



Public Advocate for the City of New York

Unintended Consequences: Problems with Contraception Access at City Clinics

**A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM
SEPTEMBER 2007**

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EXECUTIVE SUMMARY

There are approximately 3 million unintended pregnancies per year in the United States. In New York City, more than 60 percent of all pregnancies are unintended. In 2000, the pregnancy rate for New York City females age 15 to 19 was nearly 1 in 10. Although there has been a recent drop in the teen pregnancy rate in New York City, the rate still exceeds statewide and national averages (0.6 and 0.8 per 10 females age 15 to 19, respectively).

Because New York City has a high rate of unintended pregnancies, access to reproductive health services is of great concern. Numerous studies have revealed that women and teens have difficulty accessing reproductive health services, such as emergency contraception (EC), birth control pills, or other forms of contraception.

In 2003, New York City enacted Local Law 17-184, which requires that all New York City Department of Health and Mental Hygiene (DOHMH) facilities provide EC to patients. In 2005, Mayor Bloomberg and the DOHMH committed to investing \$1 million to increase awareness and access to EC. Mayor Bloomberg also announced in 2005 that HHC facilities would provide EC, as well as advance prescriptions for EC for future emergencies. Studies have shown that women who are provided advance prescriptions of EC are more likely than women without an advance prescription to use EC when they need it and are no more likely to have unprotected sex than women without an advance prescription.

The Office of the Public Advocate initiated an investigation to assess whether the DOHMH STD clinics and District Public Health Offices (DPHOs) provide 1) free EC, 2) more than one package of EC at a time, upon request, 3) free female condoms, and 4) birth control pills. In addition, the Office examined whether the Health and Hospitals Corporation (HHC) teen health clinics provide 1) free or low cost EC, 2) an advance prescription of EC, 3) free female condoms, and 4) birth control pills.

METHODOLOGY

In July 2007, surveyors called 38 HHC teen health clinics and 11 DOHMH STD clinics and DPHOs to determine whether they provided patients with EC, birth control pills, and female condoms. For calls to HHC teen health clinics, surveyors posed as a 17-year-old female with no medical insurance. For calls to STD clinics and DPHO sites, surveyors posed as an adult female with no medical insurance. Surveyors contacted the clinics using phone numbers provided by the DOHMH and HHC websites or 311. The phone survey questions were designed to determine whether the clinics provide EC, the cost of EC, whether it was readily available, and whether an extra package or an advance prescription could be provided for future emergencies. Surveyors also requested information on the availability of birth control pills and female condoms. Each clinic was called at least once; some clinics were called several times in an attempt to reach a staff member.

FINDINGS

Birth Control

- Seventy-three percent (8 of 11) of the DOHMH STD clinics and DPHO sites do not provide birth control pills by prescription.

Female Condom

- Eighty-two percent (31 of 38) of the HHC teen health clinics do not provide female condoms that are readily available for same day pick-up.

Emergency Contraception

- Forty-five percent (17 of 38) of the HHC teen health clinics do not provide EC, and 61 percent (23 of 38) of these clinics do not have EC readily available for same day pick-up.
- Of the HHC teen health clinics that have EC readily available, 73 percent (11 of 15) do not offer EC for free. One HHC clinic charged as much as \$35 for EC.
- Despite the importance of using EC within 72 hours, almost all of the HHC teen health clinics and DOHMH sites deny requests for advance prescriptions and an extra package of EC.
- Of the 17 HHC teen health clinics that do not provide EC, 41 percent (7 of 17) fail to refer surveyors to another clinic or hospital.
- Many of the clinic staff members are unaware that EC is available at the clinic and have to ask supervisors for instructions. Medical staff at these clinics are not available on certain days of the week.

General Access Issues

- Telephone numbers for some clinics are incorrect and difficult to locate on the DOHMH and HHC websites or through 311. In addition, of the 49 STD clinics, DPHO sites, and HHC teen health clinics surveyed, 57 percent (28 clinics) had to be called more than once in order to reach a staff member.
- Clinic staffs are often unprofessional and insensitive to a prospective patient's needs.

