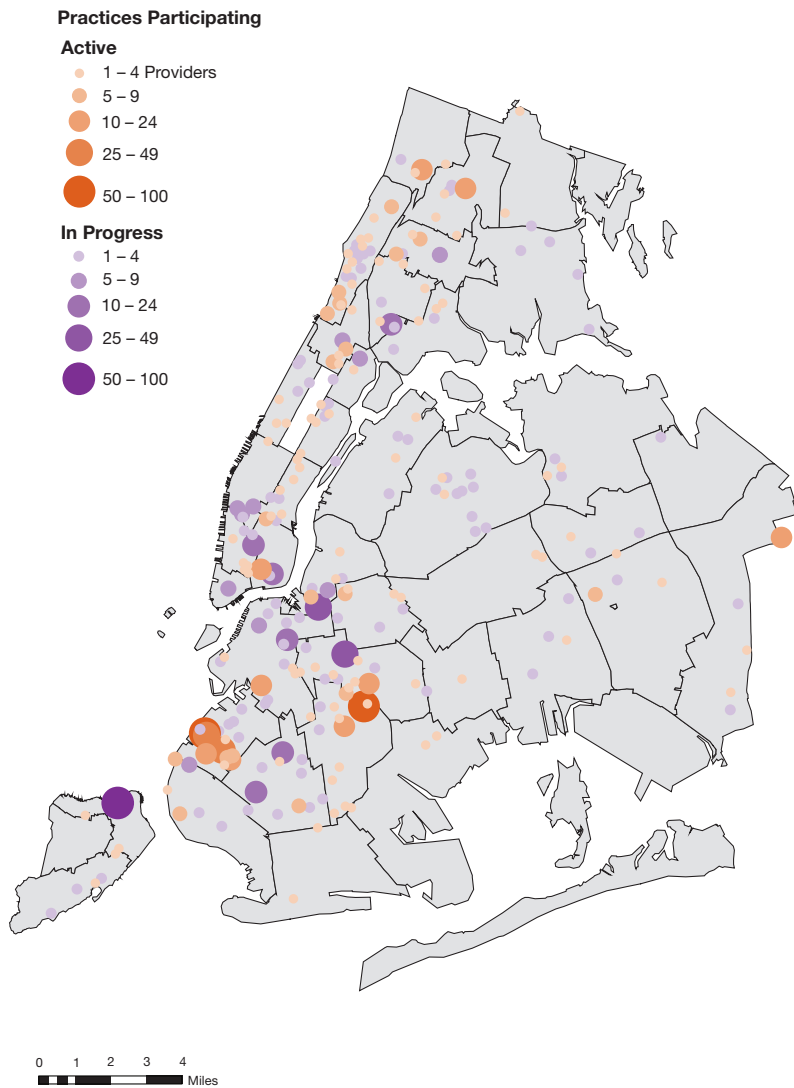
In 2007 and 2008, Correctional Health Services provided more than 1.2 million medical and dental visits, and nearly 450,000 mental health

visits. The program also created an HIV Continuum of Care initiative to enable inmates to know their HIV status prior to release, receive a discharge plan, and get connected to primary care upon release. Over the time period, as part of the initiative, Correctional Health Services quadrupled its voluntary HIV testing rate, administering more than 52,000 voluntary HIV rapid tests. In addition, more than 80,000 chlamydia and gonorrhea screening tests were completed for males aged 35 years of age and younger; those still incarcerated after receiving their test results were treated if necessary.

Correctional Health Services embarked on several large electronic projects in 2007 and 2008 to improve the quality and continuity of medical care, including implementing an electronic intake system, using an automated system for dispensing medications, designing and implementing a digital X-ray system, and installing a prevention-oriented electronic health record in one city jail facility.

In 2007 and 2008, the program also improved the quality of substance abuse and mental health care, and discharge planning. The program implemented an evidence-based therapeutic community substance abuse program in three dormitory units, an intensive treatment unit for inmates with severe mental illness, and enhanced group therapy in all mental observation housing units.

Medical Providers Participating in the Primary Care Information Project, 2008.



Electronic health records were adopted by more than 1,000 medical practices across all five boroughs by 2008.

Tackling Chronic Illness: Combating Cardiovascular Disease, Obesity and Diabetes

The Hemoglobin A1C Registry

Hemoglobin A1C levels are a measure of a patient's blood sugar control over a three-month period; good A1C control reduces complications of diabetes such as heart, eye, kidney and nerve disease. To monitor and help control the city's diabetes epidemic, the health department established, in 2006, the first and only population-based hemoglobin A1C registry through an amendment to the New York City Health Code.

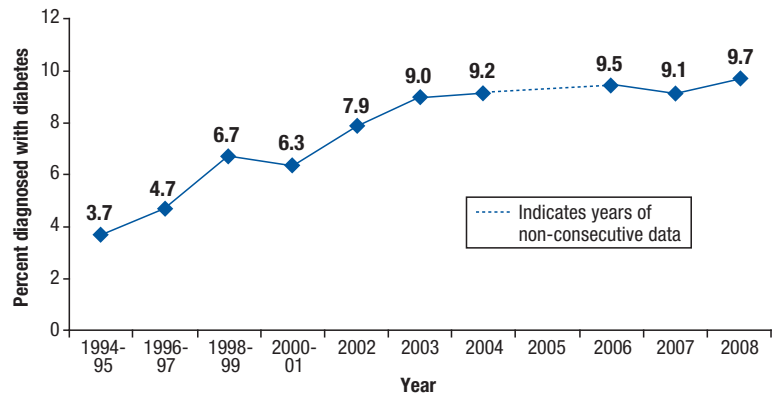
The amendment requires clinical laboratories enrolled in the Electronic Clinical Laboratory Reporting System to electronically report all hemoglobin A1C results to the health department, which records them in the A1C registry. The registry data allow DOHMH to follow trends in glycemic control over time, and support providers and their patients in efforts to control diabetes and its many complications.

In 2007 and 2008, a South Bronx pilot intervention program consisting of 73,000 patients included 92% of laboratories that reported A1C results. The program received more than four million A1C test results over the two-year period and generated reports for more than 1,000 providers at 35 clinical settings. The agency also trained more than 2,000 health professionals to communicate more effectively with their patients about nutrition.

Physical Activity

In 2007 and 2008, the health department made advances in promoting and implementing physical fitness initiatives by supporting

Prevalence of Diabetes among Adults in New York City, 1997-2008.



approximately 100,000 visits to physical activity classes through *Shape Up, New York*, a free fitness program offering a variety of classes and activities for entire families.

During this time, the agency also made significant gains in the Built Environment Initiative, which uses spatial data (such as assessing land use, public transit and housing) to examine the implications of the built environment on physical activity, diet, obesity and other aspects of health. Physical fitness initiatives included launching a *Take the Stairs* campaign to encourage the use of stairs instead of elevators.



Healthful Eating: Initiatives to Control Calories and Trans Fat in City Restaurants

In 2007 and 2008, the health department implemented two major initiatives to improve eating habits and food choices in the city: eliminating artificial trans fat in restaurants and requiring restaurant chains to prominently post calorie counts to allow consumers to make informed food choices. By the end of 2008, compliance with the trans fat regulation was 90% and 85%

with the calorie-posting requirement. Both initiatives inspired similar measures in several states; calorie labeling is also being promoted in the United Kingdom.

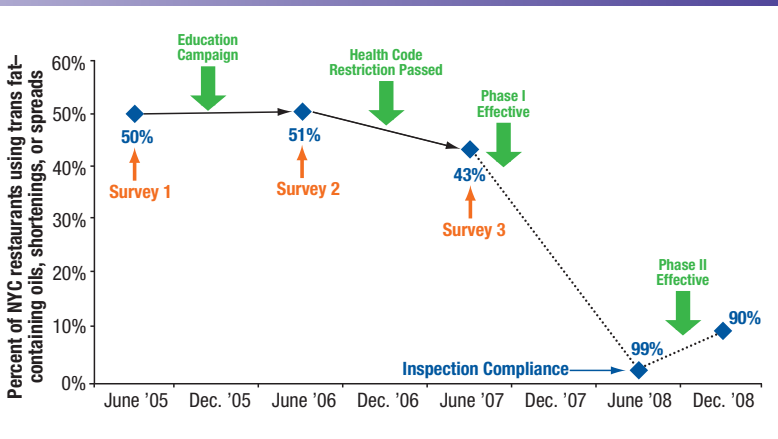
Expanding Healthy Food Choices: Green Carts

To encourage healthy choices in food purchased from street vendors, the city implemented a new Green Cart initiative to enable 1,000 mobile food vendors to more easily sell fresh fruits and vegetables by 2010. These vendors only sell raw fruits and vegetables, such as whole carrots, bananas, apples and berries, and are licensed in neighborhoods that traditionally have a lack of fresh produce in area bodegas and supermarkets.

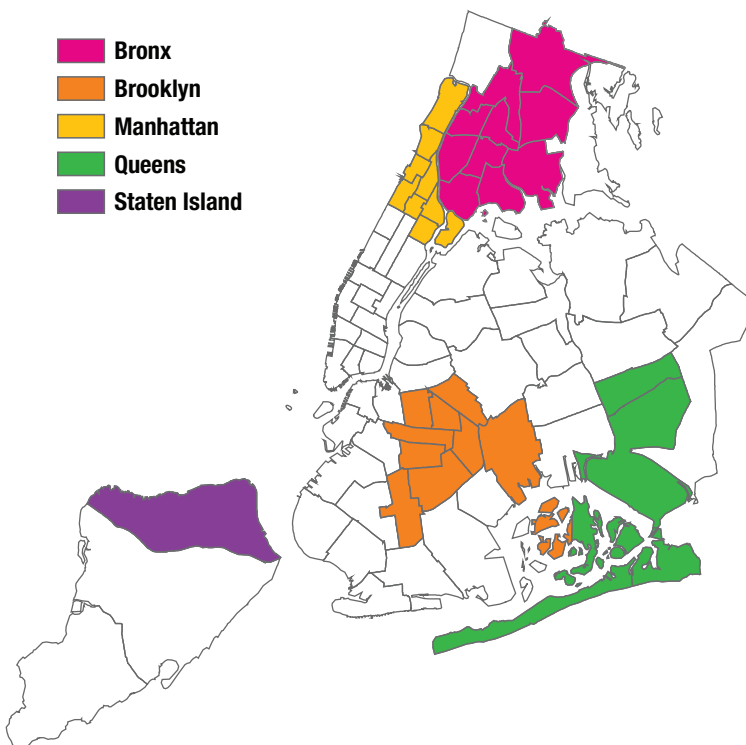
Cardiovascular Disease and Hypertension

Cardiovascular disease, which includes heart attack and stroke, is responsible for more than 25,000 deaths a year in the city and remains the leading cause of preventable illness and death. Among New Yorkers, 33% of black residents have hypertension, compared to 21% of whites, and almost one in five New Yorkers with hypertension is unaware of his/her condition.

New York City Trans Fat Ban Implementation.



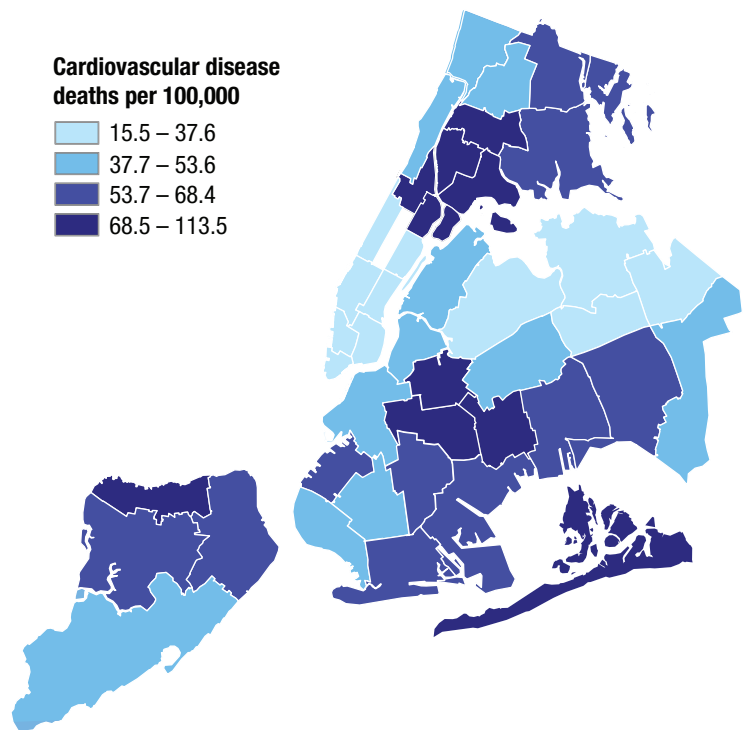
Designated Green Cart Areas.



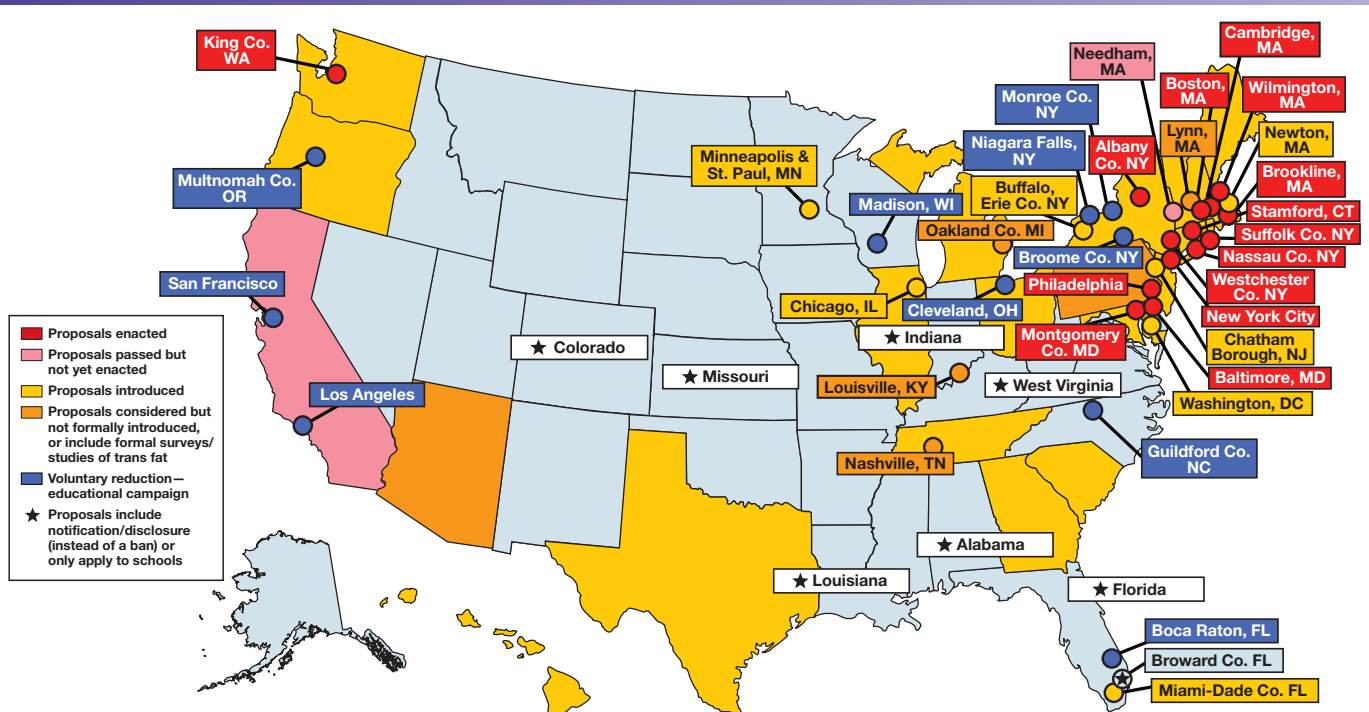
To reduce the burden of cardiovascular disease and related disparities, the health department works to create sustainable, citywide heart-healthy changes in the food environment (see p. 18) to improve cardiovascular disease risk factors, diagnosis, treatment and control through enhanced care and patient self-management. In 2007 and 2008, the agency introduced programs to promote blood pressure control, including the distribution of home blood pressure monitors in clinical settings, a model blood pressure monitoring program in faith- and community-based organizations, and a pharmacy-based blood pressure monitoring program.

In October 2008, the health department took the lead in launching the National Salt Reduction Initiative with 40 other health departments and jurisdictions. The initiative seeks to reduce population sodium intake by 20% over the next five years, with a primary strategy of working with the food and restaurant industries to achieve a 25% reduction of sodium in processed and restaurant foods.

