



**Public Advocate for the City of New York**

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**PATIENTS LOSING PATIENCE: A PERFORMANCE  
REVIEW OF NEW YORK CITY'S STD CLINICS**

**A Report by the Public Advocate for the City of New York**

**PUBLIC ADVOCATE BETSY GOTBAUM  
APRIL 2006**

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**OFFICE OF THE NEW YORK CITY PUBLIC ADVOCATE**

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## **EXECUTIVE SUMMARY**

In accordance with State law, the New York City Department of Health and Mental Hygiene (DOHMH) operates 10 free walk-in clinics for the diagnosis and treatment of sexually transmitted diseases (STDs). In February 2006, the Office of the Public Advocate for the City of New York initiated an investigation to assess the operations of these clinics.

STDs represent a major public health problem in New York City, with rates for chlamydia, gonorrhea, and syphilis that exceed the national average. In addition, New York City continues to be the epicenter of the AIDS epidemic in the United States, home to more than one in six AIDS cases in the country. The City's STD clinics are critical to addressing the threat posed by STDs. When detected early, most STDs can be treated effectively. Without treatment, however, STDs can lead to serious health problems such as infertility, cervical cancer, and ectopic pregnancy. In addition, STD infections represent a significant economic burden to society in terms of direct medical expenses. Reducing the incidence of STDs through prevention, screening, and treatment efforts, can help to realize significant cost savings.

To encourage use of services at public STD clinics, barriers to care must be recognized and addressed. The fear of learning that one has an STD, particularly HIV, can discourage individuals from seeking testing. Accordingly, service-specific factors that could further deter individuals from seeking medical attention, such as lengthy clinic wait times, inconvenient locations, limited operating hours, and language barriers must be addressed.

## **METHODOLOGY**

Between February 8 and February 24, 2006, surveyors from the Office of the Public Advocate visited each of the City's 10 STD clinics on weekdays at 3:00 pm to assess operations and determine whether certain services were available for individuals arriving

at the clinic.<sup>1</sup> The surveyors spoke with clinic staff in the reception area of each facility and inquired about the possibility of seeing a doctor, receiving an STD screening, and receiving a rapid HIV test. If rapid HIV testing was unavailable at the time of the visit, surveyors inquired about the availability of a standard HIV test.

In addition, between March 20 and March 22, 2006, the Office surveyed the clinics on a range of topics by telephone. All calls were placed between 9:00 am and 4:00 pm on weekdays. The phone surveys included the following:

- Female surveyors called all 10 clinics to ask if the facility offers emergency contraception and how late the clinic stays open.
- Spanish-speaking surveyors called all 10 clinics to ask how late each clinic stays open and if the clinic offers the services of a Spanish-speaking doctor.
- Surveyors called the six clinics that DOHMH lists on its website as offering Hepatitis C screenings to ask if Hepatitis C screenings are available.<sup>2</sup>
- Surveyors called all 10 clinics that DOHMH lists on its website as offering Hepatitis A and B vaccinations to ask if both shots are available at each facility.<sup>3</sup>

## **FINDINGS**

- Doctors were unavailable at seven clinics at the time of surveyors' visits.
- Staff reported that many clinics stop accepting patients earlier than scheduled hours.
- STD screening was unavailable at two clinics at the time of surveyors' visits.
- Rapid HIV testing was unavailable at three clinics at the time of surveyors' visits.
- No services were available at the East Harlem clinic at the time of a surveyor's visit.
- 35% of calls to clinics were unsuccessful.
- Two clinics were unable to dispense emergency contraception immediately.
- Four clinics were unable to assist Spanish-speaking callers.

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<sup>1</sup> At the time of the survey, the Crown Heights STD clinic was closed. A surveyor visited the temporary clinic in Bushwick in its place.

<sup>2</sup> See: <http://www.nyc.gov/html/doh/html/cd/cdhepc-fs10.shtml>

<sup>3</sup> *Ibid.*

- DOHMH provides inaccurate information on Hepatitis services.
- Clinic staff did not explain the full range of services available.