RECOMMENDATIONS

- All DOHMH STD clinics, DPHO sites, and HHC teen health clinics should: 1) provide birth control pills, 2) provide female condoms, and 3) offer EC and make available a free extra package or an advance prescription at the patient's request.
- All staff members at DOHMH sites and HHC teen health clinics that provide reproductive health services should receive sensitivity training and general information about EC.
- Medical staff should be available during all clinic hours.
- Clinic staff should refer patients to another clinic if contraceptive services are not immediately available and should be available to answer calls during clinic hours.
- The DOHMH and HHC websites, as well as 311, should be updated to include accurate contact information for city clinics.
- The city should expand its reproductive health education initiatives to include information on the female condom.

INTRODUCTION

There are approximately 3 million unintended pregnancies each year in the United States.¹ In New York City, more than 60 percent of all pregnancies are unintended.² In 2000, the teen pregnancy rate for the city was 99.4 per 1,000 females age 15 to 19, with the Bronx having the highest rate of the five boroughs, at 137.2 per 1,000 females age 15 to 19.³ Although there has been a recent drop in the teen pregnancy rate in New York City, it still exceeds statewide and national averages (62.4⁴ per 1,000 females age 15 to 19 from 2002-2004, and 76.4⁵ per 1,000 females age 15 to 19 in 2002, respectively), as well as the Healthy People 2010 goal of 46 teen pregnancies per 1,000 females age 15 to 19.⁶

An unplanned or mistimed pregnancy can have adverse effects on both the mother and the infant. Mothers may experience financial difficulties, emotional stress, and problems such as premature labor. In addition, the mother may not have appropriate access to prenatal care, which may lead to infant mortality, low birth weight, and developmental problems for the unborn infant.

A December 2005 New York State Comptroller report estimated that in 2004, the cost of unplanned pregnancies in New York State including both births and abortions, surpassed \$1.02 billion.⁷ The report also estimated that the state's Medicaid system could save up to \$262.6 million by making emergency contraception (EC) more accessible. With the health care costs of unintended pregnancies rising each year⁸ it is all the more important that the city improve access to contraceptive services.

Numerous studies have revealed that women and teens have difficulty accessing reproductive health services, such as EC, birth control pills, and other forms of contraception. There have been some initiatives nationwide and at the city level to increase access to these services. However, the Kaiser Family Foundation reported in 2004 that, despite these increased efforts, only 14 percent of women age 18 to 44 had reported ever speaking to a doctor or nurse about EC.⁹ Proper education and outreach is needed in order for women to understand the benefits and risks associated with EC. In addition, barriers to accessing reproductive health services should be eliminated so that more women and teens have better access to contraceptive services.

¹ Henshaw, S.K., "Unintended Pregnancy in the United States," *Family Planning Perspectives*, 30, No. 1 (1998).

² The City of New York, Office of the Mayor, Press Release, "Mayor Bloomberg Announces Healthy Women/Healthy Babies Initiative to Reduce Unintended Pregnancies," April 21, 2005.

³ New York City Department of Health and Mental Hygiene (DOHMH), Bureau of Family Health, *Who's at Risk? Teen Pregnancy in New York City*, December 2002, www.nyc.gov/html/doh/downloads/pdf/fhs/tpreport.pdf.

⁴ New York State Department of Health, *Vital Statistics 2002-2004*, www.health.state.ny.us/statistics/chac/birth/pdf/tp1519.pdf.

⁵ National Center for Health Statistics, Ventura SJ, et al., *Recent Trends in Teenage Pregnancy in the United States, 1990-2002 Health E-Stats*, December 2006, www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm.

⁶ Healthy People 2010 is a national health promotion and disease prevention initiative managed by the U.S. Department of Health and Human Services.

⁷ New York State Office of the Comptroller, *Emergency Contraception in New York State: Fewer Unintended Pregnancies and Lower Health Care Costs*, November 2005.

⁸ *Ibid.*

⁹ Kaiser Family Foundation, *2004 Kaiser Women's Health Survey*, No. 7336, July 2005, www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf.

Pursuant to the New York City charter, the Public Advocate is charged with reviewing the programs, operations, and activities of city agencies.¹⁰ In accordance with this responsibility, the Office of the Public Advocate initiated an investigation to assess whether the Department of Health and Mental Hygiene (DOHMH) STD clinics and District Public Health Offices (DPHO)¹¹ provide 1) free EC, 2) more than one package of EC at a time, upon request, 3) free female condoms, and 4) birth control pills. In addition, the Office examined whether Health and Hospitals Corporation (HHC) teen health clinics provide 1) free or low cost EC, 2) an advance prescription of EC, 3) free female condoms, and 4) birth control pills.

