New York City Department of Health and Mental Hygiene:

Understanding the Mission and Structure

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New York City Department of Health and Mental Hygiene
Role of a Public Health Agency

- Be diligent stewards of funds entrusted to it

- Provide an environment for intellectual and personal growth and integrity

- Base all public health decisions on the highest quality scientific data, openly and objectively derived

- Place all the benefits to society above the benefits to the institution

- Treat all persons with integrity, honesty, and respect
Role of a Public Health Agency

Promote and Protect the Public Health of All New Yorkers
Agency History

• New York City Board of Health established 1805
• Department of Health established 1866
• First municipal Health Department in U.S.
• Many other notable “firsts”
  – Municipal human bacteriology lab, TB & other infectious disease control, PH nurses
  – Smoking in restaurants
  – Restaurant grading
  – Sodium warning
Agency Administration

• Includes the offices of:
  – Dr. Mary T. Bassett, Commissioner of Health
  – Dr. Oxiris Barbot, First Deputy Commissioner
  – Sam Miller, Associate Commissioner, External Affairs
  – Tom Merrill, JD, General Counsel
  – Julie Friesen, Deputy Commissioner for Administration
  – Sandy Rozza, Deputy Commissioner for Finance
  – Jian Liu, Deputy Commissioner for Informatics, Information Technology and Telecommunications
The Center for Health Equity (CHE) works to ensure all New Yorkers have equitable opportunities to achieve their full health potential. CHE does this by fostering partnerships, supporting community power, and building organizational capacity to address the social, environmental, and systemic factors that drive health inequities in New York City.

The Center focuses on:

- (1) Leveraging community assets from various sectors to better integrate public health and primary care to serve the health needs of communities;
- (2) Fostering inter-agency collaboration and coordination to implement solutions that address the root causes of health disparities in NYC neighborhoods;
- (3) Ensuring meaningful community engagement and advancing partnerships to enhance DOHMH goals and strategies and potentially increase sustainability of our efforts; and
- (4) Increasing organizational capacity to strengthen the agency's ability to advance health equity.
Division of Disease Control

• The Division of Disease Control prevents infectious disease illness and death in New York City.

• The Division achieves this mission by conducting disease surveillance, investigations, research, health education and marketing, and by providing selected infectious disease services, including laboratory diagnosis, medical treatment, case management, and vaccination.

• The Division’s activities rely on close partnership with healthcare providers, healthcare facilities, City, State, and Federal entities, non-governmental organizations, and communities.
Emergency Preparedness and Response

- The Office of Emergency Preparedness and Response (OEPR) promotes DOHMH’s and NYC’s ability to prevent, prepare for, respond to, and recover from health emergencies.

- OEPR is responsible for agency-wide emergency preparedness planning, exercises and training, evaluation of incident response and exercise performance as well as coordinating with community stakeholders and city, state, and federal partners on public health emergency planning and response.

- OEPR prepares agency staff to support emergency response and continuity of operations. During an emergency, OEPR fills positions across the Incident Command Structure (ICS) and Continuity of Operations Planning (COOP) structures to support and guide agency response efforts.

- OEPR is also responsible for working with the City’s healthcare system, including hospitals, long term care facilities, community health centers, dialysis centers and others to prepare the entire NYC healthcare system to respond to emergencies. OEPR manages the country’s largest Medical Reserve Corps (MRC), including over 7,500 healthcare volunteers to augment NYC response to disasters. OEPR also manages federal preparedness funds supporting essential agency staff and resources.
The Department conducts surveillance of environmental-related disease; assesses risk from exposure to potential environmental and occupational hazards; inspects child care facilities, food service establishments and other permitted entities to ensure compliance with regulations; responds to complaints of environmental and occupational exposures; and educates the public and health care providers on environmental and occupational illnesses.

Key achievements include creating an additional 53,000 new childcare seats as part of the Mayor’s UPK initiative, an historic low number of children with lead poisoning and continued successful implementation of the restaurant grading program, through which 93 percent of the City’s restaurants have ‘A’ grades.