The fact that doctors were unavailable to new patients at most clinics calls into question DOHMH's compliance with State law, which requires that the City Health Commissioner promptly examine or arrange for the examination of persons suspected of being infected with an STD.<sup>4</sup> In addition, the fact that two clinics were unable to meet same-day requests for emergency contraception suggests a possible violation of New York City law, which requires that DOHMH make emergency contraception available at each of its health clinics, including STD clinics.<sup>5</sup>

## **CONCLUSIONS & RECOMMENDATIONS**

- Clinics should offer all services for the full extent of operating hours.
- DOHMH should increase the availability of doctors at clinics.
- Clinics should offer expanded hours, particularly evening hours.
- DOHMH should ensure that clinic staffs consistently provide women interested in obtaining emergency contraception with accurate information about the time-sensitive nature of the medication.
- Clinics should be prepared to assist non-English-speaking clients.
- DOHMH should revise its definition of what constitutes a clinic 'turn-away' and make data on turn-aways publicly available as part of the Mayor's Management Report.
- Staff should ensure that clinic visitors and callers are aware of all available services.
- DOHMH should revise its clinic intake form.
- Clinic workers should be aware of the service offerings at all clinics.
- DOHMH should correct inaccuracies in web information on STD clinics.
- DOHMH should conduct an assessment and consider the need for additional clinic sites.

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<sup>4</sup> NYS Public Health Law §2304.2

<sup>5</sup> NYC Admin. Code §17-184.

## INTRODUCTION

State law requires the New York City Department of Health and Mental Hygiene (DOHMH) to provide “adequate facilities for the free diagnosis and treatment of persons living within its jurisdiction who are suspected of being infected or are infected with a sexually transmissible disease.”<sup>6</sup> Accordingly, DOHMH operates 10 free walk-in clinics<sup>7</sup> for the diagnosis and treatment of sexually transmitted diseases (STDs).<sup>8</sup> The clinics offer a range of services, including confidential STD testing<sup>9</sup> and treatment, confidential and anonymous Human Immunodeficiency Virus (HIV) counseling and testing, examinations by physicians, and emergency contraception (EC).

In July 2005, *Gay City News* reported that an investigation of New York City’s STD clinics found that none of the facilities was “routinely open to new patients past noon despite posted hours for the walk-in facilities listing a 4:30 [pm] closing on many days,” and that clinic staff often turned away individuals seeking services.<sup>10</sup> Shortly after the release of the article, Public Advocate Betsy Gotbaum wrote DOHMH Commissioner Thomas Frieden urging him to take steps to ensure that clinics are adequately staffed to meet demand. In his response, Commissioner Frieden pledged to implement a series of reforms designed to ensure that clinics would not be forced to turn away individuals seeking services.

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<sup>6</sup> NYS Public Health Law §2304.1; 10 NYCRR § 23.1 lists sexually transmissible diseases that constitute the definition of sexually transmissible diseases under the NYS Public Health Law. These include: Gonorrhea, Syphilis, Non-gonococcal Urethritis (NGU), Non-gonococcal (mucopurulent) Cervicitis, Trichomoniasis, Genital Herpes Simplex, PID Gonococcal/Non-gonococcal, Lymphogranuloma Venereum, Chancroid, Ano-genital warts, Granuloma Inguinale, Yeast Vaginitis, Gardnerella Vaginitis, Pediculosis Pubis, and Scabies.

<sup>7</sup> Once known as venereal diseases, or VD, sexually transmitted diseases are also known as sexually transmitted infections (STIs). The terms “sexually transmissible diseases” and “venereal disease” are both used in New York State law.

<sup>8</sup> See: <http://www.nyc.gov/html/doh/html/std/std2.shtml>. The Rockaway STD Clinic, which is operated by the Joseph P. Addabbo Health Center, is not counted as one of the City’s STD clinics in this report. Likewise, the Bedford-Stuyvesant Clinic, which appears on the DOHMH list of STD clinics, does not offer STD-related services and is not counted as one of the City’s STD clinics in this report.

<sup>9</sup> STD testing typically includes screening for chlamydia, gonorrhea and syphilis. Screening for additional STDs is available upon request.

<sup>10</sup> Keane, Brendan, “Demand Overwhelms City STD Clinics,” *Gay City News*, Volume 75, Number 28, July 14 – 20, 2005.