Premature Cardiovascular Disease Deaths (among those ages <65) by Neighborhood, 2007.



State and Local Trans Fat Ban Proposals.



Following New York City's lead, many other states proposed similar trans fat bans.

Infectious Disease Control: Minimizing Diseases through Prevention and Education



Reducing Risks and Providing Treatment for HIV/AIDS

New York City remains the epicenter of the HIV/AIDS epidemic in the United States, with more than 102,000 New Yorkers living with the disease and thousands more unaware of their status. HIV is the health problem with the largest racial disparities in the city—80% of new AIDS diagnoses and deaths are among black and Hispanic city residents.

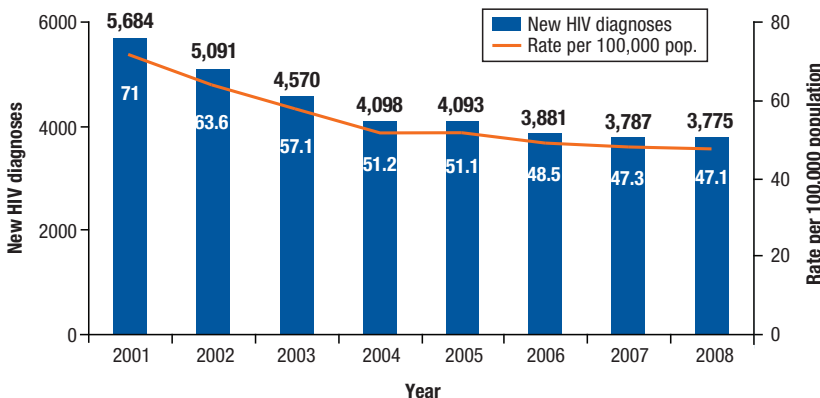
To reduce the overall rate of HIV/AIDS and close the gap between racial groups, the health department increased free condom distribution to New Yorkers by launching a new *NYC Condom* (the first city-branded condom in the nation), providing a Web-based condom ordering system, installing *NYC Condom* dispensers

(created by renowned industrial designer Yves Behar) in an initial 200 venues, and creating a bilingual (English/Spanish) promotional poster and radio campaign. In 2008 alone, a network of more than 900 commercial, medical and community venues helped DOHMH distribute more than 41.5 million condoms.

In 2007 and 2008, the health department increased the number of New Yorkers who knew their HIV status by expanding the availability of rapid HIV testing, strengthening the partner notification service program, and adding staff to health care sites. The agency and its partners completed more than 143,000 HIV tests in 2007 and more than 209,000 in 2008. On National HIV Testing Day 2008, the agency launched *The Bronx Knows*, the largest testing initiative in city history, to encourage all Bronx residents aged 18 to 64 years to learn their HIV status within the next three years; as a result, HIV testing increased by 20%.

DOHMH offers treatment for HIV and other sexually transmitted diseases at 10 locations across all five boroughs, with approximately 125,000 patient visits by 90,000 individuals annually. In 2007 and 2008, the agency improved service delivery by increasing patient services, decreasing patient visit times, and integrating testing consent forms for HIV and other sexually transmitted diseases.

New HIV Diagnoses and Rates in New York City, 2001-2008.



Preventing Other Sexually Transmitted Diseases

During the same time period, the health department increased sexually transmitted disease education citywide—the school-based chlamydia/gonorrhea screening and treatment program expanded to educate nearly 30,000 students at 89 schools, and an HIV Prevention Training Center provided 285 hours of training to more than 1,800 health care providers. Disease monitoring was enhanced via electronic reporting of laboratory-confirmed, reportable sexually transmitted diseases.

Influenza Immunization

In New York City, approximately 1,000 people die each year from influenza, a disease that is largely preventable through annual influenza shots. During 2007 and 2008, the health department focused on increasing immunization rates, particularly in people at highest risk for influenza complications, and reducing health disparities by promoting vaccination programs in neighborhoods with poor coverage.

During the same time period, the agency expanded access to influenza vaccine for adults by advocating to allow pharmacists to give influenza and pneumococcal vaccines, providing direct clinical services at senior centers and health department clinics, and distributing free vaccines to the Visiting Nurse Service of New York, pro bono program providers, long-term care facilities, private physicians and various government agencies.

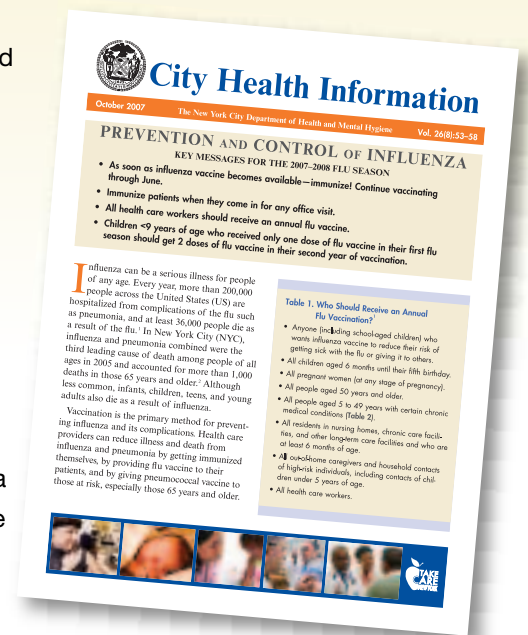
In 2007, the health department published an issue of *City Health Information*, “Avian and Pandemic Influenza Preparedness for Primary Care Providers,” to educate health care workers about how to manage influenza during a pandemic. During 2007 and 2008, the agency prepared for the growing threat of a global influenza pandemic by developing plans and holding drills about how to respond to avian

and pandemic influenza, and training more than 600 city hospital staff in preparing for pandemics and other large-scale emergencies.

Treating Tuberculosis

During 2007 and 2008, new cases of tuberculosis cases in New York City continued to decline to record lows—a total of 895 new cases were reported in 2008, a 2% decrease from the 914 cases in 2007 and a 78% decrease from the high levels during the city’s epidemic in the early 1990s. The citywide tuberculosis rate, however, is still nearly three times the national rate (11.2 cases per 100,000 people in New York City versus 4.2 per 100,000 nationally).

In response to an ongoing cluster of 51 tuberculosis cases in Harlem and the South Bronx from 2003 through 2008, the Bureau of Tuberculosis Control launched an aggressive investigation that used novel approaches to establish links between cases and contacts, and to explain the emergence of drug-resistant strains within the outbreak. A Telephone Nurse



Monitoring service routinely placed calls to patients on treatment for latent tuberculosis infection, increasing the number of people who completed treatment successfully.

In 2007, the agency identified 10,220 individuals who had been exposed to people with contagious tuberculosis, of which 7,652 (75%) were evaluated for infection. In 2008, an educational comic strip poster, *You Can Help Stop TB in New York City*, was introduced to urge people who may have been exposed to the disease to get a free test if they had symptoms. In March 2008, the bureau published its fourth edition of *Clinical Policies and Protocols*, a reference guide for the diagnosis, treatment and prevention of tuberculosis.

Surveillance and Investigation of Disease Outbreaks

The health department's Bureau of Communicable Disease conducts ongoing surveillance for 73 infectious diseases, including those historically of public health significance, such as typhoid fever, and those of emerging significance, such as avian influenza. Rapid detection and investigation of disease outbreaks, including any cluster of unusual illness when the cause is unknown but

is suspected to be infectious, are key elements in preventing transmission, as is educating the public and medical community on communicable disease issues.

In 2008, the number of measles cases in the city was the largest since the early 1990s and occurred primarily in people who came to the city from other countries. The disease circulated among non-immune adults and children younger than the age requiring vaccination. The agency responded by interrupting further transmission through targeted communication with providers and parents of unvaccinated individuals.

Other disease outbreak investigations conducted by the agency in 2007 and 2008 included 37 investigations of possible transmission of hepatitis B and C in health care settings and notifying 4,750 patients who were potentially exposed. The health department also investigated and responded to a possible hepatitis A exposure affecting several hundred patrons of a West Village bar, an outbreak of shigella among Orthodox Jewish residents in the Borough Park and Williamsburg neighborhoods in Brooklyn, and an increase in cases of Legionnaires' disease in the Parkchester area of the Bronx.



Children's Health: Keeping the Youngest New Yorkers Healthy

The Nurse-Family Partnership

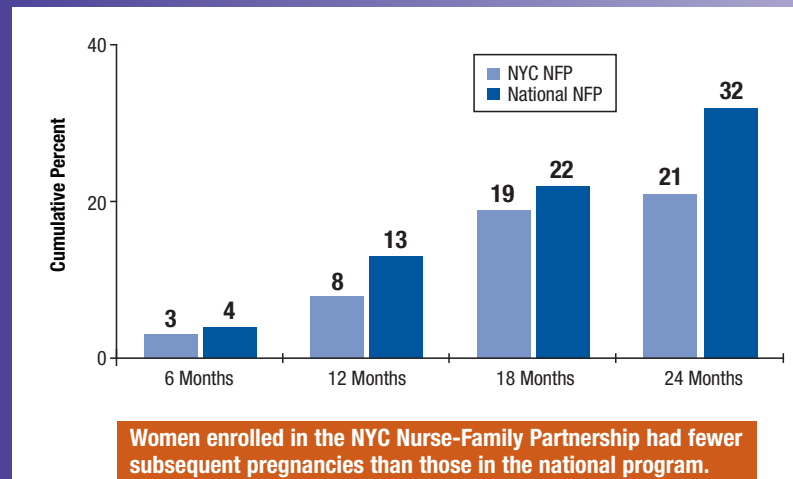
The New York City Nurse-Family Partnership is a nurse home-visiting program committed to improving the health, well-being and self-sufficiency of low-income, first-time mothers along with their infants and families. The program served more than 1,700 families in 2007 and 2008, making it the nation's largest urban Nurse-Family Partnership site. The program has nine sites in all five boroughs, plus a team that serves the city's most challenged populations—teens in foster care, and women and teens in homeless shelters and at Rikers Island jail.

Studies consistently show that women enrolled in the partnership have improved pregnancy outcomes, fewer subsequent pregnancies, longer intervals between births, and increased employment. Children in the program have fewer childhood injuries and improved school readiness, and are less likely to be subjected to abuse and neglect, or to enter the criminal justice system.

The Newborn Home Visiting Program

Since 2004, the Newborn Home Visiting Program has targeted mothers and newborns in District Public Health Office neighborhoods in Bedford-Stuyvesant, Bushwick and Harlem. In 2007, services were expanded to families in Brownsville and the South Bronx. The initiative seeks to narrow the dramatic health disparities between infants born to lower-income versus higher-income mothers. Public health advisors visit families in their homes, providing advice and instruction on issues such as breastfeeding, infant safety and home environmental hazards; screen for health and social problems; and make medical and social service referrals as needed. By the end of 2008, the program had visited more than 15,000 families.

Percent of Women with Subsequent Pregnancy
NYC Nurse-Family Partnership vs. National Nurse-Family Partnership.



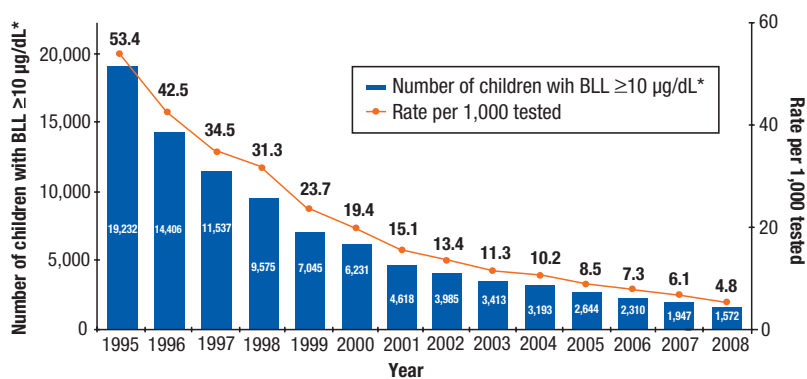
Preventing Lead Poisoning and Promoting Healthy Homes

Lead poisoning remains a serious and preventable public health problem. In 2008, 1,572 children six months to six years of age were newly identified with blood lead levels greater than or equal to 10 µg/dL, a 19% decrease from 2007, and a marked decline from the nearly 20,000 cases identified in 1995.

In New York City, blood testing is required for children at both one and two years of age, and for high-risk children from six months to six years of age. In both 2007 and 2008, lead testing increased—in 2008, 84% of one-year-olds and 69% of two-year-olds were tested for lead poisoning, compared with 76% in 2007 and 65% in 2006.

The Lead Poisoning and Prevention Program provides environmental investigations and case coordination services for children with blood lead levels at or above the Environmental Intervention Blood Lead Level of 15 µg/dL.

Decline in the Number of New York City Lead-Poisoned Children, 1995-2008.



*Blood lead level

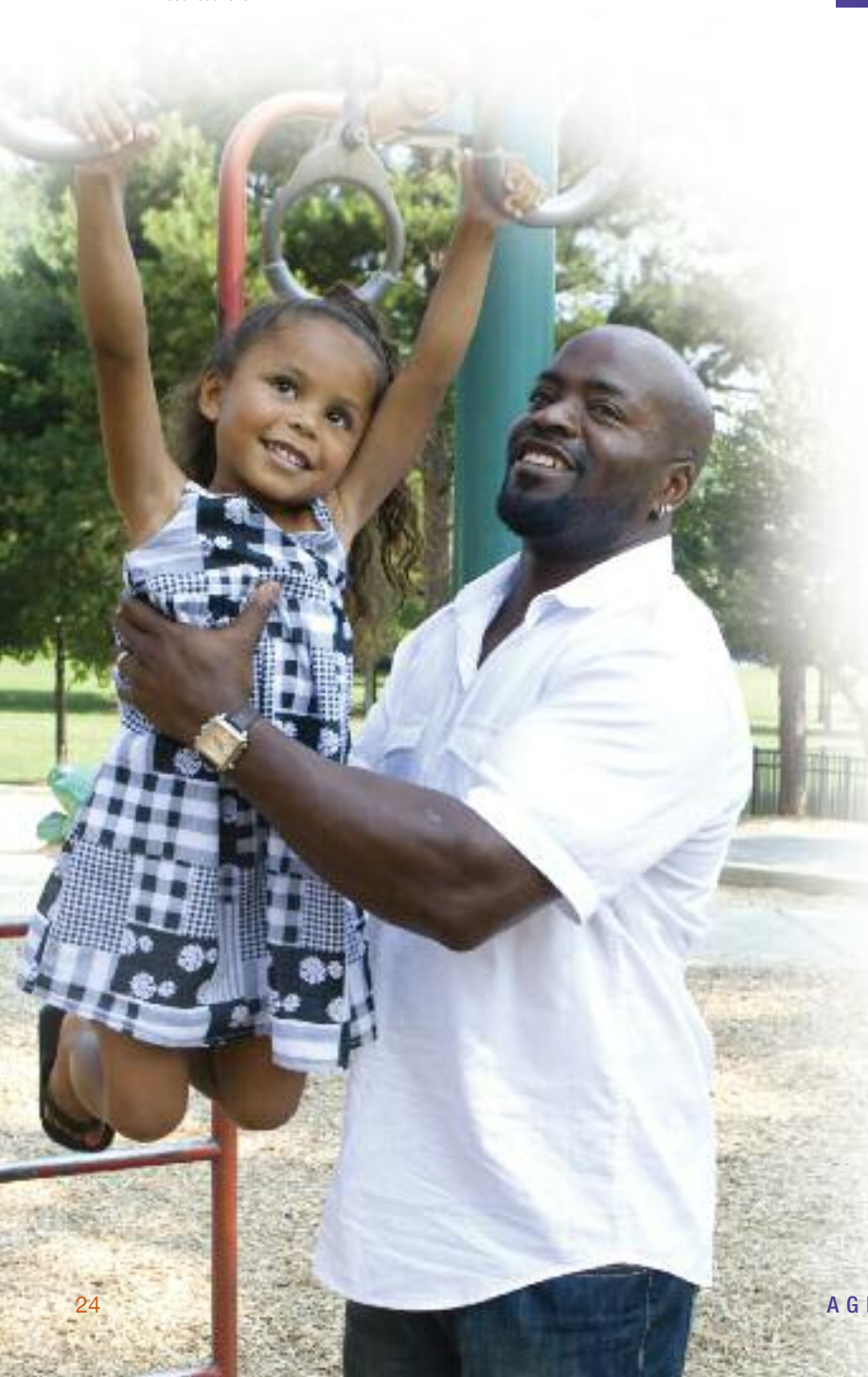
The program makes home visits, tests for lead paint, orders building owners to make repairs, and educates families and health care professionals on providing medical follow-up and reducing exposure. In 2007 and 2008, the agency provided these services to approximately 1,300 newly identified children and pregnant women with lead poisoning.