BACKGROUND

Birth control pills contain both estrogen and progesterone and are taken daily to prevent an egg from being released from the ovaries. If used correctly, the pill is 95 to 99.9 percent effective against pregnancy.¹² In 2002, there were more than 11.6 million women between the ages of 15 and 44 using birth control pills.¹³ Today, birth control pills are the leading form of contraceptive in the United States among women 35 years of age and younger.¹⁴

Female condoms are made of polyurethane and are packaged with a lubricant. These condoms are worn by a woman and can be inserted up to 24 hours before sexual contact. They are 79 to 95 percent effective if used correctly.¹⁵ Female condoms are not as heavily marketed as male condoms in the United States and are slightly more expensive.

EC can be used to prevent pregnancy after unprotected sex or contraceptive failure, for up to 72 hours after intercourse. EC is a two-dose treatment; the first pill is taken within 72 hours of unprotected sex and the next pill 12 hours later. EC can be taken up to five days after unprotected sex but has a higher probability of preventing pregnancy if taken within 72 hours.¹⁶ EC inhibits pregnancy in one of three ways. It can prevent an egg from leaving the ovary, prevent sperm from fertilizing the egg, or prevent the fertilized egg from attaching to the uterus.¹⁷ EC is not intended to be used as regular birth control, but only in case of an emergency.

Supporters of birth control and EC believe that proper education and increased access to contraceptive services can prevent up to half of all unintended pregnancies in the United States.¹⁸

¹⁰ See NYC Charter §24.

¹¹ District Public Health Offices (DPHOs) are run by the DOHMH. They are centrally located in the South Bronx, East and Central Harlem, and North and Central Brooklyn to ensure that quality health services are provided in these high-need neighborhoods.

¹² U.S. Department of Health and Human Services, Women's Health, *FAQ's About Birth Control Methods*, www.womenshealth.gov/faq/birthcont.htm#two.

¹³ *Ibid.*

¹⁴ National Center for Health Statistics, Vital and Health Statistics, *Fertility, Family Planning, and Reproductive Health of US Women: Data from the 2002 National Survey of Family Growth*, 23, no. 25 (2005).

¹⁵ *Ibid.*

¹⁶ U.S. Department of Health and Human Services, Women's Health, *Emergency Contraception*, www.womenshealth.gov/faq/econtracep.pdf.

¹⁷ *Ibid.*

¹⁸ See 1.

In New York State, it is estimated that improved access to EC could prevent close to 122,000 unintended pregnancies and 82,000 abortions per year.¹⁹

EC was originally approved in 1999 by the Food and Drug Administration (FDA) for use by prescription only, but since August 2006, it has been available over the counter to women 18 years of age and older.²⁰ Prior to over the counter sales, steps were taken by the city to provide EC for its residents. In 2003, New York City enacted Local Law 17-184,²¹ which requires that all DOHMH clinics and health facilities provide EC to patients. This initiative incorporated family planning services into STD clinic services.²²

In addition, in 2005 Mayor Bloomberg and the DOHMH committed to invest \$1 million in an effort known as the Emergency Contraception Education and Outreach Campaign, which was a part of the Healthy Women/Healthy Babies Initiative intended to increase awareness and access to EC.²³ This campaign produced palm cards with information about EC in English, Spanish, and Chinese.²⁴

At the time that this initiative was announced, Mayor Bloomberg also announced that HHC facilities would provide EC, as well as advance prescriptions for EC for future emergencies.²⁵ Studies have shown that women who are provided with advance prescriptions of EC are more likely than women without an advance prescription to use EC when they need it²⁶ and are no more likely to have unprotected sex than women without an advance prescription.²⁷

The Office of the Public Advocate initiated an investigation in February 2006 to determine EC availability in DOHMH STD clinics. At the time, 8 of the 10 STD clinics made EC readily available.²⁸ The Public Advocate's Office issued recommendations on how to further improve access to reproductive health services and EC for low-income women and women younger than 18 years of age, to increase the availability of doctors at clinics, and to educate the public on the benefits, safety, and availability of EC.

In May 2007, the New York City Council released a report that evaluated the availability of EC in pharmacies throughout the city. The study revealed that since the FDA approved over the counter sales of EC, access had increased to 94 percent in the pharmacies surveyed.²⁹ Previous

¹⁹ See 7.

²⁰ Stein, Rob, "Plan B Use Surges, and So Does Controversy," *Washington Post*, July 13, 2007.