Pursuant to the New York City Charter, the Public Advocate is charged with reviewing the programs, operations, and activities of City agencies and is required to have timely access to information which she deems necessary to complete the investigations, inquiries, and reviews required by the Charter.<sup>11</sup>

In February 2006, in accordance with those powers and responsibilities, the Office of the Public Advocate initiated an investigation to assess the operations of the clinics. The Office found that most clinics do not offer the services of a doctor for the full extent of operating hours and staff at many clinics reported that clinics often stop providing certain services and in some cases close completely prior to the scheduled closing time.<sup>12</sup> Some clinics do not offer STD screening and HIV rapid testing throughout the entire day, and in some cases, STD screening is only available on certain days. In addition, certain clinics are unable to offer emergency contraception at times because of a lack of doctors, and a number of clinics are unequipped to assist Spanish-speakers.

Subsequent to the investigation, a preliminary draft of this report was shared with Commissioner Frieden and his staff. The Public Advocate's Office also conferred with staff from DOHMH to discuss their response to the findings and issues raised in this report.

## **BACKGROUND**

### **Overview of STDs**

STDs such as chlamydia, gonorrhea, and syphilis are among the most common infectious diseases in the United States. In fact, one in four people in the U.S. will contract an STD in their lifetime.<sup>13</sup> There are more than 20 different STDs, and anyone who is sexually active can become infected with one. HIV, which causes Acquired Immunodeficiency

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<sup>11</sup> See NYC Charter §24

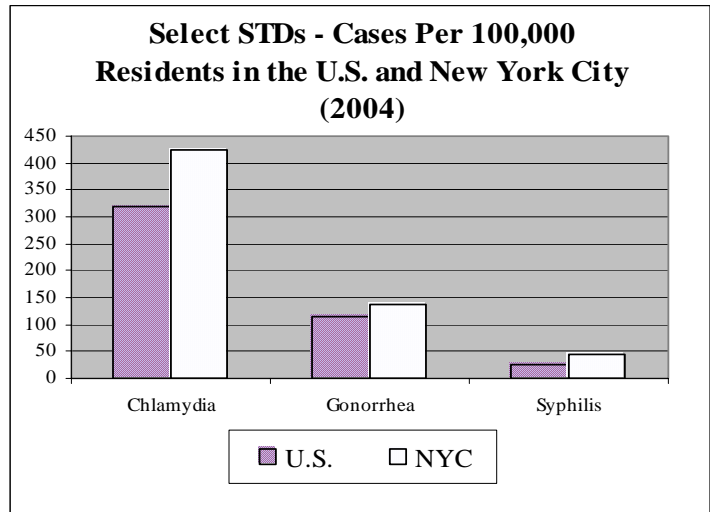
<sup>12</sup> Information on the DOHMH web site indicates that all 10 clinics are open until 4:00 pm on weekdays. See: <http://www.nyc.gov/html/doh/html/std/std2.shtml>

<sup>13</sup> National Coalition of STD Directors, "Quick Facts," Feb. 11, 2004. Online at: <http://www.ncsddc.org/quickfacts.htm>

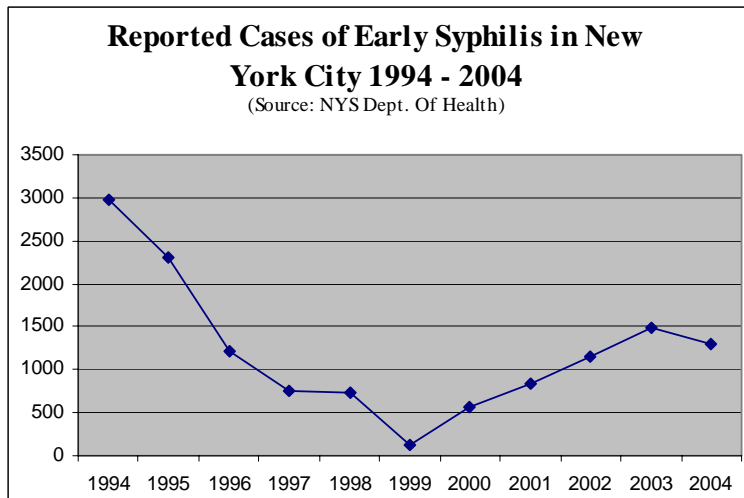
Syndrome (AIDS), is considered to be the most serious STD. Like other STDs, HIV can be transmitted by means other than sexual contact.