In 2007 and 2008, the health department intensified prevention efforts in high-risk neighborhoods to reduce lead paint hazards in the homes of newborns and young children. The agency proactively visited the dwellings of 750 newborns and young children to identify lead paint hazards, and enforced lead-based paint remediation in more than 1,800 homes overall. In addition, all lead paint inspections of dwellings were broadened to check for other health hazards, such as mold and rodents, and for the presence of carbon monoxide alarms, smoke alarms and window guards.

Monitoring Child Care Safety

The health department monitors the health and safety of children in licensed child care centers citywide, a growing responsibility as day care capacity grew by 20,000 slots during 2007 and 2008; the agency conducted approximately 25,000 inspections each year.

Other achievements in 2007 and 2008 included reducing the percentage of child care centers with expired permits from 24% in 2004 to less than 1% in 2008, completing a full revision of Article 47 of the City Health Code to enhance health and safety in day care centers, creating a new Health Code Article 43 to regulate school-based child care facilities, providing child abuse and maltreatment training to 10,000 child care center staff, and holding educational forums attended by staff from 800 child care programs.



Supporting Mental and Physical Health among Youths

Jointly with the Department of Education, the health department administers the Office of School Health to promote the well-being of the 1.3 million children enrolled in the city's 1,800 public and private schools.

In 2007 and 2008, the agency increased the use of automated school health records; 82% of authorized users accessed the system in a given week, and 37% of school nurses recorded more than 10 walk-ins per day.

Other achievements over the two-year period included increasing to 98% the proportion of high schools with condom availability programs, distributing contraceptives (including emergency contraception) to nearly 2,000 students, increasing condom orders by 160% since 2005, and implementing a plan to enhance asthma management in school children by increasing the number of students whose medication administration forms indicated inhaled corticosteroids.

In 2007 and 2008, the health department also expanded mental health services for children younger than five years of age, including the *Adolescent Skills* program in each borough, an initiative that offers educational and workplace skills training to youths ages 16 to 23 years with mental health problems, helping them to prepare to live independently. Over the same two years, the New York State Office of Mental Health funded the expansion of school-based mental health services to more than 200 additional schools throughout the city. The agency's *Child and Family Clinic Plus* screened students for mental health problems and provided treatment or referral to treatment.

To reduce the stigma and raise awareness of mental health concerns, and encourage youths to seek needed help, public awareness campaigns were launched in 2007 that targeted young Latinas and first-time mothers to seek help.

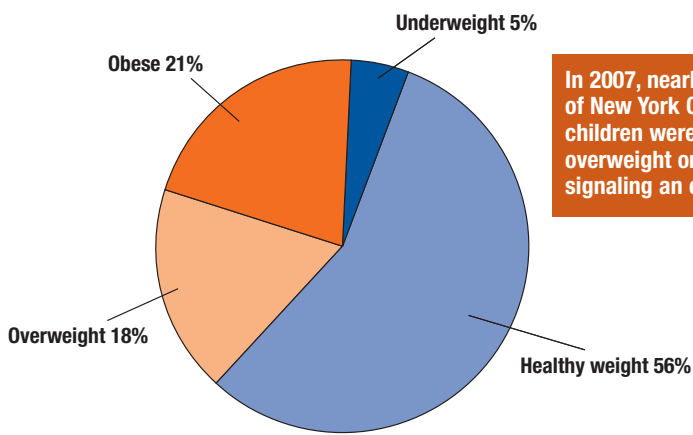


In 2008, the agency launched its *NYC Teen* website, along with a campaign called *Mindspace*, on the two leading social networking sites, MySpace and Facebook. The initiative was geared at reducing the stigma of mental health problems by providing age-appropriate information about depression, peer pressure, managing stress, dating violence, and drug and alcohol overuse. The site also provides youths with an opportunity to reach out for help directly by emailing or calling the agency's LIFENET hotline; as of December 2008, the *NYC Teen Mindspace* project had logged 23,968 page views and registered 345 individuals as "friends."

Reducing Teen Pregnancy

The health department promotes dual contraception—condoms for HIV and sexually transmitted diseases prevention and hormonal/long-acting reversible contraception for pregnancy prevention—for young women and men who are sexually active. Programs and activities for teens are largely directed toward removing barriers to accessing hormonal and long-acting contraception.

Weight Status in New York City Public Schools, Kindergarten through 8th Grade, 2007.



In 2007, nearly 40% of New York City children were either overweight or obese, signaling an epidemic.

The Office of School Health oversees the Condom Availability Program, which requires the participation of all city public high schools, and provides training and technical assistance throughout the school year. During 2007 and 2008, the agency piloted a project to assure provision of reproductive health services at 12 high school-based health centers, including dispensing contraception onsite, and securing private funds to implement the project at the remaining 29 school-based health centers.

Over the same two years, the Healthy Teens Initiative provided training and support to 29 community clinics in the Bronx to integrate sexual and reproductive health services into routine adolescent primary care. Additional efforts included promoting comprehensive sexual education and linking students at schools without school-based health centers to nearby community-based clinics to receive contraception and other health services.

Promoting Physical Activity in Schools and Day Care Centers

To help combat the childhood obesity epidemic in the city, the health department promoted the evidence-based *Sports, Play and Active Recreation for Kids (SPARK)* in 2007 and 2008. This program trains school teachers, day care staff and school recess aides to develop and run effective physical activity programs. Over the two years, the agency provided SPARK training and equipment to more than 10,000 teachers and day care staff at more than 1,850 schools, day care centers and after-school program sites.

The agency also collaborated with the Department of Education to sponsor *NYC FITNESSGRAM*, a program in schools that assesses key components of fitness. Parents receive reports summarizing their child's performance and make suggestions for helping children reach a "Healthy Fitness Zone." In 2007 and 2008, the program was expanded to all 640,000 students in city elementary schools, and to 200 middle and high schools.

Mental Hygiene Challenges: Helping New Yorkers with Mental Illnesses, Alcohol and Drug Problems, and Developmental Delays and Disabilities

Through its Division of Mental Hygiene, the health department is responsible for the behavioral and developmental health of more than eight million New Yorkers. Of these individuals, more than 450,000 people—those with serious mental illnesses, developmental disabilities and delays, and alcohol and drug problems—receive services through community-based organizations in contract with the agency.

Treating and Managing Drug and Alcohol Problems

Since 2004, the health department has promoted the use of buprenorphine as a preferred treatment for heroin and other opioid addiction. During 2007 and 2008, the agency initiated a peer education program for patients, and training for physicians and other non-prescribing staff, on the benefits of buprenorphine. These efforts resulted in a steady increase in individuals receiving buprenorphine prescriptions, from near zero in January 2003 to more than 3,200 in 2008.

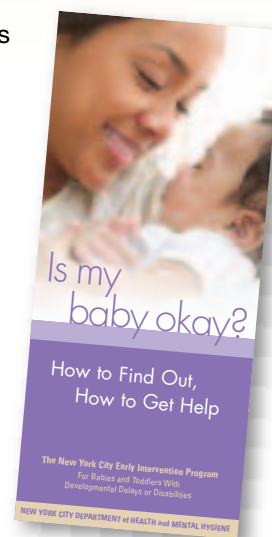
During 2007 and 2008, the division partnered with sterile syringe access programs to prevent injection-related disease transmission and improve injection-related hygiene; promoted Screening, Brief Intervention, and Referral to Treatment for heavy and binge drinkers (the approach offers early intervention for people whose drinking patterns may be harmful to their health, with the goal of reducing alcohol consumption to prevent associated injuries and progression to dependence); and managed more than 100 contracts with alcohol and drug use treatment and prevention programs.

In addition, the health department and the New York City Human Resources Administration jointly implemented the *Managed Addiction Treatment*

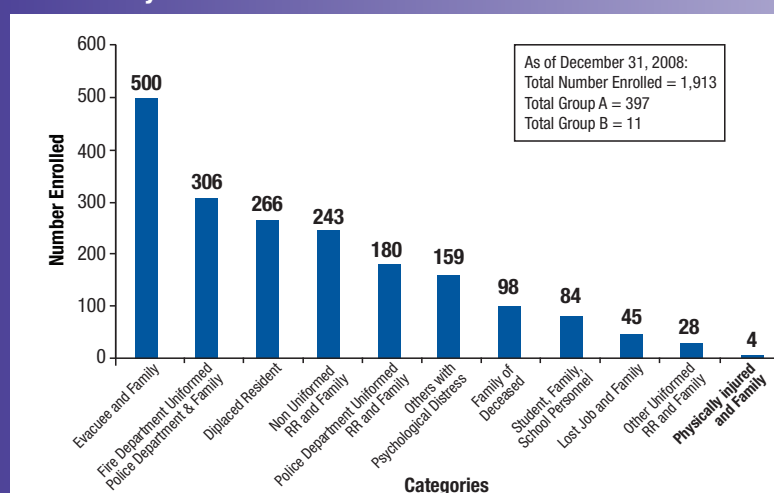
Services program, which provides individuals with intensive case management services to support stabilization and retention in longer-term treatment, as well as connections to housing, employment services, health care, psychiatric treatment and other services. By the end of 2008, the program had enrolled more than 1,600 individuals, resulting in an estimated annual Medicaid cost savings of at least \$10 million.

Supporting Mental Health

The Bureau of Mental Health contracts with city service providers and administers programs directly, overseeing more than 700 treatment, rehabilitation, housing, case management, advocacy and assisted outpatient treatment programs supported by more than \$200 million in public funding. The bureau manages the development, implementation and oversight of ongoing and new mental health programs to promote mental health, and provides effective, high-quality, community-integrated and recovery-focused care for all residents.



New York City 9/11 Benefit Enrollment as of June 2008.



In 2007 and 2008, The New York City 9/11 Benefit Program was launched. This insurance-like benefit program helps fund mental health, and alcohol and drug use treatment services for city residents still affected by the events of 9/11. The benefit reimburses participants for out-of-pocket treatment expenses; as of 2008, the program had enrolled 1,913 individuals.

The division's Office of Consumer Affairs responds to individuals with mental health needs and incorporates consumer input into oversight of services. In 2007 and 2008, the office held workshops for several hundred consumers that focused on physical health and wellness, smoking cessation, safe sexual communication and Medicaid managed care.

Monthly leadership development trainings encouraged consumers to provide guidance to the agency, resulting in an increase in the participation of advisory groups.

Serving the Needs of Children and Adolescents

The agency works closely with city and state agencies that serve children to improve children's mental hygiene services. The Bureau of Child and Adolescent Services provides oversight for a portfolio of services for children and adolescents, including family support services, the Adolescent Skills Program and the Children's Single Point of Access Program, aiming to improve care and access to services for youths with serious emotional disturbances.

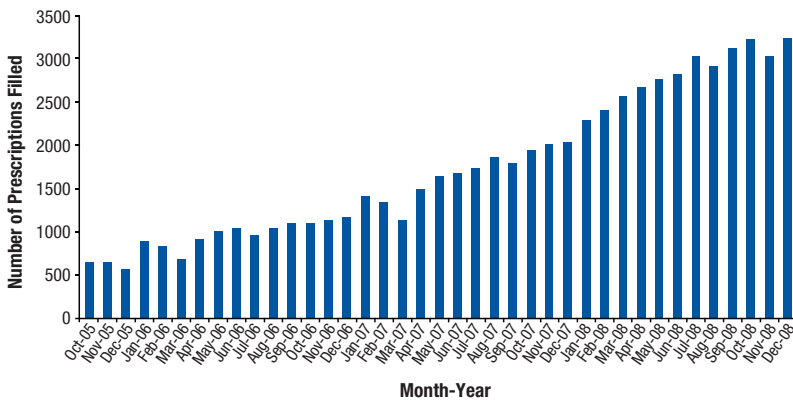
Detecting and Treating Depression

More than 400,000 adult New Yorkers (7.5%) are affected by depression, yet only approximately one-third receive treatment through mental health counseling or medication. In 2007 and 2008, the health department promoted awareness of depression and augmented outreach and educational campaigns targeting high-risk populations and individuals not in treatment who may need it.

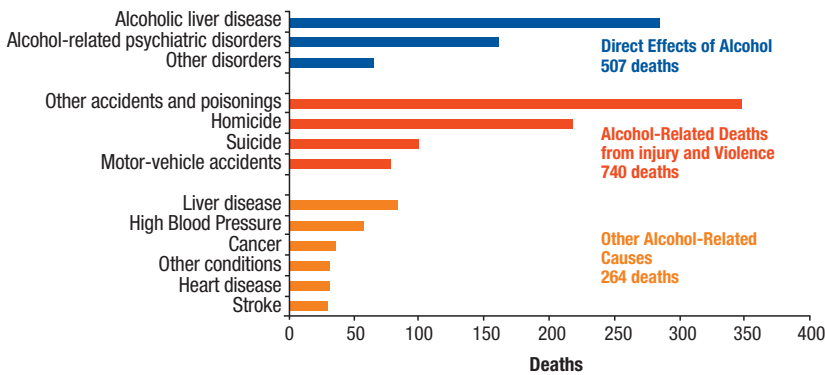
In collaboration with the New York City Department of the Aging and with funding to the Mental Health Association of New York City, the agency expanded depression education and treatment linkage for older New Yorkers who received services from senior centers throughout the city. Through 2008, the project collaborated with 84 senior centers and provided education to more than 2,800 seniors; 11% of 2,400 seniors screened were diagnosed with depression.



Buprenorphine Prescriptions in New York City, 2005-2008.



Alcohol-Attributable Mortality, New York City, 2007.



In 2007, more than 1,500 New Yorkers died from alcohol-related causes.

Supporting New Yorkers with Developmental Delays and Disabilities

The Bureau of Mental Retardation and Developmental Disabilities oversees 95 programs and interagency agreements that provide services for individuals with developmental disabilities and their families, including vocational services, clinic treatment, recreation for children and adults, and referrals for services.

In 2007 and 2008, the agency implemented the New York City Council-funded Autism Initiative, which provided after-school services for individuals with autism, and education and training sessions for parents and caregivers.

Families as Partners

In 2007 and 2008, the agency implemented Families as Partners, a program that stresses the importance of parents' involvement in their children's treatment. In 2008, the program specifically targeted activities to have an emphasis on timeliness, and on providing culturally and linguistically diverse services in high-need neighborhoods.

Providing Housing for People in Need

A goal of the agency is to expand housing access and stability for persons with health needs. In 2005 the New York/New York III (NY/NY III) agreement was signed between New York City and New York State, creating 9,000 new, cost-effective supportive housing units with linkages to health and social services. In 2007 and 2008, the target for units awarded was surpassed by 47%, with 1,950 units awarded

to qualifying New Yorkers in need. By 2016, the health department will be responsible for procuring and overseeing 3,850 scatter-site and congregate units.

Housing remains a critical need for people living with HIV/AIDS. Homeless individuals are diagnosed with HIV at rates significantly higher than the overall New York City population and are much less likely to remain in care. The availability of affordable housing, including supportive housing, continues to be a priority for low-income individuals and families, including households of people living with HIV/AIDS.

The federal Housing Opportunities for Persons with AIDS program, administered by the health department's Bureau of HIV/AIDS Prevention and Control, provides more than \$50 million in funding each year for housing needs. Supportive housing provided by agency-administered programs includes emergency, transitional and permanent housing units provided through congregate facilities, as well as community-based, scatter-site apartments.

In 2008, the Housing Opportunities for Persons with AIDS program served 42,421 households in New York City and the tri-county area (Putnam, Rockland and Westchester). During 2007 and 2008, agency-administered supportive housing programs focused on issues related to access to HIV primary care; behavioral health needs (mental health, substance use); chronic health challenges and other needs (e.g., child care and family support) to ensure that people living with HIV/AIDS were able to maintain stable housing arrangements and access to care.

Environmental Health: Protecting New Yorkers through Safer Environments

Monitoring Food Safety

Restaurant inspections and food safety training are key public health protections for the city's eight million men, women and children who patronize the city's 23,000 restaurants. The department's Health Academy strives to improve conditions in food service establishments by training food workers in proper food handling techniques. In 2007, the Health Academy launched a free, online version of its food protection course, resulting in a 28% increase in course enrollment. In 2008, the

course was made available in Spanish and Chinese as well as English, and in-depth training on rodent control was added to the curriculum.

The department conducts annual restaurant inspections (results can be viewed online at www.nyc.gov/html/doh/html/rii/index.shtml), responds to more than 9,000 complaints about restaurants annually, and investigates reports of clusters of potential food-related illnesses.