The Department is expanding the successful pilot program to address “rat reservoirs”; and is working to control the West Nile Virus by treating mosquito breeding sites and, if warranted, conducting spray events to control adult mosquitoes in all five boroughs.
The Division of Epidemiology provides epidemiologic information, support and training to inform policy and program decision-making, monitor health conditions, and improve delivery of public health services in New York City. Key activities in the Division include the:

1) Systematic collection, analysis and dissemination of data on health issues citywide and among special populations and the provision of training and support for specialized analyses and targeted studies

2) Registration, processing and analysis of all vital events in New York City including births, deaths, and spontaneous and induced terminations of pregnancy

3) Enhancement of public health knowledge and skills of public health staff, students and trainees through in-person and e-learning courses, internships and lecture series

4) Education of healthcare providers in New York City and training of medical students and clinical residents to improve public health knowledge and skills

5) Establishment and maintenance of the World Trade Center Health Registry - a cohort of more than 71,000 people directly exposed to the WTC disaster - to identify and track the long-term physical and mental health effects and unmet health needs of 9/11.
The Division of Family and Child Health (DFCH) is charged with the creation and oversight of programs, policies, services, and environments that support physical and socio-emotional health, and promote primary and reproductive health services, health equity, social justice, safety and well-being for New York City families and children.

The Division is comprised of the Bureau of Maternal Infant and Reproductive Health (BMIRH), the Office of School Health (OSH), DFCH Administration and most recently, the Bureau of Early Intervention (BEI).

The vision of the Division of Family and Child Health is that every child, woman and family in New York City is empowered to reach their full health and development potential. To advance this vision, the Division implements evidence-informed programs, services and policies, and conducts innovative research and ongoing surveillance to achieve equitable and improved maternal, infant and reproductive health outcomes; assure that young children with developmental delays or disabilities receive the family-centered Early Intervention services needed and assure that schoolchildren are healthy and ready to learn every day.
The Department seeks to prevent and address mental illness, substance use, and developmental disabilities and delays among New York City’s children and adults. The Department provides planning, funding, and oversight of mental health, developmental disabilities, alcohol and drug abuse, and Early Intervention services.

Mental Health
• The Department is responsible for mental health service delivery and planning for New York City residents with mental health needs. Through contracting directly with New York City service providers, the Division oversees and coordinates the delivery of treatment, housing, case management, and mental health rehabilitation services.

Alcohol and Drug Use Prevention, Care and Treatment
• The Department seeks to prevent adverse health consequences of alcohol and drug use in New York City. To achieve that goal, DOHMH educates New Yorkers about the health risks of alcohol and drugs, supports providers and community organizations to provide effective prevention and treatment services, including harm reduction services, effective treatment for substance use disorders.

Developmental Disabilities
• The Department provides services for adults and children individuals with developmental disabilities and their families through contracting directly with New York City service providers, including transitional employment, family support, counseling, recreation services for children and adults, education, information and referral, summer camp, and respite care.
The Division of Prevention and Primary Care (PPC) works to advance population health through supporting access to high quality health services and introducing innovative system changes that promote disease prevention and control in New York City.

Division initiatives include a diverse portfolio of cutting-edge policy and programming activities such as posting calorie counts and restricting trans-fat use in restaurants, conducting electronic health record implementation and clinical quality care improvement with over 16,000 medical providers with a focus on underserved communities,

Medicaid enrollment assistance and advocacy for overcoming other barriers to health care access. This newly formed Division brings its resources and strengths to work collaboratively across the Agency, and with communities and health care systems.
City Council runs out of time to discuss shorter meetings

LAGUNA BEACH, Calif. (AP) — Another marathon City Council meeting forced councilors to put off agenda item No. 6: a proposal to limit the length of meetings.

"We didn't have time to discuss time," Councilwoman Ann Christoph said after Tuesday's meeting.

Members have been known to stay as late as 3 a.m. for meetings that regularly begin at 6 p.m. But even the most dedicated politician can run out of patience in the wee hours.

"It is not good for the public and it is not good for the council members," Christoph said. "Our decision-making is not that good at that time of the morning."

Christoph and Councilman Wayne Peterson introduced the meeting limitation measure, which also proposes to limit time allotted to speakers.

Tuesday's meeting ended at 1:34 a.m. and item No. 6 was tabled until Feb. 2. But then it will be item No. 1.

Questions?

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