²¹ NYC Admin Code §17-184.

²² The City of New York, Office of the Mayor, Press Release, "Mayor Michael R. Bloomberg Signs Legislation Making Emergency Contraception Available at City Health Clinics," March 18, 2003.

²³ See 2.

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ Raine T., et al, "Direct Access to Emergency Contraception Through Pharmacies and Effect on Unintended Pregnancies and STIs" *Journal of the American Medical Association*, 293, no. 1 (2005).

²⁷ Marston C., et al, "Impact on Contraceptive Practice of Making Emergency Hormonal Contraception Available Over the Counter in Great Britain: Repeated Cross Sectional Surveys," *British Medical Journal*, 331, no. 7511 (2005).

²⁸ The Office of the Public Advocate, *Patients Losing Patience: A Performance Review of New York City's STD Clinics*, April 2006, www.pubadvocate.nyc.gov/policy/documents/STDclinicReport_000.pdf_000.pdf.

²⁹ The Council of the City of New York, "Emergency Contraception; Available at Your Pharmacy Yet?" February 2004, www.nyc.gov/html/records/pdf/govpub/872emergpills.pdf.

research also revealed that despite increased accessibility, only six percent of women age 18 to 44 have used EC.³⁰

METHODOLOGY

DOHMH STD clinics, DPHOs, and HHC clinics provide reproductive health services for women throughout New York City. In July 2007, surveyors called 38 HHC teen health clinics and 11 DOHMH STD clinics and DPHOs³¹ (for a list of the clinics please see Appendices A and B) on weekdays between 9:00 a.m. and 4:30 p.m. to determine whether they provided patients with EC, birth control pills, and female condoms. For calls to HHC clinics, surveyors posed as a 17-year-old female with no medical insurance. For calls to STD clinics and DPHO sites, surveyors posed as an adult female with no medical insurance. Surveyors contacted the clinics using phone numbers provided by the DOHMH and HHC websites or 311.³² The phone survey questions were designed to determine whether the clinics provide EC, the cost of EC, whether it was readily available, and whether an extra package or an advance prescription could be provided for future emergencies. Surveyors also requested information on the availability of birth control pills and female condoms. Each clinic was called at least once; some clinics were called several times in an attempt to reach a staff member.

FINDINGS

Seventy-three percent of DOHMH STD clinics and DPHO sites do not provide birth control pills by prescription.

The availability of birth control pills varied by facility, but individuals seeking pills were less likely to obtain them at DOHMH STD clinics and DPHO sites than at HHC clinics. Two of the 38 HHC clinics did not provide birth control pills by prescription. Of the DOHMH STD clinics and DPHO sites, 73 percent (8 of 11) did not provide birth control pills by prescription.³³ Of the DOHMH and HHC facilities surveyed, all but one required an appointment with a doctor for a birth control prescription, yet many sites were only staffed for part of the week, and most appointments were not available for a minimum of three months. Only one clinic, the Ida G. Israel Community Health Center, a HHC clinic, was available for walk-in consultation with a doctor.

The female condom is not readily available at most HHC teen health clinics.

When calling the clinics, surveyors asked if female condoms would be available for same day pick-up. If a staff member said yes, female condoms were determined to be readily available. Eighty-two percent (31 of 38) of the HHC clinics did not have female condoms readily available. One DOHMH site, the Bedford DPHO, did not have female condoms readily available.

³⁰ City of New York Council, Press Release, “Council Investigation Finds Emergency Contraception Available in 94% of NYC Pharmacies Surveyed,” May 20, 2007.

³¹ Although there are 12 DOHMH sites, only 11 were counted because the Tremont DPHO site was unreachable.

³² 311 is New York City’s telephone number for government information and non-emergency services.

³³ These clinics are the Richmond Clinic, Bedford DPHO, and the Addabbo Health Center/Rockaway Clinic. Although listed on the DOHMH website as a STD clinic, the Addabbo Health Center is run by a private medical center.

EC is not readily available at 35 of the 49 DOHMH and HHC facilities surveyed.

Forty-five percent (17 of 38) of the HHC teen health clinics did not provide EC and 61 percent (23 of 38) of these clinics did not have EC readily available for same day pick-up. One DOHMH site, the Bedford DPHO, did not provide EC. Twenty-seven percent (3 of 11) of the DOHMH sites did not offer EC via walk-in or same day appointments. Two clinics, the East Harlem and Richmond STD clinics, did not have EC readily available. In the Office of the Public Advocate's February 2006 report examining the availability of EC at DOHMH STD clinics, the East Harlem STD clinic did not have EC readily available. More than a year later, DOHMH failed to ensure that this STD clinic offers EC for same day pick-up.