Protecting Consumers from Harm

The health department's Division of Environmental Health assesses and investigates a range of environmental health concerns to protect public health. In 2007 and 2008, the agency launched the NYC Community Air Survey to evaluate air quality throughout New York City. This project is studying how pollution from traffic, buildings and other sources affect differences in air pollution across neighborhoods



by monitoring air pollution in more than 150 locations citywide. The survey is one of 127 initiatives in *PlaNYC*, the city's comprehensive sustainability plan.

In 2007 and 2008, the Bureau of Environmental Disease Prevention identified consumer products containing lead and other hazardous materials, including toys, herbal medicine products, cosmetics and jewelry. The bureau ordered the removal of more than 2,400 tainted consumer products from store shelves, and educated the public and medical providers on the hazards of imported consumer products.

Responsible for monitoring the safety of drinking and recreational water in the city, the Office of Public Health Engineering, in 2007 and 2008, inspected more than 1,600 permitted bathing establishments, responded to nearly 2,000 complaints, and improved drinking water surveillance by introducing a special mapping system to analyze water-quality data and pinpoint sources of contamination.

To protect the public and workers from radiation exposures from X-ray and other radioactive equipment, as well as radioactive materials used in hospitals and research institutions, the Office of Radiological Health issues permits to and inspects these facilities. In 2007 and 2008, the office completed 466 radioactive material inspections and 3,298 radiation equipment facility inspections. The office also participated in identifying and evaluating low levels of contamination at sites in Staten Island and Queens.

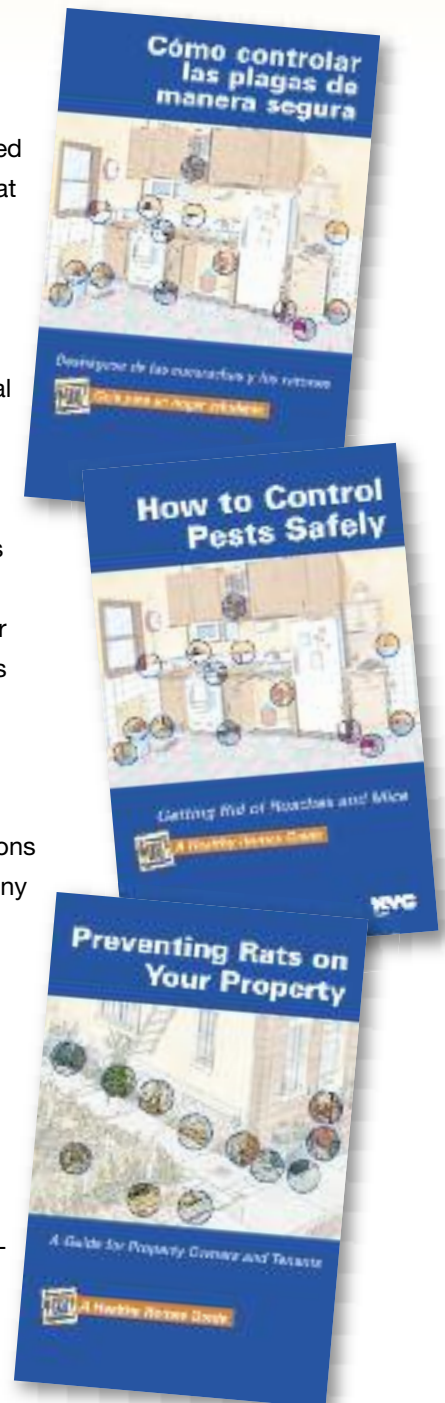
The health department's Poison Control Center provides comprehensive services for poison prevention and treatment to all New Yorkers, 24 hours a day, seven days a week. In 2007 and 2008, the center responded to more than 65,000 calls; launched a *Community Partnership* program to provide training and home poisoning prevention materials to health educators and nurses at community-based agencies; distributed poison prevention educational materials to

more than 211,000 parents and child caregivers throughout the city; provided educational materials in English, Spanish, Chinese, Creole and Russian, and introduced a new multilingual newspaper ad targeting parents; and educated more than 500 emergency physicians in medical toxicology to facilitate more rapid treatment of poisonings in emergency settings.

An investigation of deaths related to heat waves in 2006 found that elderly New Yorkers without air conditioning in the home were most at risk for heat-related deaths. In response, the Environmental and Occupational Disease Epidemiology Program developed a targeted outreach/education campaign and worked with other city agencies to promote the distribution and installation of over 2,600 free air conditioners to high-risk seniors in 2007.

Minimizing Urban Pests

Rodent and other pest infestations remain a serious problem in many areas of the city. In 2007, the agency's Pest Control Services launched a pilot rat "indexing" program in the Bronx to test a new initiative that proactively inspects properties rather than waiting for rat complaints. The pilot program also introduced handheld computers for inspections. Within the first year, 80% of properties initially found to have rats were free of them due to the program's repeated inspections, notices to owners, exterminations, and dissemination of information.



The success of the rat “indexing” program was supported by citywide improvements in rat control by Pest Control Services, including trainings for private exterminators on prevention-focused pest control services and continued coordination of the Rodent Task Force (comprised of 19 city agencies that collaborate to address rodent problems). The Rat Information Portal (<http://nyc.gov/rats>), launched in 2008, provides inspection results, mapping capacity and information on handling rodent infestations.

In 2007 and 2008, continuing its surveillance and control efforts to address the threat of West Nile virus, the agency’s Vector Control Services continued using integrated pest management and increased its use of larviciding, which prevents the growth of adult biting

mosquitoes. In 2008, there were more than 4,300 applications of non-chemical larvicide, nearly double those in previous years. The program also continued to convene the New York City West Nile Virus Task Force, comprised of multiple city agencies that coordinate activities to prevent and control West Nile virus transmission.

Controlling the Animal Population

The Office of Veterinary Public Health Services protects the health and quality of life of New York City residents by promoting an environment free of animal-borne diseases, hazards and nuisances. More than 400 animal-handling establishments, such as pet shops, are issued permits by the program. The office also investigates animal bites and conducts rabies surveillance. In 2008, 19 animals tested positive for rabies in the city, the lowest number since 2004.

The program also oversees the contract with Animal Care and Control of New York City, a nonprofit organization that administers shelters for lost, homeless and abandoned animals, and operates animal adoption programs.

In 2008, a record high 22,000 cats and dogs were adopted or sent to rescue by Animal Care and Control, and fewer were euthanized than in any of the previous eight years.

There are an estimated half million dogs in New York City, but only a fifth are licensed. To make it easier for dog owners to comply with legal requirements to license their pets and renew licenses annually, in 2008 the program launched its new online dog-licensing system. During the first six months of operation, approximately 9,000 persons used the system to purchase more than 3,400 new licenses and 2,800 renewal licenses, which dog owners now receive in half the time it took to process mailed applications.



New York in the 21st Century: Plans for a Healthier Future

New Technology and Applications

In 2007 and 2008, the health department continued its commitment to implement innovative information technology solutions that enable the agency to take full advantage of new developments in data storage, analysis and security.

Highlights of the work of the Division of Informatics and Information Technology during this time included supporting the Primary Care Information Project and the jail electronic health record system, in-house development of new applications (including the Early Intervention Document Tracking System and Pest Control System), and enhancing existing applications (including a sexually transmitted disease electronic medical record, a Flu Clinic Locator and Web-based systems for ordering condoms and applying for the Food-borne Illness Protection Course).

The division also, in 2007 and 2008, built a 3,900-square-foot, state-of-the-art data center, successfully migrated the health department's multiple computer rooms, and consolidated more than 300 infrastructure components at the new center; introduced a professional Helpdesk with Call Center technology and a case management system to improve customer service; strengthened the security infrastructure and developed agency-wide information security policies; electronically scanned and indexed birth and death certificates; and digitized 12 million existing paper birth certificates.

Other innovations in 2007 and 2008 included implementing handheld applications for the Newborn Home Visiting Program and Pest Control Program, migrating the Electronic Vital Event Record System to the DOHMH Data

Center, deploying a module for updating contact information in the World Trade Center Health Registry, launching a fully electronic birth registration system with city hospitals, initiating a major rollout of an electronic death registration system, rolling out a tobacco cessation registry that tracks quit attempts by thousands of New Yorkers, implementing an electronic health record for Correctional Health Services, an online application for dog licenses, and the Vital Records Management System.

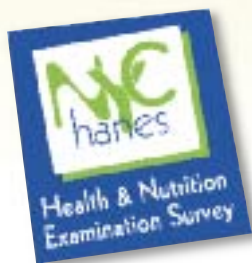
Using Data to Track Illness and Take Action

Accurate and timely data provide the foundation for all of the health department's programs and initiatives—what is measured can be effectively managed and improved. This focus on collection, analysis and application of data allows the agency to assess the health of New Yorkers, detect health problems and set priorities, select and evaluate evidence-based programs to address health problems, and manage and monitor programs to assess their efficacy.

To better understand the health of New Yorkers, the health department routinely conducts representative health surveys that define the scope of health problems and risk behaviors, identify groups at highest risk,



and provide direction and evaluation indicators for prevention programs and services. These health surveys, which are managed by the Division of Epidemiology, include:



- **Community Health Survey.** This annual telephone survey of 10,000 adults representing every neighborhood in New York City was initiated in 2002, and has served as one of the pillars of health information for the agency and the public ever since. The results are shared with agency programs, public health partners, researchers and the public via an interactive website (www.nyc.gov/health/epiquery).
- **NYC Health and Nutrition Examination Survey.** Launched in 2004, the survey is modeled on the national Health and Nutritional Examination Survey used by the Centers for Disease Control and Prevention (CDC) to track the nation's health, and was the first local survey of its kind in the United States. The New York City version gathers information on important health conditions—including diabetes, obesity, high blood pressure, high cholesterol and depression—through in-person interviews

and physical examinations of nearly 2,000 New Yorkers. Data from this groundbreaking survey have led to activities such as preventing mercury poisoning and a better understanding of heart disease, mental illness, HIV, diabetes and more.

- **Youth Risk Behavior Survey.** Every two years, the health department collaborates with the CDC and the city's Department of Education to administer the Youth Behavior Risk Survey. Like the New York City Health and Nutritional Examination Survey, this survey is based on a protocol developed by the CDC for a national survey. Students at city public high schools complete a self-administered, anonymous, 99-item questionnaire measuring risk behaviors such as smoking, alcohol and drug use, unintentional injury and violence, sexual behaviors, dietary habits and physical activity.

Disease registries are another method of obtaining health data to manage program effectiveness and improve health outcomes. Registries administered by the health department include:

- **World Trade Center Health Registry.** This is the largest post-disaster registry ever implemented in the United States; it tracks the health of more than 71,000 of the people most directly exposed to the events of September 11, 2001. Registry participants completed baseline interviews in 2003 and 2004 and have since completed periodic follow-up health surveys. Findings from the registry allow health professionals to understand the physical and mental health impacts of exposure to the attacks, and compare the health of those affected with that of the general population. The results have helped improve treatment and better prepare for future disasters. In 2007, a World Trade Center Health website was launched, consolidating health information and services



targeted to specific affected groups. The site included on obtaining free medical and mental health treatment, and a compilation of all relevant scientific literature and information about ongoing research.

- Hemoglobin A1C Registry.** To monitor and help control the city's diabetes epidemic, the health department established the nation's first population-based hemoglobin A1C registry in 2006. The registry requires clinical laboratories serving New York City to electronically report all hemoglobin A1C results to the health department. These data allow the agency to follow trends in glycemic control over time, and support providers and their patients in their efforts to control diabetes and its many complications. The registry's tools include quarterly feedback reports sent to medical practices and letters sent on behalf of medical practices to patients with high A1C test results to help improve their quality of care and quality of life.
- Citywide Immunization Registry.** This registry consolidates immunization information for all children in New York City and shares it in a timely manner with health care providers, families and agencies concerned with children's health. By providing a central record-keeping system, the registry tracks the immunization status of individual children; enables health care providers to readily determine the immunization status of a child during a visit; identifies children who are overdue for scheduled vaccinations so they may be contacted by health care plans or providers; provides an official printout of immunization records to parents and guardians for day care, camp and school entry; and monitors population-wide immunization levels.

In addition, the *My Community's Health* website includes an interactive system that allows anyone to log on and find answers to health-related questions about his/her neighborhood, borough and New York City overall. The site provides

many different types of data, such as death, obesity and smoking rates; contains links to agency reports on specific topics (e.g., domestic violence, bicyclist fatalities, immigrant health); and links to agency publications, surveys, topic-specific Power Point presentations and the health department's Public Health Library.

These data sources have been added to the DOHMH website (www.nyc.gov/html/doh/html/episrv/episrv.shtml) for use by researchers, community-based organizations, and other government agencies. The sites include downloadable data sets that describe the health of neighborhoods and populations, and the city as a whole; applications that facilitate mapping of diseases and other health measures; and interactive applications for accessing hospitalization data and U.S. Census information.

Data are also used within the health department to evaluate program effectiveness and ensure that agency divisions are held accountable for achieving results. DOHMH staff meets regularly to discuss division and program highlights, review performance data, and tracks progress on initiatives. This feedback-based management process supports successful activities, identifies and corrects performance issues, and focuses on priorities. Reviews of information on workload and output, outcomes, quality and efficiency help sustain and improve performance, and enable the overall agency and its divisions and programs to meet their goals in protecting and promoting the health of New Yorkers.



The Health Department by the Numbers, 2007-2008

Finance and Planning

Indicator	Fiscal Year		Caption
	2007	2008	
Full-Time Equivalent Employees	5,638	6,085	The increase in full time employees was largely due to a functional transfer of more than 300 Early Intervention administrative staff from the Health and Hospitals Corporation to the health department.
Agency New Hires	779	1,056	
Early Intervention Services Reimbursed by Medicaid (%)	51	N/A	
Total Expenditures	\$1,500,289,968	\$1,518,515,593	
City Tax Levy Expenditures	\$487,048,621	\$398,326,805	The nearly \$107 million revenue increase contributed to the corresponding drop of \$89 million in City Tax Levy funding. Revenue increases were largely due to growth in Early Intervention funds and miscellaneous revenues.
Revenue From Intergovernmental and Private Grants, Intergovernmental Aid, Fees and Fines	\$1,013,241,347	\$1,120,188,788	
Fines Collected at the Administrative Tribunal, Primarily From Restaurant (86%) and Pest Control (5%) Violations	\$31,480,153	\$31,173,523	
Capital Commitments (in \$)			
Information Technology (IT) Equipment and System Development	\$18,303,104	\$21,377,259	The amount committed from one project to another varies annually. While the health department recently absorbed a 30% capital cut, the variance in capital budget one year to the next is not a true reflection of workload.
Facilities, Equipment and Outfitting	\$32,836,341	\$19,705,051	See above.
Subtotal	\$51,139,445	\$41,082,310	
City Council and Borough President Commitments	\$8,294,312	\$8,638,647	
Totals by Fiscal Year	\$59,433,757	\$49,720,957	
Capital Projects (both Health Department and the Department of Design and Construction)	59	62	

Administrative Services

Indicator	Fiscal Year		Caption
	2007	2008	
Trainings and Counseling Courses	1,149	1,023	Number of employees who attended Equal Employment Opportunity Basic and Preventing Sexual Harassment trainings.
Calls Received at the Health Department Call Center	45,637	140,161	The Call Center volume increased in 2008 as a result of several new initiatives to promote health department services.
Total Literature Distribution	5,823,027	6,169,977	Individual pieces of literature sent out in response to phone requests for a variety of agency materials.
Plant Operations Maintenance/Repair Work Order Requests Completed	3,065	3,806	Work completed included maintenance, repair, electrical, heating, ventilation and air-conditioning projects at agency-owned facilities.
Customer Service Requests Completed	1,004	1,170	Services provided included maintenance, hub area service, wireless equipment orders, repairs and transportation.

Administrative Services *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Pieces of Mail Processed by Health Department Mailroom	1,057,960	1,210,127	Total number of individual pieces of mail processed.
Transportation of Specimens (pickups)	13,046	10,920	Routes were consolidated to reduce pick-up points and specimen collection sites from public health clinics and hospitals; specimens included nasopharyngeal swabs, blood samples for HIV/hepatitis, spinal fluids, stool samples, cultures and sputum for tuberculosis.
Medical Examinations Performed Based on Request for Parking Permits for People with Disabilities	5,386	7,202	Number of medical evaluations completed to assess eligibility based on disability status.
Number of Suspicious Packages Handled	13,161	13,095	Health department police handled requests to maintain security in all agency facilities and assisted in maintaining the BioWatch network initiative and response capacity.
Number of Printing Impressions Completed (in millions)	54	60	Press impressions and photocopy impressions (books, booklets, brochures, business cards, calendars, certificates, directories, envelopes, fliers, folders, forms, manuals, memo pads, newsletters, posters, programs and reports or self mailers).