### STDs in New York City

In New York City, rates for chlamydia, gonorrhea, and syphilis—STDs on which the U.S. Center for Disease Control reports data—exceed the national average and represent a major public health problem.<sup>14</sup> In addition, New York City continues to be the epicenter of the AIDS epidemic in the U.S., home to more than one in six AIDS cases in the country.



Gonorrhea rates have reached an all-time low nationally, and are at their lowest level in New York City since 1994. Rates of chlamydia and syphilis, however, are on the rise. Syphilis, in particular, has been recognized as an increasingly serious problem in recent years. Between 1999 and 2003 the number of reported cases of early-stage syphilis in the



City skyrocketed, from 118 to 1,482.<sup>15</sup> Most recently, from 2003 to 2004, such cases dipped slightly. The resurgence of syphilis is worrisome given its potentially serious health effects. With proper treatment, syphilis can be

<sup>14</sup> Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2004*, U.S. Department of Health and Human Services, September 2005. Online at: <http://www.cdc.gov/std/stats/toc2004.htm>.

<sup>15</sup> NY State Department of Health, Communicable Disease Statistics.



cured in its early stages. Left untreated, however, symptoms will disappear and the infection will remain, silently damaging the eyes and internal organs, including the brain, heart, and liver.<sup>16</sup> Such damage can result in death.

### **STD Clinics in the U.S.**

Concerns over the prevalence of STDs, syphilis in particular,<sup>17</sup> among military recruits during World War I led to the establishment of a Division of Venereal Diseases within the United States Public Health Service in 1918.<sup>18</sup> Within a year, 30 states had established 202 venereal disease clinics.<sup>19</sup> More recently, the introduction of HIV testing at STD clinics has led to increased demand for clinic services.<sup>20</sup> Today, public STD clinics and HIV programs provide the greatest share of specialized STD care in the U.S.<sup>21</sup>

Publicly-funded STD clinics play a critical role in the diagnosis and treatment of STDs and HIV/AIDS. Clinics typically offer free or low-cost services, including physical examinations and STD and HIV testing. Clinics are an invaluable resource to uninsured individuals who may be unable to afford care elsewhere. In addition, research has shown that individuals with private insurance may prefer to receive STD-related care at public STD clinics. A 1995 study found that nearly 31 percent of male and 24 percent of female patients who received services in dedicated public STD clinics had private health insurance.<sup>22</sup>

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<sup>16</sup> Syphilis – CDC Fact Sheet, May 2004. Online at <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm#symptoms>

<sup>17</sup> Etkind, P. and Jourden, J., “Enhancing HIV/AIDS and STD Prevention through Program Integration,” *Public Health Reports*, Jan. – Feb. 2004, Vol. 119. Online at: [http://www.publichealthreports.org/userfiles/119\\_1/119004.pdf](http://www.publichealthreports.org/userfiles/119_1/119004.pdf).

<sup>18</sup> Parascandola, John, *John Mahoney and the Introduction of Penicillin to Treat Syphilis*, p 5, National Institute of Health, 2001. Online at: <http://lhncbc.nlm.nih.gov/lhc/docs/published/2001/pub2001051.pdf>.

<sup>19</sup> Texas Department of Health, “History and Rationale of Disease Intervention and Referral Services for Sexually Transmitted Diseases.” Online at: [http://www.tdh.state.tx.us/hivstd/train/groundwork/unit\\_7.pdf](http://www.tdh.state.tx.us/hivstd/train/groundwork/unit_7.pdf).

<sup>20</sup> CDC, *Program Operations Guidelines for STD Prevention*, U.S. Department of Health and Human Services. Online at: <http://www.cdc.gov/std/program/medlab/2-PGmedlab.htm>.

<sup>21</sup> Eng, T.R., and Butler, W.T., eds., *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, p. 177, Institute of Medicine, 1997.

<sup>22</sup> Celum, C.L., Hook, E.W., Bolan, G.A., Spaulding, C.D., Leon, P., Henry, K.W., et al. *Where would clients seek care for STD services under health care reform? Results of a STD client survey from five clinics*, Eleventh Meeting of the International Society for STD Research, 1995.