The cost of EC varies widely at HHC teen health clinics and at DOHMH sites, from free to \$40.

Of the HHC teen health clinics that had EC readily available, 73 percent (11 of 15) did not offer EC for free. One HHC clinic charged as much as \$35 for EC. One DOHMH site, the Addabbo Health Center,³⁴ charged as much as \$40 for EC.

Despite the importance of using EC within 72 hours, HHC teen health clinics and DOHMH sites deny requests for advance prescriptions and an extra package of EC.

Of the 38 HHC teen health clinics, 37 clinics would not provide an advance prescription of EC. None of the DOHMH clinics and DPHO sites would provide more than one package of EC at a time, even though studies have shown that women who are provided with advance prescriptions of EC are more likely to use it when in need, and are no more likely to have unprotected sex.³⁵

Clinics do not always give referrals when EC is unavailable.

Of the 17 HHC teen health clinics that do not provide EC, 41 percent (7 of 17) did not refer surveyors to another clinic or hospital. In addition, DOHMH's Bedford STD clinic did not provide EC and did not refer the surveyor to another facility.

Staff members at clinics are not fully knowledgeable about EC.

Many of the clinic staff members were unaware that EC was available at the clinic and had to ask supervisors for instructions. Some provided incorrect information on EC. For example, a staff member at Judson Health Center in Manhattan repeatedly referred a surveyor to a pharmacy even though the surveyor stated she was 17 years old. The staff member reassured the surveyor that EC was available over the counter, even to women under 18 years of age, when in fact it is only available over the counter to women ages 18 and over. Furthermore, many clinic staff did not ask surveyors when unprotected sex occurred, a crucial oversight due to the time-sensitive nature of EC.

Medical staff members are not available on certain days of the week.

Many of the clinics did not provide reproductive services on certain days of the week. For example, the Grant Houses HHC clinic in Manhattan only provides reproductive health services on Tuesdays and Wednesdays, when a doctor is available. The Richmond STD clinic in Staten Island only provides reproductive health services on Thursdays.

³⁴ This clinic is not operated by DOHMH but by the Joseph P. Addabbo Health Center; however, this clinic is listed on the DOHMH website.

³⁵ See 26 and 27.

Telephone numbers for some clinics are incorrect and difficult to locate.

The DOHMH website and 311 provided incorrect phone numbers for 36 percent (4 of 11) of the DOHMH sites, while the HHC website and 311 provided incorrect phone numbers for 21 percent (8 of 38) of the HHC sites. On the DOHMH website, Morrisania Clinic in the Bronx was listed as an open STD clinic, but 311 could not provide a telephone number for this clinic. Surveyors called both 411 and the DOHMH and obtained a number for the clinic, but the number was incorrect. Only by using an internet search and locating a New York University website³⁶ that listed free city clinics was a surveyor able to find the correct phone number for the Morrisania Clinic.³⁷

Some city clinics are difficult to reach by phone.

Of the 49 DOHMH and HHC facilities surveyed, 57 percent (28 clinics) had to be called more than once in order to reach a staff member. At many clinics, staff never answered the phone, callers were placed on hold for an extended period of time, or calls were transferred to voicemail systems that did not identify the facilities as health clinics. The Tremont DPHO was determined to be inaccessible by phone after numerous failed attempts. Different numbers are provided on the DOHMH website and by 311 for the Tremont DPHO, but both numbers resulted in a transfer to a voicemail that did not identify the facility as a health care facility.

Clinic staff members are often unprofessional and insensitive to a prospective patient's needs.

Many surveyors were placed on hold for extended periods of time, transferred repeatedly to another department or spoken to in judgmental and demeaning tones. In one instance, a surveyor overheard a staff member at the Tremont Health Center, an HHC facility in the Bronx saying, "Someone should keep their legs closed" to another staff member before being put on hold.

RECOMMENDATIONS

All DOHMH STD clinics, DPHO sites, and HHC teen health clinics should provide birth control pills.

All DOHMH STD clinics, DPHO sites, and HHC teen health clinics should provide reproductive health services aimed at prevention, specifically birth control pills. By educating women about their birth control options and making birth control pills more widely available, the number of unplanned pregnancies can be reduced significantly and give women more control over their reproductive health.