Disease Control

Indicator	Fiscal Year		Caption
	2007	2008	
Medical Reserve Corps Volunteers Enrolled	6,943	8,348	Ongoing recruitment efforts and a growing awareness of the program among health professionals attracted thousands of new volunteers.
New Cases of Tuberculosis	914*	895*	High rates of travel and immigration posed challenges to tuberculosis control; more than 70% of cases in New York City are among people born in other countries.
Patients Completing Treatment for Latent Tuberculosis Infection	1,602	459	2008 numbers are preliminary since many patients are still undergoing treatment. The bureau made an innovative Telephone Nurse Monitoring Program an opt-out service in order to improve completion of treatment for latent tuberculosis infection.
Tuberculosis Contacts Identified	6,333*	6,444*	Contact investigations are a core public health function and help stop the chain of tuberculosis transmission.
Tuberculosis Contacts Tested	4,907*	4,473*	
Tuberculosis Contacts Who Were Infected	884*	1,524*	
Immunizations (current and historical) Entered into the Citywide Immunization Registry	6,721,800	6,841,132	Numbers indicate all immunizations entered into the Citywide Immunization Registry to date.
Number of Times Records Were Accessed Online for the Citywide Immunization Registry	842,035	1,360,893	Promoting the Citywide Immunization Registry led to an increase in the number of individuals who access this information.
Primary and Secondary Syphilis Cases	807	965	Despite prevention efforts, primary and secondary syphilis cases have been increasing since 1998 (95% are in men; most report having sex with other men). A brief decline in 2006 was not sustained.
Gonorrhea Cases	10,301	10,017	The number of cases has declined in New York City, in keeping with a national trend.
Health Department Sexually Transmitted Disease Clinic Visits	112,829	119,695	The demand for clinic services reached an all-time high in 2008.
Male Condoms Distributed	29,763,500	39,069,720	Intensive promotion of the NYC-branded Condom, which organizations can order online and were available in specially-designed dispensers in establishments throughout the city, helped drive a 120% increase in the number of condoms distributed since fiscal year 2006.

*Indicates data is by calendar, and not fiscal year.

Disease Control *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Female Condoms Distributed	513,000	857,000	Female condoms can reduce HIV transmission; distribution has increased more than 160% since 2006.
Health Department HIV Tests Completed	143,604	209,896	Rapid HIV testing and concerted efforts in several settings have increased testing rates substantially; from 2006 through 2008, testing increased approximately 40% annually.
Citywide HIV Diagnoses	3,850	3,785	After years of steep decline, the downward trend in the number of annual HIV cases over the past three years has leveled off, highlighting the need for redoubled prevention efforts.
HIV Diagnoses in Men Who Have Sex with Men	1,514	1,578	Infections among men who have sex with men continue to occur at an alarming rate, and comprise a substantial proportion of new diagnoses.
HIV Diagnoses in Injection Drug Users	261	244	New diagnoses of HIV among injection drug users has declined by 70% since 2001, when HIV reporting began in New York City. Needle-exchange programs and information disseminated to the public have helped reduce the numbers.
HIV Diagnoses in Heterosexual Individuals	949	894	
HIV Diagnoses in Newborns	9	6	Mother-to-child transmission has dropped more than 90% since the introduction of perinatal prevention measures in the mid-1990s.
HIV Diagnoses in Other Individuals (risk factors unknown)	1,117	1,062	The health department is working to improve risk factor ascertainment and gather behavioral data that will inform prevention efforts.
Concurrent HIV/AIDS Diagnoses (number)	945	956	
Concurrent HIV/AIDS Diagnoses (%)	24.6	25.3	Testing for HIV late in the course of the infection is a persistent problem, reflected in the consistent proportion of concurrent HIV/AIDS diagnoses.
People with HIV Receiving Care within Three Months of Diagnosis (%)	65.1	68.6	The health department continues to build on recent improvements in linkage to care.
New AIDS Diagnoses	3,514*	3,316*	The numbers include people diagnosed concurrently with HIV and AIDS, and those who developed AIDS after an initial HIV diagnosis.
HIV-Related Deaths	1,205*	N/A	The continued decline in HIV-related deaths is an encouraging sign that likely reflects sustained improvements in care and treatment for persons living with HIV/AIDS. (2008 data not available.)
Contacts of Individuals (HIV positive) Tested by the Health Department Who Were HIV Positive	21	11	In 2006, the agency strengthened partner notification efforts and doubled the number of people diagnosed through partner notification. This increase in persons tested resulted in an expected decrease in percent who were positive.
HIV Contacts Identified Citywide and Referred to the Health Department	1,428	1,471*	The health department has been directly conducting more partner notification interviews, resulting in more contacts identified.
HIV Specimens at Public Health Labs	30,894	28,389	The 19.7% decrease in specimen submissions for conventional HIV screening was due to continued expansion of rapid HIV screening in Health and Hospital Corporation and community-based organizations.
BioWatch Specimens Tested at Public Health Labs	13,043	12,794	BioWatch testing volume is based on routine testing as well as special event testing.
Chlamydia Specimens Tested (CT/GC Specimens) at Public Health Labs	95,397	112,868	The number of specimens tested at the Public Health Lab for CT/GC increased yearly. Numbers for 2009 are consistent with a continued increase over 2008.

*Indicates data is by calendar, and not fiscal year.

**Data for FY 2004 and 2005 were updated to include STD, TB & CHS numbers. For FY2006-2008, testing done by BHIV funded contractors was also included.

± Totals may differ from the annual totals of HIV-related deaths reported by NYC health department Bureau of Vital Statistics due to the inclusion of information on deaths occurring outside of New York City among persons originally reported with HIV in NYC, as well as use of a classification system for HIV-related death (vs. non-HIV-related) that considers a larger number of ICD-10 codes to be indicative of an HIV-related cause of death

†As reported to the New York City Department of Health and Mental Hygiene by September 30, 2008; Generated March 17, 2009 by HIV Epi and Field Services

‡Perinatal cases born 2002-2008 and diagnosed by the specific fiscal years

£2008 data not currently available because of nine-month reporting lag

^Due to database changes, counts for FY 2004 are not reliable.

Environmental

Indicator	Fiscal Year		Caption
	2007	2008	
Poison Control Calls	70,527	66,521	The Poison Control Center is a critical resource for both the medical community and the public, and coordinates the health department's 24/7 response.
Number of People Trained in Food Safety	15,748	18,832	As of April 2007, the Food Safety Certification course has been offered online free of charge.
Food-borne Illness Complaints	1,525	2,184	The number of complaints about food-borne illness has continued to increase.
Radiation-Producing Equipment Initial Inspections	1,517	1,367	Inspections decreased in 2008 because of reduced target numbers and less of a backlog compared to the previous year.
Children six months to six years of age with blood lead levels > 10 micrograms/deciliter	2,146	1,832	Lead poisoning rates among New York City's children continued a steady decline due to intensive prevention efforts.
Newly-Identified Children Requiring Environmental Intervention	712	584	See above caption.
Dog Bites	3,452	3,598	Although there was a slight increase in reported dog bites from 2007 to 2008, the number of reported bites has decreased over the last six-year period.
Dogs Licensed	100,619	91,847	The new online licensing system at www.nyc.gov/doglicense is expected to increase the number of dogs licensed.
Dogs and Cats Rescued	28,385	29,344	The number of rescued stray dogs and cats entering Animal Care and Control shelters increased.
Cats and Dogs Adopted, Including Those Placed Through New Hope Animal Adoption Network	19,816	21,232	Continued efforts of rescue group partners helped increase the number of animals adopted from Animal Care and Control.
Dogs and Cats Euthanized	18,870	17,795	Success in increasing the number of animal adoptions reduced the need for dogs and cats to be euthanized.
Rodent Complaints	22,493	23,031	The health department continues to respond to rat complaints, but is testing ways to proactively address problems without being dependent on complaints from the public.
Rodent Inspections (includes health department-initiated and complaint-driven inspections)	64,947	97,351	The number of inspections increased due to proactive property assessments in the Bronx.
Rodent Exterminations	51,741	60,063	The increase in rodent inspections resulted in a higher number of exterminations.
Human West Nile Virus Cases	12	18	Year-to-year changes in West Nile Virus cases are dependent on multiple factors, including weather, vectors and continued efforts to control mosquitoes.
Active Day Care Service Centers	9,482	9,903	The number of licensed day care sites continued to increase.
Day Care Complaints Received	1,663	1,554	The number of day care complaints decreased.
Food Service Establishment Complaints	8,409	8,592	A new initiative requiring posting of sanitary grades will reduce restaurant-related food-borne illnesses and provide consumers with more accessible information on restaurant sanitation. Beginning in 2010, restaurants with poorer sanitary grades will be targeted for increased inspections.
Food Service Establishment Initial Inspections	29,978	26,020	The length of inspections increased as the Bureau of Food Safety and Community Sanitation sought to improve the quality of inspections by establishing new procedures for investigating pest infestations, and adapted to enforcement procedures for trans fat content in food.
Food Service Establishments Failing Initial Inspection (%)	23.7	26.4	Increased attention to evidence of pests in food service establishments and a more thorough approach to inspections in general led to a higher number of food service establishments requiring a re-inspection.

Environmental *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Restaurants with Permits Inspected (%)	99.7	80.1	The length of inspections increased as the Bureau of Food Safety and Community Sanitation sought to improve the quality of inspections by establishing new procedures for investigating pest infestations and adapted to enforcement procedures for trans fat content in food.
Mobile Food Vending Unit Initial Inspections	10,443	7,765	Initial inspections of mobile food vending units declined due to the need to prioritize other types of food service inspections.
Day Camp Inspections	1,815	1,880	The number of summer camps requiring permits and inspections continued to increase.
Complaints and Referrals for Window Guards	4,591	5,022	Numbers reflect normal year-to-year variations in complaints and referrals.
Window Guard Inspections	19,615	19,000	In response to a single complaint or referral, window guard inspections were performed throughout a building to assess risk.
Preventable Window Falls/Window Fall Fatalities	0	0	There continued to be no fatalities from window falls due to consistent reinforcement of the law requiring window guards in buildings with young children.
Smoking Complaints	2,001	1,923	The number of smoking complaints continued to decrease due to improved compliance with the Smoke-Free Air Act.

Epidemiology

Indicator	Fiscal Year		Caption
	2007	2008	
Information Requests Received by the Public Health Library	2,847	2,383	Requests for library retrieval declined slightly as electronic journal access became more widespread.
Books, Articles and Videos Provided by the Public Health Library	6,659	5,431	The number of external visitors to the library decreased with elimination of Internet access to outside clients. Data-driven policy-making continues to drive the high number of resources distributed to DOHMH staff.
<i>City Health Information</i> Bulletins Published	10	10	The number of bulletins for New York City health professionals remains high as the agency seeks to address priority public health issues.
<i>City Health Information</i> Bulletins Mailed	475,514	528,346	Bulletins are mailed to all licensed physicians and to many other health care staff, depending on the topic.
<i>City Health Information</i> Bulletins E-Mailed per Month	N/A	17,495	This new indicator (first tracked in 2008) was established to assess efforts to expand <i>City Health Information</i> readership through email, which also reduced postage costs.
Health Research Training Program Students Participating in DOHMH Projects	108	123	The Health Research Training program helps the agency complete important projects and train the next generation of public health professionals.
Visiting Medical Residents/House Staff Placed at the Health Department (via the Public Health/Preventive Medicine Residency Program)	33	32	The health department is meeting a growing demand by medical students and residents to fulfill academic requirements by rotating through the agency.
Peer-Reviewed Publications Published by DOHMH Staff	94	63	Publication of research continues to increase as health department staff expands activities in collecting, analyzing and publishing data.
Internal <i>EpiQuery</i> Hits	15,972	19,500	A website redesign has made this interactive, public health data site easier to access and share, both within the agency and externally.
External <i>EpiQuery</i> Hits	8,555	9,005	Use of this site for accessing agency data continues to grow.
Birth and Death Certificate Paid Copies Generated	794,635	764,534	This service continues to provide city residents with these vital documents.
Birth Certificate Orders Generated from Online Requests	147,431	142,865	Efficiency is increasing as more orders for birth certificates are received over the Internet rather than by mail, telephone and fax.
Average Response Time for Death Certificate Requests via Mail (in days)	16.3	11.9	The use of scanned images rather than paper records and an increase in temporary staff led to a decrease in response time for requests.

Epidemiology *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Average Response Time for Birth Certificate Requests Via Mail (in days)	6.7	3.1	Expanded options for requesting birth certificates, including an online ordering system, have expedited the process.
People Enrolled in World Trade Center Health Registry	71,327	71,181	Enrollment was complete as of November 2004 and attrition has been negligible; only 256 enrollees have withdrawn from the Registry as of the end of 2008.

Division of the Chief Operating Officer/Executive Deputy CMMR

Indicator	Fiscal Year		Caption
	2007	2008	
Contracts	8,092	7,540	The health department has successfully reduced the number of contracts by increasing efficiency in the small purchase process and by soliciting more multi-year contracts.
Press Releases Issued	116	94	The Press Office has reduced the number of press releases issued to maximize their impact; output remains at nearly two releases per week.
Mass Email Subscriptions to nyc.gov	115,199	143,141	As health department website content expands and is aggressively promoted, email subscriptions have increased accordingly.
Mass Emails Sent to Web Site Users Who Request Updates	36	115	The increase in email subscriptions has enabled the agency to expand the distribution of electronically available health education materials.
Hits on the Public Health Department Website	20,174,080	27,465,332	The number of pages viewed has risen as content quantity and quality has increased; the most popular items searched include birth certificates, death certificates and restaurant inspection reports.
Health Department Publications Printed	7,701,710	9,914,350	The Office of Publications and Language Access has streamlined workflow, reduced project turnaround times, and worked with programs to print projects in-house whenever possible.
Total Foreign-Language Translations	507*	376*	Programs have assessed language needs in the city's shifting populations that, along with an inventory of translated materials usage, has led to more targeted, needs-based translation policies.

Department of Informatics & Information Technology (DIIT)

Indicator	Fiscal Year		Caption
	2007	2008	
Registered NYC MED users	19,622	30,233	Promotion of this portal for health care workers led to an increase in subscribers.
Diseases Reported Electronically to the Electronic Clinical Laboratory Reporting System	78	83	Increase reflects reporting mandated by the New York City Health Code.
Laboratories Enrolled in the Electronic Clinical Laboratory Reporting System	95	93	A 2004 Health Code revision mandated that laboratories discontinue paper reporting by July 1, 2006, and submit all test results for reportable conditions electronically. The number of laboratories testing for reportable conditions changes as facilities open, close, merge or change the portfolio of tests performed.
Laboratories Reporting Test Results Via the Electronic Clinical Laboratory Reporting System	146	156	Numbers include laboratories outside New York City that submit reports about New York City residents.
Laboratories Reporting All Reports Via Electronic Clinical Laboratory Reporting System	75	86*	2008 data reflect laboratories that are fully compliant with the Health Code mandate to submit reports electronically. It does not reflect electronic submission of reports for methicillin-resistant Staphylococcus aureus, norovirus, respiratory syncytical virus, rotavirus, varicella zoster virus or microbial drug susceptibilities, which were not reportable until February 2008.

*Indicates data is by calendar, and not fiscal year.

Department of Informatics & Information Technology (DIIT) *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Laboratory Test Reports Received Electronically Via Electronic Clinical Laboratory Reporting System	961,663	1,068,310	Numbers reflect test results for all reportable conditions, including multiple reports related to a single case.
Laboratories Reporting A1C Results	37	39	A 2005 Health Code revision mandated that laboratories enrolled in Electronic Clinical Laboratory System that perform A1C tests report all results to DOHMH. The A1C test is a measure of long-term control of blood glucose levels used to monitor diabetes.
A1C Reports Received	2,161,027	2,141,706	These reports help the agency track the diabetes epidemic in New York City.
Universal Reporting Forms (eURFs) Received Electronically	26,154	33,315	In 2003, the Health Department began using a single form for conditions reportable across multiple bureaus (including communicable diseases, tuberculosis, sexually transmitted infections and other communicable diseases, as well as poisonings, blood lead levels and window falls). An electronic version was launched in 2004.
Community Health Centers Using eURFs	142	193	Informatics and Information Technology continues outreach to expand the number of providers that use electronic Universal Reporting Forms.
Requests to the Health Department Help Desk	50,196	44,917	This internal resource handles all agency requests for computer updates, maintenance and repairs.
Health Department Employees Who Use CityTime	1,190	2,890	The Health Department deployed CityTime for payroll and managerial staff across the agency in June 2006. By the end of 2008, programs in six Divisions and the Office of the Chief Medical Examiner had implemented CityTime. Roll-out to the rest of the agency continues.
Informatics and Information Technology-Managed Applications Available to the Public and Agency Partners (health care providers, laboratories, others)	22	30	Numbers include the World Trade Center Registry Online Survey, Condom Ordering System, Child Care Service Directory, Pesticide Use Reporting System, My Health Survey, Flu Locator, Online Food Protection Course, Tobacco Cessation, Universal Reporting Form, Housing for People with AIDS, Public Health Detailing Program action kits and NYC MED.