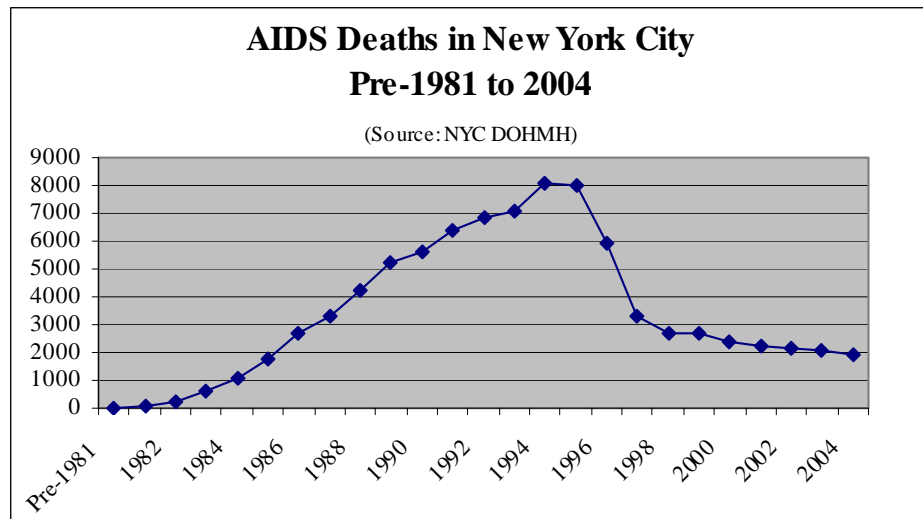
## Early Detection and Treatment of STDs is Essential

STDs can cause a range of symptoms in infected individuals, but in their early stages, many STDs do not cause noticeable health effects. When detected early, most STDs can be treated effectively. STDs that are caused by bacteria, including chlamydia, gonorrhea, and syphilis, are curable and can be treated with antibiotics. STDs caused by viruses, such as genital herpes, hepatitis B, and HIV are not curable, but treatment can help to alleviate symptoms.

Without treatment, STDs can lead to serious health problems such as infertility, cervical cancer, and ectopic pregnancy. Chlamydia, for example, can be easily treated with a single dose of antibiotics, yet untreated chlamydia in women can lead to pelvic inflammatory disease, which can cause permanent damage to the uterus and fallopian tubes.<sup>23</sup>

The diagnosis and treatment of STDs is particularly critical in preventing the spread of HIV. Research has shown that individuals with STDs are three to five times more likely than non-infected individuals to contract HIV if exposed through sexual contact.<sup>24</sup> Additionally, HIV-infected individuals concurrently infected with another STD are more

likely to transmit HIV through sexual contact than non-HIV-infected individuals. According to the Centers for Disease



<sup>23</sup> CDC, "Chlamydia – CDC Fact Sheet," May 2004. Online at: <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>.

<sup>24</sup> CDC, "The Role of STD Detection and Treatment in HIV Prevention." Online at: <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>

Control and Prevention (CDC), the detection and treatment of STDs can significantly reduce HIV transmission at the individual and community levels.<sup>25</sup>

Timely diagnosis of HIV itself is of particular importance, as most cases of HIV are transmitted by people who are unaware of their HIV status.<sup>26</sup> Furthermore, AIDS continues to take the lives of HIV-infected individuals, despite the advent of medical treatments that prolong survival.

Numerous U.S. cities, including New York, have recognized that receiving quick results encourages individuals to get tested and have therefore introduced rapid HIV tests. Rapid testing allows patients to receive results in as little as 20 minutes, compared with standard HIV tests, which take approximately one week to produce results. Providing same day results helps to ensure that individuals learn their test results, making it possible for them to seek treatment and take steps to ensure that their behavior does not result in transmission of the disease. A CDC study of persons tested for HIV in 2000 found that 30% of people who tested HIV-positive and 39% of people who tested HIV-negative did not return for test results.<sup>27</sup>

### **The Economic Impact of STDs**

The approximately 19 million STD infections that occur each year (including HIV) are estimated to cost \$13 billion annually in direct medical expenses.<sup>28</sup> Reducing the incidence of STDs through prevention, screening, and treatment efforts, however, can help to realize significant cost savings.