All DOHMH STD clinics, DPHO sites, and HHC teen health clinics should provide female condoms.

Although the male condom is more widely used, the female condom should be made available to patients at all city clinics.

All DOHMH STD clinics, DPHO sites, and HHC teen health clinics should offer EC and make available a free extra package or an advance prescription at the patient's request.

The DOHMH should ensure that EC is provided at all facilities mandated by law to provide it. Because studies have shown that women will use EC in emergency situations when it is

³⁶ New York University Guide to NYC Free Clinics, www.med.nyu.edu/nycfreeclinic/patients/health_resources_std.html.

³⁷ Initial calls were made on July 12, 2007 and by Monday, July 30, 2007, the correct phone number was provided by 311.

available, an extra free package should be provided at the patient's request at all DOHMH sites. In addition, all HHC teen health clinics should provide EC and provide an advance prescription if a patient requests one.

All staff members at DOHMH sites and HHC teen health clinics that provide reproductive health services should receive sensitivity training and general information about EC.

The staff member that answers the telephone is the first person a potential patient encounters. His or her responses to the caller's questions may play an important role in the patient's medical decision-making, and therefore information provided must be accurate and complete. Staff members should be knowledgeable about EC—its effectiveness, its time-sensitive nature, and methods of use—and use this information to help patients make informed decisions. In addition, staff members should receive sensitivity training to prevent unprofessional conduct that may discourage patients from seeking medical attention.

Medical staff should be available during all clinic hours.

HHC clinics and DOHMH sites should ensure that doctors and other medical staff are readily available throughout the week to see patients. When patients have an emergency, they should be able to receive medical attention without delay.

Clinic staff should refer patients to another clinic if contraceptive services are unavailable.

If contraceptive services are not available, clinic staff should refer patients to other facilities where patients can receive these services immediately. For instance, if the clinic does not have EC readily available, staff members should refer the patient to another clinic that does.

Staff should be available to answer calls during clinic hours.

Unanswered calls are unacceptable in the health care field. Clinic staff should be available during business hours to attend to patient calls.

The DOHMH and HHC websites, as well as 311, should be updated to include accurate contact information for city clinics.

There should be a coordinated effort by HHC, DOHMH, and 311 to make accurate and current contact information available to the public. Phone numbers and clinic hours should always be up-to-date in the 311 directory, as well as on the HHC and DOHMH websites.

The city should expand its reproductive health education initiatives.

To better prevent unplanned pregnancies, additional public health education is needed. Although the NYC Healthy Women/Healthy Babies initiative on reproductive health and the NYC Condom campaign are good sources of reproductive health education, more can be done. For example, the NYC Condom campaign should work to increase availability of the female condom and expand its website to include locations where the female condom is available.

Appendix A

DOHMH STD Clinics and DPHO Sites

<i>Name</i>	<i>Borough</i>	<i>EC available</i>	<i>EC readily available</i>	<i>Cost of EC</i>	<i>Birth Control</i>	<i>Female Condom</i>
Morrisania (STD Clinic)	Bronx	Yes	Yes	Free	No	Yes
Tremont* (DPHO)	Bronx	N/A	N/A	N/A	N/A	N/A
Bushwick (STD & DPHO)	Brooklyn	Yes	Yes	Free	No	Yes
Fort Greene (STD Clinic)	Brooklyn	Yes	Yes	Free	No	Yes
Bedford (DPHO)	Brooklyn	No	No	N/A	Yes	No
Central Harlem (STD Clinic)	Manhattan	Yes	Yes	Free	No	Yes
East Harlem (STD & DPHO)	Manhattan	Yes	No	Free	No	Yes
Chelsea (STD Clinic)	Manhattan	Yes	Yes	Free	No	Yes
Corona (STD Clinic)	Queens	Yes	Yes	Free	No	Yes
Jamaica (STD Clinic)	Queens	Yes	Yes	Free	No	Yes
Addabbo**	Queens	Yes	Yes	\$40	Yes	Yes
Richmond (STD Clinic)	Staten Island	Yes	No	Free	Yes	Yes

* The Tremont DPHO was determined inaccessible after many unsuccessful attempts to reach a staff member.

**This clinic is not operated by DOHMH but by the Joseph P. Addabbo Health Center; however, the clinic is listed on DOHMH's website as a DOHMH STD clinic.