Health Care Access and Improvement

Indicator	Fiscal Year		Caption
	2007	2008	
Medicaid Managed Care Enrollees	1,535,581	1,640,661	Number of people enrolled in Medicaid Managed Care; the number continues to increase as additional categories of eligible consumers enroll into Medicaid Managed Care plans.
Children Who Received Oral Sealants	7,450	8,845	The program implemented a sealant program in schools that resulted in an increased number of children receiving sealants in 2008.
Total Medical Visits, Including Intake, Primary Care and Sick Call Visits for Incarcerated Individuals	623,351	553,990	The average daily census of people incarcerated in city jails decreased between 2007 and 2008, subsequently reducing the overall number of medical visits conducted; data collection definitions changed during this time, which affect reporting.
Mental Health Visits Provided to Incarcerated Individuals	219,686	219,289	
Detoxifications (opiate) Achieved in Incarcerated Individuals	17,203	17,165	Number of people who entered city jails in the course of a year with opioid dependence who were treated with methadone detoxification (does not include the number who received methadone maintenance).
Incarcerated Individuals Who Received Treatment for Chlamydia and/or Gonorrhea	3,367	3,049	All individuals tested for chlamydia and gonorrhea who tested positive while still incarcerated were treated.
HIV Tests Conducted in City Jails	26,698	25,725	Approximately 25% of those incarcerated in city jail accepted the universal offer of rapid testing upon intake.

*Indicates data is by calendar, and not fiscal year.

Health Care Access and Improvement *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Client Encounters in Jail for Health Education and/or Discharge Planning	71,252	65,151	More individuals were seen in one-on-one encounters rather than in group sessions, resulting in a decrease in encounters in 2008.
Formerly Incarcerated Clients Contacted in the Community	14,033	11,290	More individuals were seen in one-on-one encounters rather than in group sessions, resulting in a decrease in encounters in 2008.
Number of New York City Medical Providers Using a Prevention-Oriented Electronic Health Record	108	1,008*	The program reached its 2008 target of extending the prevention-oriented electronic health record to over 1,000 providers in the city.

Mental Hygiene

Indicator	Fiscal Year		Caption
	2007	2008	
Children with Early Intervention Program Service Plans (cumulative number of children with active individualized family service plans)	35,119	34,341	
Children Referred to the Early Intervention Program (new referrals)	26,878	28,872	More children were identified and referred to Early Intervention because of suspected developmental delays or disabilities.
Individuals Who Filled Buprenorphine (a Medication Used to Treat Opiate Addiction) Prescriptions	2,037	3,250	The health department has actively promoted buprenorphine as an alternative treatment for opioid dependence, contributing to an increase in patients who received prescriptions for this treatment.
Individuals in the Assisted Outpatient Mental Health Treatment Program	1,794	1,816	
Units of Supportive Housing Available to Persons with Severe Mental Illness	14,042*	14,444*	The health department has funded an increasing number of supportive housing units for people with mental illness.
Calls Received on Health Department LIFENET Call Lines	88,342	92,818	Calls received by LIFENET increased, due in part to ongoing education, outreach and awareness efforts.

Health Promotion and Disease Prevention

Indicator	Fiscal Year		Caption
	2007	2008	
Citywide Infant Mortality Rate (per 1,000 live births)	5.4*	N/A	The citywide infant mortality rate was 5.4 per 1,000 live births in 2007, the lowest rate ever recorded in New York City. While the citywide rate has fallen by half since the early 1990s, deep disparities persist, with the highest infant mortality rate among black infants. (Data not available for 2008).
Active Clients in the Nurse-Family Partnership	808	1,283	The Nurse-Family Partnership continues to expand, with five new sites established in 2008.
Clients Graduated from the Nurse-Family Partnership	40	36	To date, 87 clients from sites in Harlem, the Bronx, North and Central Brooklyn, and Jamaica have graduated from the intensive two-and-a-half year program.
Sexually Active (i.e., had sex in past three months) Female Public High School Students Who Used Birth Control Pills Before Last Sex (%)	7.6*	N/A	The health department works on many fronts to expand adolescents' access to high-quality sexual and reproductive health services and increase dual-contraceptive use (i.e., condoms for boys and hormonal contraception for girls) among sexually active teens. (Data not available for 2008).
Public School Kindergarten Students Undergoing Vision Screening (%)	92	91	The health department has filled staff vacancies and continued to provide screenings to reduce the risk of blindness from amblyopia.
Public School First-Grade Students Undergoing Vision Screening (%)	93	92	
Students in Public Schools Who Have Completed Required Immunizations (%)	98.4	97.9	Immunization rates remain high due to sustained efforts to inform school principals of requirements and to monitor compliance.

*Indicates data is by calendar, and not fiscal year.

Health Promotion and Disease Prevention *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
3rd, 4th and 5th Graders Enrolled in Open Airways Asthma Management Program	4,089	5,073	Increased commitment to the program from school staff improved participation in self-management programs.
Elementary School Students with Provider-Diagnosed Asthma (%)	8	8	Diagnoses increased since 2006, reflecting health department efforts to better identify and provide assistance in schools to children with asthma.
Authorized users of Automated School Health Records (% weekly)	76	81	Use of automated school health records continues to increase citywide.
Students Who Completed <i>FitnessGram</i> Measurements	494,304	610,680	The number of students who completed <i>FitnessGram</i> assessments continued to increase.
Adult Smoking Rate (%) Overall	16.9	15.8	The health department addressed tobacco use through nicotine patch and gum distribution programs, media campaigns and policy and regulatory efforts.
Adult Smoking Rate (%) among New York City's Lowest Income Residents (<100% Federal Poverty Level)	20.8	15.5	From 2007 to 2008, the smoking rate declined 25% among New York City's poorest residents.
Adolescent Smoking Rate (%)	8.5%	N/A	The citywide rate of 8.5% was less than half the 2007 national rate of 20%.
Courses of Nicotine Replacement Therapy Distributed	56,747*	60,877*	Four-to-six-week courses of nicotine patches were provided through 311 and community and clinical partners. About one-third of patch requestors successfully quit, saving thousands of lives.
Calls to 311 for Cessation Services	45,457*	52,991*	In 2008, calls to 311 for quit smoking assistance increased 16.6% over the previous year, likely a result of the agency's continuing hard-hitting media campaigns and the 2008 New York State excise tax increase (which brought the minimum pack price to \$8.47).
Apartments That Received an Integrated Pest Management Intervention	353	512	Interventions were aimed at reducing asthma triggers in homes in low-income neighborhoods that house both children and adults with asthma.
People 50 Years or Older Who Have Ever Had a Colonoscopy (%)	60	62	Agency efforts to increase awareness about the dangers of colon cancer and promote screening resulted in a slight increase in the colonoscopy screening rate.
In-hospital Colonoscopies	135,485	127,129	The number of in-hospital colonoscopies fell as more colonoscopies were performed in private offices.
Restaurants Not Using Trans Fat for Frying, Baking, Cooking or in Spreads (when product content could be determined) (%)	57	99	One month prior to implementing the regulation restricting trans fat use in restaurants, slightly more than half of restaurants were using trans fat for frying, baking or as a spread. One year later, through education and enforcement, compliance with the regulation was nearly 100%.
Health Care Practices Visited by the Public Health Detailing Program in the District Public Health Offices	194	197	Public Health Detailing representatives continually updated provider listings in District Public Health Office neighborhoods by identifying new sites and removing closed ones. The health department continued to seek opportunities to increase the number of detailing staff in targeted communities (as of 2008, five detailers cover seven territories).
Health Care Sites Participating in Clinical Systems Improvement Programs	31	30	The number of practices with registries increased and existing registries expanded, enhancing providers' ability to manage the care of patients with diabetes.
Patients Tracked in Registries by Participating Clinical Systems Improvement Program Sites	12,209	16,217	Registries were key tools for improving patient outcomes by enabling doctors to track and improve care of all patients with specific medical conditions.
Daycare and Pre-Kindergarten Sites Trained in <i>SPARK</i> (Sports, Active Play and Recreation for Kids)	704	460	The health department provided physical activity training to staff of early childhood sites beyond District Public Health Office neighborhoods, increasing reach to other neighborhoods with high rates of childhood obesity.

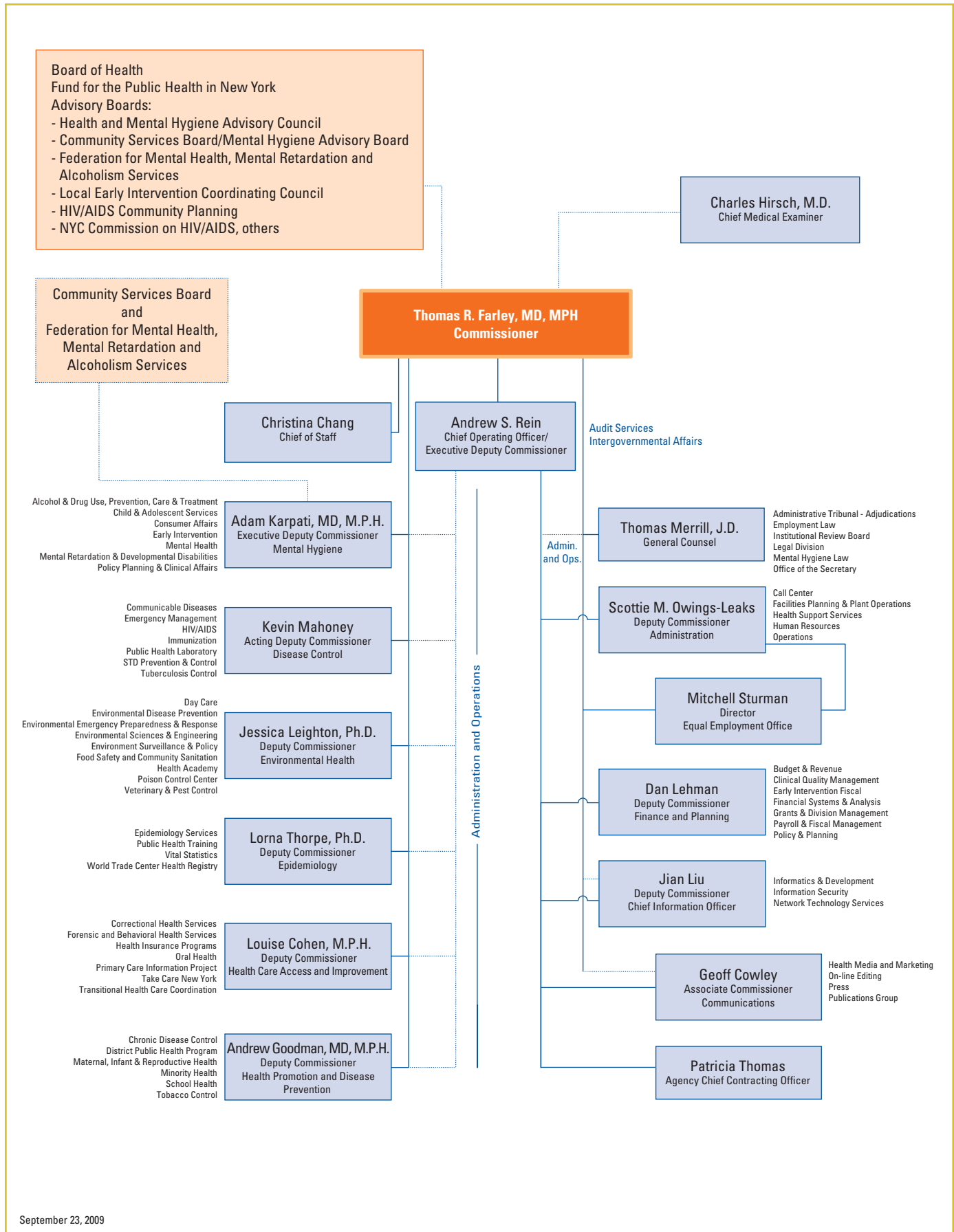
*Indicates data is by calendar, and not fiscal year.

Health Promotion and Disease Prevention *(continued)*

Indicator	Fiscal Year		Caption
	2007	2008	
Daycare and Pre-Kindergarten Staff Trained in <i>SPARK</i>	3,477	3,799	Free training of daycare and pre-kindergarten staff was highly effective, with more than 90% of staff still using skills taught four months earlier.
Home Visits by the Newborn Home Visiting Program (Brooklyn, Harlem and Bronx District Public Health Offices)	4,915	7,962	A program expansion to more District Public Health Office neighborhoods in mid-2007 resulted in increased numbers of newborn home visits.
Elementary School Children with Asthma Who Received Medication Administration Forms in East and Central Harlem (%)	53	56	Increased outreach to families and medical providers helped increase completion of Medication Administration Forms, facilitating effective management of asthma.
Medication Administration Forms Returned for Elementary School Children with Asthma (East and Central Harlem)	573	701	Automated student health records to track and monitor asthma treatment improved asthma management in schools.
Visits to <i>Shape Up New York</i> Free Fitness Program (Bronx, East and Central Harlem, and Brooklyn District Public Health Offices)	49,603	55,848	In partnership with the Department of Parks and Recreation, the program promoted fitness by encouraging increased use of neighborhood parks.
Student Visits to High School Health Resource Rooms Staffed by District Public Health Office Health Advisors (Bronx and Brooklyn District Public Health Offices)	20,878	28,776	The health department increased adherence to, and the effectiveness of, the Department of Education's condom availability program.
Health Ministry Volunteers Trained in Health Promotion	162	179	Religious leaders were increasingly a conduit for conveying important health education messages to communities.
People Attending Faith-Based Physical Activity Sessions	6,939	9,417	Physical activity sessions at religious facilities were popular and well attended.
Number of Children Reached Via School Wellness Councils	10,405*	21,235*	Wellness Councils comprised of school staff, parents and students were created in elementary schools in District Public Health Office neighborhoods to promote healthy eating and physical activity. The number of Councils more than doubled between 2007 and 2008.
Number of Parents Receiving Nutrition Education in Day Care Settings	N/A	565	Nutrition education, including cooking demonstrations, was provided to both parents and children in day care settings.
Number of Children Receiving Nutrition Education in Day Care Setting	N/A	2,468	
Number of <i>Health Bucks</i> (\$2 coupons redeemable for produce at farmers' markets) Distributed to Low-Income New Yorkers	15,000	100,000	<i>Health Bucks</i> , a component of agency efforts to encourage healthy eating, are valid at green markets throughout the city; residents were more likely to make fresh, low-calorie food choices as a result. <i>Health Bucks</i> also encouraged residents to use food stamps at participating markets.
Number of Home Blood Pressure Monitors Distributed through Participating District Public Health Office Clinics and Health and Hospital Corporation Sites	1,631*	600*	The health department distributed home blood pressure monitors through clinics in District Public Health Office neighborhoods to help people with uncontrolled hypertension achieve better control.
Cumulative Number of Blood Pressure Measurements Taken on Health Department-Placed Kiosks in Pharmacies in District Public Health Office Neighborhoods	N/A	70,054*	For this new 2008 program, the Health Department placed blood pressure kiosks in community pharmacies in the South Bronx and East and Central Harlem, and implemented a targeted media campaign that encouraged residents to check their blood pressure.
Visits to <i>Shape Up New York</i> Free Fitness Program (Bronx, East and Central Harlem and Brooklyn District Public Health Offices)	49,603	55,848	In partnership with the Department of Parks and Recreation, the program promoted fitness by encouraging more use of neighborhood parks.

*Indicates data is by calendar, and not fiscal year.