Effective programs can halt the spread of STDs and prevent future health complications among infected individuals. For example, early diagnosis and treatment can reduce the

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<sup>25</sup> *Ibid.*

<sup>26</sup> New York City Commission on HIV/AIDS, "Recommendations to Make NYC a National and Global Model for HIV/AIDS Prevention, Treatment, and Care," p. 23, Oct. 31, 2005. Online at: <http://www.nyc.gov/html/doh/downloads/pdf/ah/ah-nychivreport.pdf>

<sup>27</sup> CDC, "HIV Counseling With Rapid Tests," 2003. Online at: <http://www.cdc.gov/hiv/pubs/rt-counseling.htm>.

<sup>28</sup> CDC, "New CDC Data Show Syphilis Increasing in Men," Nov. 8, 2005. Online at: <http://www.cdc.gov/std/Media/2004surv.htm>

duration of STDs, thereby reducing the number of partners exposed to infection.<sup>29</sup> In addition, early diagnosis and treatment can help to prevent the serious health effects that occur when STDs go untreated.<sup>30</sup> According to Dr. John Douglas, director of CDC's STD prevention programs, "STD prevention efforts are increasingly shown to be effective and economically sound strategies for improving the nation's health."<sup>31</sup>

For example, research has shown that every \$1 spent on chlamydia control saves \$12 in future health care expenditures.<sup>32</sup> As previously mentioned, untreated chlamydia can lead to pelvic inflammatory disease (PID) which can cause permanent damage to the uterus and fallopian tubes.<sup>33</sup> Screening and treatment of chlamydia, however, has been found to reduce the incidence of PID by as much as 56 percent.<sup>34</sup> Cost savings are realized primarily by averting cases of PID, as well as ectopic pregnancy and infertility—complications also associated with untreated chlamydia.

STD prevention, screening, and treatment programs are particularly valuable for their role in preventing future HIV infections. As previously discussed, individuals with STDs are three to five times more likely than non-infected individuals to contract HIV if exposed through sexual contact.<sup>35</sup> Curing bacterial STDs through diagnosis and treatment can lessen individuals' susceptibility to HIV. In addition, increased HIV testing can help to halt the spread of the virus. HIV-infected individuals who know their status are less likely to transmit the disease than those who are unaware.<sup>36</sup> Given that estimates indicate that the average lifetime cost of treating an HIV infection is

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<sup>29</sup> Eng, T.R., and Butler, W.T., *supra* note 21.

<sup>30</sup> *Ibid.*

<sup>31</sup> CDC, "New Data Show Heavy Impact of Chlamydia on U.S. Men and Women, Particularly Young People," July 12, 2005. Online at: <http://www.cdc.gov/od/oc/media/pressrel/r050712.htm>

<sup>32</sup> American Social Health Association, "Why Should Prevention of Sexually Transmitted Diseases Be a Priority?" Online at: [http://www.ashastd.org/involve/involve\\_adv\\_makecase.cfm](http://www.ashastd.org/involve/involve_adv_makecase.cfm)

<sup>33</sup> CDC, "Chlamydia – CDC Fact Sheet," May 2004. Online at: <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>.

<sup>34</sup> National Institutes of Health, "Chlamydia Screening May Reduce Pelvic Inflammatory Disease Rates," May 22, 1996. Online at: <http://www3.niaid.nih.gov/news/newsreleases/1996/pidnv.htm>

<sup>35</sup> CDC, "The Role of STD Detection and Treatment in HIV Prevention." Online at: <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>

<sup>36</sup> New York City Commission on HIV/AIDS, *supra* note 26.

\$195,000,<sup>37</sup> in addition to the human costs that HIV and other STDs exact, investments in effective STD and HIV prevention, diagnosis, and treatment programs are well-advised.

### **Barriers to Care at STD Clinics**

To encourage utilization of services at public STD clinics, barriers to care must be recognized and addressed. The fear of learning that one has an STD, particularly HIV, can discourage individuals who are considering seeking testing. Accordingly, service-specific factors that could further deter individuals from seeking medical attention, such as lengthy clinic wait times, inconvenient locations, limited operating hours, and language barriers, must be addressed.

If individuals, particularly those who are not experiencing STD-related symptoms, encounter difficulty in accessing services at an STD clinic, they may not seek medical attention for such issues again.<sup>38</sup> Given the serious nature of issues that often lead individuals to seek care at public STD clinics, it is imperative that opportunities to provide medical services are realized.