Appendix B

HHC Teen Health Clinics

<i>Name</i>	<i>Borough</i>	<i>EC available</i>	<i>EC readily available</i>	<i>Cost of EC</i>	<i>Birth Control</i>	<i>Female Condom</i>
Jacobi Medical Center	Bronx	Yes	No	Prescription Only*	Yes	Yes
Gun Hill Health Center	Bronx	No	N/A	N/A	Yes	No
North Central Bronx Hospital	Bronx	Yes	Yes	Free	Yes	Yes
Health Center at Tremont	Bronx	Yes	Yes	Free	Yes	Yes
Lincoln Medical Center	Bronx	Yes	Yes	\$35	Yes	No
Morrisania Center	Bronx	No	N/A	N/A	Yes	No
Highbridge Health Center	Bronx	No	N/A	N/A	No	No
Segundo Ruiz Belvis Center	Bronx	Yes	No	Prescription Only*	Yes	No
Cumberland Diagnostic & Treatment Center	Brooklyn	Yes	Yes	Prescription Only*	Yes	Yes
Woodhull Medical Center	Brooklyn	Yes	Yes	Based on Income	Yes	No
Bushwick Community Health Center	Brooklyn	No	N/A	N/A	Yes	No
Bushwick Communicare	Brooklyn	No	N/A	N/A	Yes	No

*Clinics could provide a prescription for EC, but were unable to provide a cost estimate.

<i>Name</i>	<i>Borough</i>	<i>EC available</i>	<i>EC readily available</i>	<i>Cost of EC</i>	<i>Birth Control</i>	<i>Female Condom</i>
Greenpoint Health Center	Brooklyn	No	N/A	N/A	Yes	No
Williamsburg Health Center	Brooklyn	No	N/A	N/A	Yes	No
Kings County Hospital Center	Brooklyn	Yes	Yes	Free	Yes	No
KCH Fifth Ave Health Center	Brooklyn	Yes	Yes	Based on Income	Yes	No
East New York Diagnostic & Treatment Center	Brooklyn	Yes	No	Prescription Only*	Yes	Yes
Coney Island Hospital	Brooklyn	Yes	Yes	Based on Income	Yes	No
Ida G. Israel Community Health Center	Brooklyn	No	N/A	N/A	Yes	Yes
Harlem Hospital Center	Manhattan	Yes	Yes	Based on Income	Yes	No
Dyckman Clinica de las Americas	Manhattan	Yes	Yes	Based on Income	Yes	Yes
Renaissance Health Care	Manhattan	Yes	Yes	Prescription Only*	Yes	No
Drew Hamilton Houses Health Center	Manhattan	No	N/A	N/A	Yes	No
Grant Houses Clinic	Manhattan	No	N/A	N/A	Yes	No
Sydenham Health Center	Manhattan	Yes	Yes	Prescription Only*	Yes	No

*Clinics could provide a prescription for EC, but were unable to provide a cost estimate.

<i>Name</i>	<i>Borough</i>	<i>EC available</i>	<i>EC readily available</i>	<i>Cost of EC</i>	<i>Birth Control</i>	<i>Female Condom</i>
Metropolitan Hospital Center	Manhattan	No	N/A	N/A	Yes	No
La Clinica del Barrio	Manhattan	No	N/A	N/A	Yes	No
Bellevue Hospital Center	Manhattan	Yes	Yes	Based on Income	Yes	No
Gouverneur Diagnostic & Treatment Center	Manhattan	Yes	Yes	Based on Income	Yes	No
Baruch Houses Family Health Center	Manhattan	No	N/A	N/A	Yes	No
Judson Health Center	Manhattan	No	N/A	N/A	Yes	No
Smith Communicare Health Center	Manhattan	No	N/A	N/A	No	No
Roberto Clemente Health Center	Manhattan	No	N/A	N/A	Yes	No
Elmhurst Hospital Center	Queens	Yes	Yes	\$10	Yes	No
Ridgewood Communicare Clinic	Queens	Yes	No	Free	Yes	No
Medical Center at Sunnyside	Queens	Yes	No	Prescription Only*	Yes	No
Queens Hospital Center	Queens	Yes	No	Prescription Only*	Yes	No
Parsons Communicare Clinic	Queens	No	N/A	N/A	Yes	No

*Clinics could provide a prescription for EC, but were unable to provide a cost estimate.