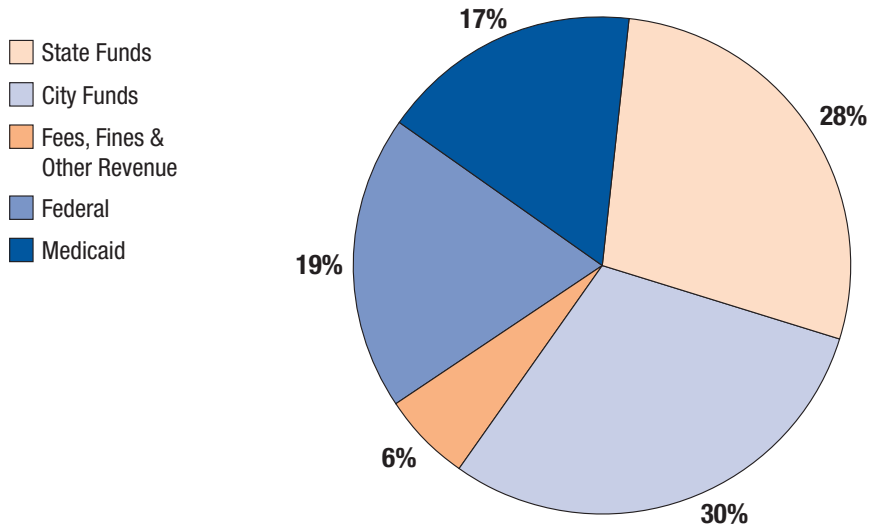
DOHMH Organizational Chart



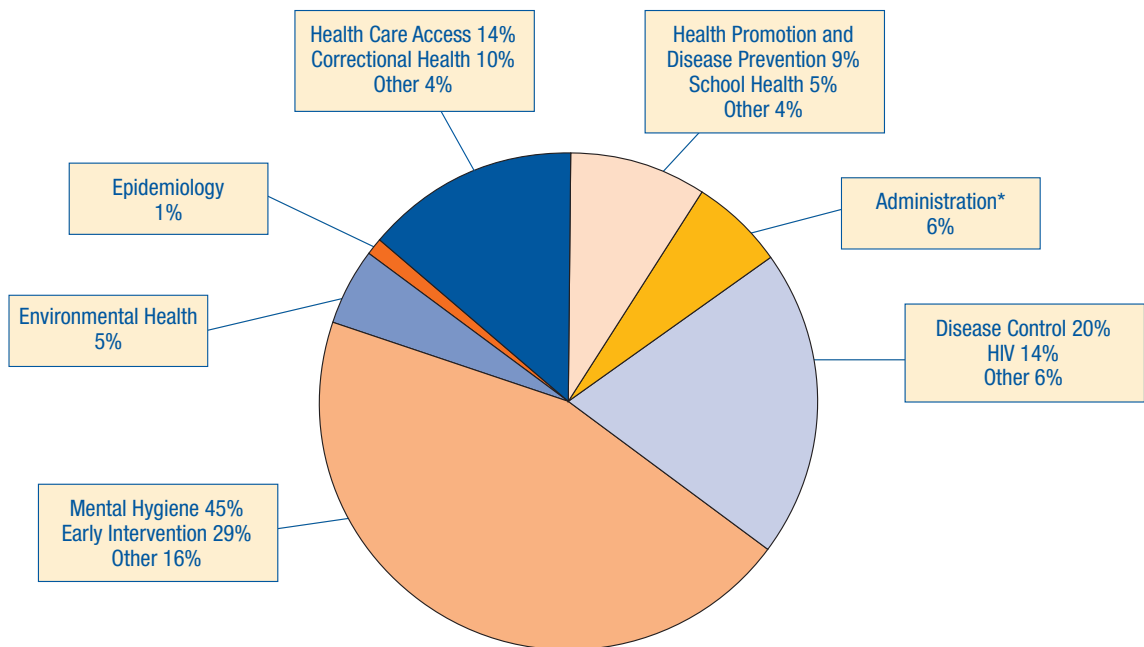
September 23, 2009

Fiscal Information

Sources of Funds in Fiscal Year 2007: Final Budget Total—\$1.5 Billion



Distribution of Funds, 2007



Key Publications

2007

Health Bulletins

- Taking Your Medicine
- Time to Get a Flu Shot!
- NYC Water—Get Your Fill
- How to Lose Weight and Keep It Off
- High Blood Pressure—It's in Your Court!
- Protect Your Child from Lead Poisoning
- Healthy Parenting
- Alcohol—How Much Is Too Much
- NYC Condoms—New York, We've Got You Covered!



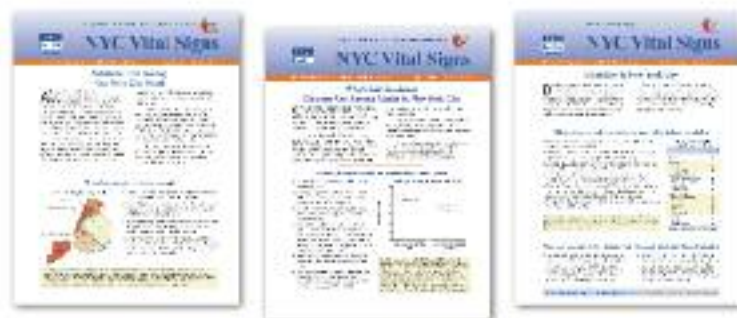
City Health Information

- Detecting and Treating Depression in Adults
- Prevention and Control of Influenza, 2007-2008
- Bioterrorism Preparedness for Health Care Providers
- Avian and Pandemic Influenza for Primary Care Providers
- Back to School: School-Based Services and Admission Requirements
- Preventing and Managing Overweight and Obesity in Adults
- Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting
- Electronic Health Records for the Primary Care Provider



Vital Signs

- Disability in New York City
- Teen Safety in New York City
- Teen Sexual Activity and Birth Control Use in New York City
- Who's Still Smoking?
- Substance Abuse among New York City Youth



Key Publications continued

2008

Health Bulletins

- Advance Directives—Who Will Make Your Medical Decision If You Can't?
- Marijuana—Is It Holding You Back?
- Time for a Flu Shot—Protect Yourself and Your Family
- Sleep—Are You Getting Enough?
- How to Make Your Home Smoke Free—And Why Now Is the Time to Do It
- How to Keep Yourself Safe—Intimate Partner Violence
- Help to Stop Using—Drug Problems Can Be Treated
- Get Checked! 50 or Older? Get a Colonoscopy to Prevent Colon Cancer
- Stress—How to Cope
- Living with Diabetes—What You Need to Know
- Kick Asthma—Take Charge and Control It
- HPV Vaccine Can Prevent Cervical Cancer—Why Girls and Young Women Should be Vaccinated



City Health Information (CHI)

- Managing Asthma
- Improving Cause-of-Death Reporting
- Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting
- Influenza Prevention and Control, 2008-2009
- Back to School: School-Based Services and Admission Requirements
- Clinical Guidelines for Adults Exposed to the World Trade Center Disaster
- Rabies in New York City and Human Rabies Prevention
- Buprenorphine: An Office-Based Treatment for Opioid Dependence
- Encouraging and Supporting Breastfeeding
- Identifying and Referring Children with Developmental Delays to Early Intervention Services
- Treating Tobacco Addiction



Vital Signs

- Alcohol Use and Risky Sex in New York City
- Breast Cancer Screening among New York City Women
- HIV Testing in New York City
- Are New Yorkers Having Safe Sex?
- Mental Health of New York City Youth
- Asthma in New York City



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* DOHMH staff member

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* DOHMH staff member

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* DOHMH staff member

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* DOHMH staff member

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* DOHMH staff member

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* DOHMH staff member

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Associate Commissioner/
Agency Chief Contracting Officer
Contracts/Procurement

Division of Administrative Services

Scottie M. Owings-Leaks
Deputy Commissioner

James Durrah, M.P.A.
Assistant Commissioner
Operations

Carlos Espada
Director
Call Center

Pamela Harmon
Director
Call Center
(1997 - 2008)

Isaac Kilanko, C.L.J., M.P.H.
Assistant Commissioner
Health Support Services

Brenda M. McIntyre
Assistant Commissioner
Human Resources and Labor Relations

Janet Halpern
Assistant Commissioner
Human Resources
(November 2004 – March 2007)

Joseph Russo, R.A.
Assistant Commissioner
Facilities Planning and Plant Operations

Mitchell Sturman
Director
Equal Employment Opportunity

Dorothy Wright
Director
Equal Employment Opportunity
(September 2003 – December 2008)

Division of Disease Control

Isaac B. Weisfuse, M.D., M.P.H.
Deputy Commissioner

Sara T. Beatrice, Ph.D.
Assistant Commissioner
Public Health Laboratory

Susan Blank, M.D., M.P.H.
Assistant Commissioner
Sexually Transmitted Diseases

Chrispin Kambili, M.D.
Assistant Commissioner
Communicable Disease

Marcelle Layton, M.D.
Assistant Commissioner
Communicable Disease

Sonal Munsiff, M.D.
Assistant Commissioner
Tuberculosis Control
(July 2001 – April 2008)
Acting Assistant Commissioner
Tuberculosis Control
(December 200 – July 2001)

Kevin Mahoney, M.S.W.
Assistant Commissioner
Management

Marisa Raphael, M.P.H.
Assistant Commissioner
Emergency Management

Monica Sweeney, M.D., M.P.H.
Assistant Commissioner
HIV/AIDS Prevention and Control

Jane Zucker, M.D., M.Sc.
Assistant Commissioner
Immunization

Division of Environmental Health

Jessica Leighton, Ph.D.
Deputy Commissioner

Edgar Butts, Ph.D., M.B.A.
Assistant Commissioner
Veterinary and Pest Control Services

Nancy Clark, M.A., C.I.H.
Assistant Commissioner
Environmental Disease Prevention

Frank Cresciullo, M.P.A.
Assistant Commissioner
Child Care

Robert Edman
Assistant Commissioner
Food Safety and Community Sanitation

Allan H. Goldberg
Assistant Commissioner
Division Management

Daniel Kass, M.S.P.H.
Assistant Commissioner
Environmental Surveillance and Policy

Elliott Marcus, M.S.W.
Associate Commissioner
Food Safety and Community Sanitation
and Child Care

Jeanine Prud'homme, M.S., C.I.H.
Assistant Commissioner
Environmental Emergency Preparedness
& Response

Division of Epidemiology

Lorna Thorpe, Ph.D.
Deputy Commissioner

Carolyn Greene, M.D.
Assistant Commissioner
Public Health Training

Bonnie Kerker, Ph.D.
Assistant Commissioner
Epidemiology Services

Steven Schwartz, Ph.D.
Assistant Commissioner
City Registrar and Vital Statistics

Joe Slade
Assistant Commissioner
Management

Mark Farfel, Sc.D.
Director/Principal Investigator
World Trade Center Health Registry

Division of Financial and Planning

Dan Lehman, M.B.A.
Deputy Commissioner

David Brandwein
Controller

Richard Delaney
Director
Policy and Planning

Lisa Heine
Executive Director
Clinical Quality Management and Improvement

David Murphy
Director
Financial Systems and Management

Sandy Rozza
Assistant Commissioner
Budget and Revenues

Wilmer Ortiz
Director
Grants and Management

Office of the General Counsel

Thomas Merrill, J.D.
General Counsel

Division of Health Care Access and Improvement

Louise Cohen, M.P.H.
Deputy Commissioner

Patricia Brown, C.S.W.
Assistant Commissioner
Forensic Behavioral Health Services

Jason Hershberger, M.D.
Assistant Commissioner
Correctional Health Services

Allison Jordan, L.C.S.W.
Executive Director
Transitional Health Care Coordination

Linda May, MA, C.F.P.
Assistant Commissioner
Administration

Farzad Mostashari, M.D., M.S.P.H.
Assistant Commissioner
Primary Care Information Project

Joyce Weinstein, M.S.W.
Assistant Commissioner
Health Insurance and Oral Health Programs

Division of Health Promotion and Disease Prevention

Mary Travis Bassett, M.D., M.P.H.
Deputy Commissioner

Jane Bedell, M.D.
Assistant Commissioner
Bronx District Public Health Office

Andrew Goodman, M.D., M.P.H.
Associate Commissioner
East and Central Harlem District
Public Health Office

Deborah Kaplan, R-P.A., M.P.H.
Assistant Commissioner
Maternal, Infant, and Reproductive Health

Adam Karpati, M.D., M.P.H.
Assistant Commissioner
Brooklyn District Public Health Office

Sarah Perl, M.P.H.
Assistant Commissioner
Tobacco Control

Roger Platt, M.D.
Assistant Commissioner
School Health

Lynn Silver, M.D., M.P.H.
Assistant Commissioner
Chronic Disease Prevention and Control

Linda Hall Vassall, M.S.
Assistant Commissioner
Administration

Division of Informatics and Information Technology

Don Weiner
Deputy Commissioner/Chief Information Officer

Jian Liu
Acting Chief Information Officer
(January 2008 – May 2008)

Kamal Bherwani
Associate Commissioner/Chief Information Officer
Bureau of Informatics and Information Technology
(September 2005 – December 2007)

Hadi Makki
Assistant Commissioner/Chief Software Architect
Informatics and Development
(October 2004 – June 2008)

Jian Liu
Assistant Commissioner
Network Technology Services

Division of Mental Hygiene

Adam Karpati, M.D., M.P.H.
Executive Deputy Commissioner

David Rosin, M.D.
Executive Deputy Commissioner
(August 2007-November 2008)

Thomas R. Frieden, M.D., M.P.H.
Acting Executive Deputy Commissioner
(April 2007-August 2007)

Lloyd I. Sederer, M.D.
Executive Deputy Commissioner
(June 2002 – April 2007)

Sharon Aungst
Assistant Commissioner
Mental Hygiene Policy and Planning

Marie Casalino, M.D.
Assistant Commissioner
Early Intervention

Margo Amgott
Assistant Commissioner
Early Intervention
(February 2006-January 2008)

Janice Chisholm
Assistant Commissioner
Health Integration

Myla Harrison, M.D.
Assistant Commissioner
Child and Adolescent Services

Daliah Heller, M.P.H.
Assistant Commissioner
Alcohol and Drug Use Prevention,
Care and Treatment

Joshua Rubin
Assistant Commissioner
Chemical Dependency
(August 2006 – June 2007)

William Lopez
Assistant Commissioner
Mental Retardation/Developmental Disabilities

Trish Marsik
Assistant Commissioner
Mental Health

Patricia Pate
Assistant Commissioner
Mental Hygiene Administration

Jorge Petit, M.D.
Associate Commissioner
Program Services
(October 2004 – September 2007)

Lily Tom, D.S.W.
Assistant Commissioner
Policy, Planning & Clinical Affairs

Jane Plapinger, M.P.H.
Assistant Commissioner
Planning, Evaluation and Quality Improvement
(July 2002 – August 2007)

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New York City Department of
Health and Mental Hygiene
Thomas Farley, M.D., M.P.H.
Commissioner

Editor-in-Chief:
Geoffrey Cowley
Editor:
Lise Millay Stevens
Writer:
Cheryl de Jong-Lambert
Assistant Editor

Editorial Advisors:
Thomas Farley, Andrew S. Rein
Design:
Mark Dion, Vanguard Direct

Bureau Descriptions

Office of the Chief Operating Officer/Executive Deputy Commissioner

Oversees agency operations, focusing on improving operational quality and efficiency, human and physical infrastructure, and policy development. Directly oversees Finance and Planning, Informatics and Information Technology, Administrative Services, the Agency Chief Contracting Officer, Communications, Intergovernmental Affairs and Audit Services. Promotes the successful implementation of agency initiatives across all divisions

Bureau of Communications

Disseminates timely, accurate and responsive health information to the public. The bureau manages all press relations, creates and provides editorial direction for agency publications, develops and manages media campaigns, provides translation services, manages the agency's Internet and Intranet websites, and assists in community outreach.

Bureau of Intergovernmental Affairs

Coordinates the agency's city, state and federal legislative agenda, and coordinates policy development on related legislative issues. The bureau also manages all interactions with city, state and federal government agencies, legislative bodies and elected officials, and drafts testimony for public hearings.

Bureau of Audit Services

Facilitates prompt and accurate agency response to audits conducted by city, state and federal oversight agencies. The bureau also conducts internal audits of DOHMH programs and facilitates fiscal audits of vendors providing services for the agency.

Agency Chief Contracting Office

Identifies and retains qualified service vendors. The office oversees the agency's contracting process, provides technical assistance, secures approval of contracts from the city's oversight agencies, and procures goods and services.

Division of Administrative Services

Strives to ensure the agency's programs have the critical resources and support required to protect and promote the health of all New Yorkers.

Bureau of Health Support Services

Provides vital health and administrative support services that augment efficient delivery of services to the communities and residents of New York City. The bureau promotes and encourages employee health and safety; provides medical evaluations for parking permits for people with disabilities; oversees space planning, fleet management, inventory procurement and distribution; and manages records/document retention and storage, postal operations and telecommunications.

Bureau of Facilities Planning and Plant Operations

Oversees planning, design and construction to support effective and efficient delivery of public health services within DOHMH-owned and leased facilities. The bureau provides comprehensive facility repair and maintenance services, and enhances agency facilities, increasing access to care by providing District Health Centers in compliance with the Americans With Disabilities Act, creating healthy and pleasant work environments, and increasing the efficiency of health department employees.

Bureau of Operations

Provides infrastructure and general business services to DOHMH. The bureau acquires new facilities, manages the Health Police Force, and handles logistics for emergency preparedness; it also provides printing services to all city agencies. The District Health Center Operations enables clinical and office services at agency owned and operated sites, ensuring compliance with building, sanitary and regulatory codes.

Bureau of Human Resources and Labor Relations

Attracts, hires and retains quality staff to provide an array of public and mental health services. The bureau oversees staff training and professional development, maintains employee records, ensures compliance with civil service rules and regulations, manages human resources information technology and labor relations, and coordinates special events such as blood drives.

The Call Center

Delivers enhanced customer service to the general public and providers by furnishing a single point of entry for department information and services. Working closely with 311 and internal programs, the Call Center provides information and referrals, schedules appointments, and distributes health literature and educational materials. The Center also assists the Bureau of Emergency Management in responding effectively during public health emergencies.

Office of Equal Employment Opportunity

Ensures that the health department does not discriminate against any employee or job applicant in employment matters, maintains an environment free of unlawful harassment, and works to improve overall employment conditions, trainings and career opportunities for the agency's workforce in accordance with federal, state and local laws.

Bureau Descriptions (continued)

Division of Disease Control

Identifies, monitors, treats and prevents infectious diseases. The division also protects the health of New Yorkers by responding to outbreaks and preparing the city for emergency events.

Bureau of Communicable Disease

Tracks reportable diseases and conditions. Prevents disease transmission by educating providers and the public about communicable diseases.

Bureau of Emergency Management

Coordinates planning and response activities to ensure that the agency can respond effectively to public health emergencies. The bureau promotes preparedness through administration of emergency preparedness grants, and staff training and drills.

Bureau of HIV/AIDS Prevention and Control

Works to prevent new infections while reducing morbidity and mortality among people living with HIV/AIDS. The bureau achieves its mission through surveillance activities, testing and prevention programs such as the citywide condom distribution campaigns, and maintaining close partnerships with community organizations.

Bureau of Immunization

Works to prevent vaccine-preventable diseases in all age groups. The bureau runs five immunization clinics and monitors school vaccination compliance using the Citywide Immunization Registry;

educates providers about newly developed vaccines, and promotes vaccination through annual influenza campaigns.

Bureau of Public Health Laboratory

Provides clinical and environmental laboratory testing services to support other programs throughout the agency. The laboratory also monitors beach water quality, helps investigate disease outbreaks, and provides diagnostic services that are not widely available through commercial sources.

Bureau of Sexually Transmitted Disease Prevention and Control

Promotes healthy sexual behavior and reduces the impact of sexually transmitted infections in the city, mainly through its sexually transmitted disease clinics—the 10 clinics offer all New Yorkers free and confidential HIV testing, as well as screening and treatment for other sexually transmitted diseases.

Bureau of Tuberculosis Control

Conducts tuberculosis surveillance, investigates outbreaks, and monitors patient care to ensure that national standards are upheld. The bureau also directs screening and case management services at 10 chest centers.

Division of Environmental Health

Prevents and mitigates illnesses and injury caused by environmental health hazards, responds to health complaints and administers inspections.

Bureau of Child Care

Regulates group child care services in accordance with the New York City Health Code Article 47, and enforces health and safety standards in a variety of other care settings, including family day care, group family day care, and school-aged child care, which are governed by New York State Social Service Law.

Bureau of Environmental Disease Prevention

Works to assess and minimize environmental and occupational health risks in the city. The bureau includes the Lead Poisoning Prevention Program, the Environmental and Occupational Disease Epidemiology Program, and the Environmental Emergency Information Program.

Bureau of Environmental Emergency Preparedness and Response

Performs prompt and effective environmental field response and technical support for chemical, biological, and radiological emergencies that present a hazard to public health and the environment. The bureau also supports agency and citywide emergency planning, response and mitigation activities.

Bureau of Environmental Sciences and Engineering

Investigates, assesses and mitigates public health threats from hazardous materials, ionizing radiation and food-borne illnesses. The bureau also licenses and registers all radioactive materials and radiation equipment in the city, monitors the quality and safety of drinking water and recreational water, and shares responsibility with other state and city agencies for managing sewage.

Bureau of Environmental Surveillance and Policy

Enhances environmental surveillance efforts, coordinates environmental health policy, and increases public awareness of environmental health issues. The bureau oversees the city's Centers for Disease Control and Prevention-funded Environmental Public Health Tracking Program and Network, and responds to public inquiries on environmental issues.

Bureau of Food Safety and Community Sanitation

Regulates, issues permits for, and inspects food service establishments and mobile vending carts and educates the public about food-borne illnesses. The bureau also enforces regulations designed to safeguard children from window falls and day camp hazards, while protecting adults in single-room-occupancy hotels and city correctional facilities.

Bureau of Veterinary and Pest Control Services

Protects the public from diseases, hazards and nuisances associated with animals, mosquitoes and other potential disease vectors, in addition to responding to rodent complaints.

Health Academy

Provides safety training and certification for food service workers, and trains health department personnel in the principles of food safety and environmental sciences.

Poison Control Center

Provides emergency toxicology services to hospitals, households and individual physicians. The Center also monitors poisoning incidence citywide, conducts community education to prevent poisonings, and receives thousands of calls annually.

Bureau Descriptions (continued)

Division of Finance and Planning

Strengthens the effectiveness and impact of DOHMH programs and administrative operations by gathering, analyzing, and reporting information; developing and allocating resources; maintaining fiscal integrity; and improving performance and providing technical assistance.

Bureau of Budget, Revenue and Claiming, and Office of Grants Management

Serve as the health department's financial center by planning, allocating, monitoring and reporting on agency financial resources; maximizing reimbursement from non-city funding sources; and supporting the development of new grant and revenue opportunities.

Bureau of the Comptroller (Offices of Fiscal Management and Payroll/Timekeeping)

Ensures timely, accurate and appropriate payments for Other Than Personal Service (OTPS) and Personal Service (PS) expenses in accordance with standards and directives established by the City Comptroller, New York City Offices of Labor Relations, Payroll Administration, Procurement Policy Board, Mayor's Office, and other applicable government or non-government entities.

Policy and Planning

Enhances performance of the agency by analyzing programmatic and operational data, and assisting programs in planning, implementing and evaluating initiatives; oversees internal and external reporting on agency services; and evaluates the impact of proposed policy/programmatic changes on agency operations and finances.

Office of Early Intervention Fiscal Management

Oversees payment to providers of early intervention services, maximization of revenue from Medicaid and third-party insurance, and all fiscal aspects of the 9/11 Mental Health Benefit.

Office of Financial Systems and Analysis

Provides the technology services unit for the Division of Finance and Planning. Designs and implements Personal Service (PS) and Other Than Personal Service (OTPS) resource-management applications for hundreds of users agency-wide. Conducts extensive routine and ad hoc financial analyses for programs across the agency.

Clinical Quality, Management and Improvement

Ensures excellence in Article 28 clinical care services delivered or overseen by DOHMH, and promotes the practice of continuous quality assurance and performance improvement throughout the agency.

Special Projects and Medicaid Compliance Officer

Provides policy, legal and implementation support for programmatic, fiscal and regulatory issues. Works closely with Intergovernmental Affairs and General Counsel on legislative matters that affect program financing and operations. Oversees compliance with, and operations for, Medicaid regulations for direct clinical services and other programs.

Division of the Chief Operating Officer/Executive Deputy Commissioner

Oversees Agency operations, focusing on improving operational quality and efficiency, human and physical infrastructure, and policy development. Promotes the successful implementation of Agency initiatives across all Divisions

Bureau of Communications

Disseminates timely, accurate and responsive health information to the public. The Bureau manages all press relations, creates and provides editorial direction for agency publications, develops and manages media campaigns, provides translation services, manages the agency's Internet and Intranet websites, and assists in community outreach.

Bureau of Intergovernmental Affairs

Coordinates the agency's city, state and federal legislative agenda, and coordinates policy development on related legislative issues. The Bureau also manages all interactions with city, state and federal government agencies, legislative bodies, and elected officials, and drafts testimony for public hearings.

Bureau of Audit Services

Facilitates prompt and accurate agency response to audits conducted by city, state and federal oversight agencies. The Bureau also conducts internal audits of DOHMH programs and facilitates fiscal audits of vendors providing services for the agency.

Agency Chief Contracting Office

Identifies and retains qualified service vendors. The office oversees the agency's contracting process, provides technical assistance, secures approval of contracts from the city's oversight agencies and procures goods and services.

Bureau Descriptions (continued)

Division of Informatics and Information Technology

Provides the agency with a reliable, stable and safe computing environment to facilitate the agency's day-to-day activities, and enhance staff productivity and efficiency.

Bureau of Information Technology Solutions and Delivery

Provides business analysis and information technology project management that define and deliver solutions tailored to individual agency division needs. The bureau operates a seven-day-a-week Help Desk; staff collaborates with programs throughout the agency to conduct core business analyses of operations and recommend the most appropriate information technology solutions, including guidance on governance, procuring vendor agreements, and training for use of new applications.

Bureau of Informatics and Development

Provides customized software and enterprise database solutions across the agency, maintains the infrastructure for electronic surveillance, monitors laboratory and emergency department submissions to ensure complete reporting, and other technical services.

Bureau of Network Technology Services

Provides the agency with a reliable, centralized network infrastructure, a dependable computing environment, and comprehensive information delivery through centralized services, including a state-of-the-art Data Center. The bureau also provides platform hosting, email, Intranet and Internet access, data security and exchange, and desktop/client support.

Office of Information Technology Administration

Responsible for agency-wide procurement of electronic resources and information technology contracts and grants management, and provides general business and infrastructure services to the division.

Health Alert Network

The Health Alert Network is a Web-based, flexible alerting system that operates 24/7, allowing the agency to rapidly disseminate up-to-date information on urgent and emergent public health issues to thousands of health care providers throughout the city. The Health Alert Network website, accessible via the NYCMED portal, contains an archive of past communications and a library of related articles and other information on a wide range of public health topics. Subscribers can engage in interactive discussions through the site's online community feature.

Office of Information Technology Security

Develops agency-wide technical and non-technical measures to help identify, prevent and recover from potential and realized threats to the confidentiality, availability and integrity of agency data and information technology assets.

Division of Health Care Access and Improvement

Oversees health services at city correctional facilities and promotes access to high-quality health care services through programs such as the Primary Care Information Project, the Oral Health program, and Medicaid managed care and other insurance programs.

Bureau of Correctional Health Services

Oversees and provides medical, dental and mental health services for people incarcerated in city correctional facilities to ensure that high-quality care is provided.

Bureau of Forensic Behavioral Health Services

Provides discharge planning for mentally ill patients leaving city jails to facilitate access to community-based mental health services. The bureau also oversees the Medication Grant Program, which covers medication expenses for those with serious mental illnesses who leave city jails and state prisons.

Bureau of Transitional Health Care Coordination

Coordinates health care for people released to the community from city jails, with a focus on discharge planning for people with chronic diseases and those who are HIV positive.

Bureau of Insurance Programs and Oral Health

Improves health care access by enrolling eligible New Yorkers in publicly-financed health insurance programs. The bureau also oversees Medicaid managed care organizations that provide services for the city, and provides dental care in schools and community sites to children.

Bureau of Primary Care Information Project

Works to improve public health through health information technology and exchange. The program promotes the adoption of prevention-oriented electronic health records, primarily among providers who care for the city's underserved and vulnerable populations.

Bureau of Take Care New York

Addresses the leading preventable causes of illnesses and death in 10 priority areas, setting attainable goals in each. *Take Care New York* is a health policy that is the organizing framework for the agency's efforts to help New Yorkers live longer and healthier lives. The bureau's approach is to expand existing programs, promote evidence-based interventions, coordinate services, build partnerships, and advocate for changes that produce health benefits.

Bureau Descriptions (continued)

Division of Health Promotion and Disease Prevention

Works to promote health, prevent disease and advance health equity among New Yorkers.

Bureau of Chronic Disease Prevention and Control

Seeks to reduce the burden of chronic diseases such as heart disease, stroke, cancer, diabetes and respiratory diseases. The bureau's approach is three-pronged: (1) Prevent the development of chronic diseases by addressing the major risk factors, such as physical inactivity, poor diet, high blood pressure and elevated cholesterol; (2) Prevent chronic illnesses through screening, education and early detection; and (3) Improve quality of life for people with chronic illnesses by strengthening their self-management skills and working with health care providers to improve care.

Bureau of Maternal, Infant and Reproductive Health

Works to prevent teen pregnancies through increasing adolescents' access to quality and comprehensive sexual and reproductive health care. The bureau also promotes the health equity of mothers and infants through the Nurse-Family Partnership, Cribs for Kids (a safe-sleep education and crib distribution program) and various initiatives to make breastfeeding the norm

Bureau of Tobacco Control

Works to reduce tobacco-related deaths and illnesses through five main strategies—taxation, legislation, cessation, public education, and evaluation and monitoring. The bureau uses print and broadcast media campaigns, and distributes free courses of nicotine replacement therapy to New Yorkers interested in quitting.

District Public Health Offices

Directs resources, programs and attention to high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn to reduce health inequalities. The offices work to improve the availability of healthy food options and promote physical activity; provide support to new mothers in creating a safe and nurturing environment for newborns; assist schools, families and health care providers in managing childhood asthma; and work to prevent teen pregnancy.

Office of Minority Health

Builds partnerships with faith-based organizations to disseminate health information and supports health programs at such organizations.

Office of School Health

Works with the Department of Education to deploy school nurses and promote the health of the city's 1.3 million school-aged children. Services include case management of chronic health problems such as asthma, preventive health screenings, urgent care, medication administration, and preventive counseling services. The bureau also coordinates the physical education and health education curricula in the public school system.

Division of Mental Hygiene

Works with providers, individuals and families to ensure access to high-quality services, improve the lives of New Yorkers with mental illnesses and alcohol and drug problems, and help those with mental retardation and developmental delays and disabilities.

Bureau of Alcohol and Drug Use Prevention, Care and Treatment

Researches, develops, manages, evaluates and promotes program and policy initiatives to reduce morbidity and mortality related to alcohol and substance use. Contracts with service providers to provide residential, outpatient and hospital-based treatment; detoxification; and prevention and education programs. The bureau monitors programs' productivity and provides technical assistance to service providers.

Bureau of Child and Adolescent Services

Oversees a portfolio of services for children and adolescents, and works closely with city and state child service agencies to improve the quality and access to children's mental hygiene services, and to improve coordination of care for all children and families. The bureau also works to ensure that services are evidence-based and informed by the input of children's parents and children.

Bureau of Early Intervention

Supports children from birth to age three years with developmental delays in their efforts to realize their full potential. The bureau works to reduce the likelihood of delays among at-risk children, empower families to meet their child and family's needs, and help eligible children secure therapeutic services.

Bureau of Mental Health

The bureau manages the development, implementation and oversight of ongoing and new mental health programs to promote mental health, and provides effective, high-quality, community-integrated and recovery-focused care for all residents.

Bureau of Mental Hygiene Administration

Provides administrative support to the division by managing information technology; human resources; purchasing procurement and budget; and the contracting process for mental health, alcohol, and drug and mental retardation/developmental disabilities services.

Bureau of Mental Hygiene Policy, Planning and Clinical Affairs

Collaborates with other stakeholders to develop quality improvement projects for mental hygiene providers. The bureau provides analytic support, coordinates the development of local government plans, develops performance measures, and conducts program reviews through site visits. Works to increase depression screening, integrate health improvements into the mental hygiene service system, and improve the city's capacity to respond to the psychological effects of a disaster.

Bureau of Mental Retardation/Developmental Disabilities

Contracts services for New Yorkers with mental retardation or developmental disabilities such as cerebral palsy, autism, epilepsy and other neurological impairments. The bureau works with service recipients, families, providers and advocates to identify gaps in service and develop creative solutions.

Office of Consumer Affairs

Provides training and consumer information on mental hygiene services and responds to public requests. The office works with the Federation for Mental Health, Mental Retardation, Alcoholism Services and a variety of community-based organizations to promote consumer participation in mental hygiene services.



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