### **METHODOLOGY**

Between February 8 and February 24, 2006, surveyors from the Public Advocate's Office visited each of the City's 10 STD clinics on weekdays at 3:00 pm to assess operations and determine whether certain services were available for individuals arriving at the clinic.<sup>39</sup> The surveyors spoke with clinic staff in the reception area of each facility and inquired about the possibility of seeing a doctor, receiving an STD screening, and receiving a rapid HIV test. If rapid HIV testing was unavailable at the time of the visit, surveyors inquired about the availability of a standard HIV test.

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<sup>37</sup> RAND Corporation, "Cost-Effective Allocation of Government Funds for Preventing HIV," 2005. Online at: [http://www.rand.org/pubs/research\\_briefs/RB9132/index1.html](http://www.rand.org/pubs/research_briefs/RB9132/index1.html)

<sup>38</sup> Tilson, E.C. et. al., *Barriers to asymptomatic screening and other STD services for adolescents and young adults: focus group discussions*, CDC/University of North Carolina School of Public Health, June 2004. Online at: <http://www.biomedcentral.com/1471-2458/4/21>

<sup>39</sup> At the time of the survey, the Crown Heights STD clinic was closed. A surveyor visited the temporary clinic in Bushwick in its place.

In addition, between March 20 and March 22, 2006, the Office surveyed the clinics on a range of topics by telephone. All calls were placed between 9:00 am and 4:00 pm on weekdays. The phone surveys included the following:

- Female surveyors called all 10 clinics to ask if the facility offers emergency contraception and how late the clinic stays open.

<b>STD Clinic Locations</b>	
<b>Bushwick</b> 335 Central Avenue Brooklyn, NY 11221	<b>Central Harlem</b> 2238 Fifth Avenue New York, NY 10037
<b>Chelsea</b> 303 Ninth Avenue New York, NY 10001	<b>Corona</b> 34-33 Junction Blvd. Jackson Heights, NY 11372
<b>East Harlem</b> 158 East 115th Street New York, NY 10029	<b>Fort Greene</b> 295 Flatbush Ave. Ext. 5th Flr. Brooklyn, NY 11201
<b>Jamaica</b> 90-37 Parsons Blvd. 1st Flr. Jamaica, NY 11432	<b>Morrisania</b> 1309 Fulton Avenue Bronx, NY 10456
<b>Richmond</b> 51 Stuyvesant Place St. George, NY	<b>Riverside</b> 160 West 100th Street New York, NY 10025

- Spanish-speaking surveyors called all 10 clinics to ask how late each clinic stays

open and if the clinic offers the services of a Spanish-speaking doctor.

- Surveyors called the six clinics that DOHMH lists on its web site as offering Hepatitis C screenings to ask if Hepatitis C screenings are in fact available at each site.<sup>40</sup>
- Surveyors called all 10 clinics that DOHMH lists on its web site as offering Hepatitis A and B vaccinations to ask if both shots are available at each facility.<sup>41</sup>

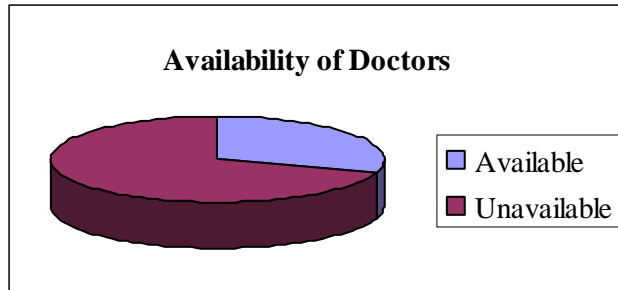
<sup>40</sup> See: <http://www.nyc.gov/html/doh/html/cd/cdhepc-fs10.shtml>

<sup>41</sup> *Ibid.*

## FINDINGS

### Doctors were unavailable at seven clinics

Under New York State law, only a licensed physician (or staff physician, in a hospital) may diagnose, treat, or prescribe for a person who is infected with an STD or who has been exposed to infection



with an STD.<sup>42</sup> Clearly doctors are essential to STD clinic operations, yet doctors were unavailable to see new patients during visits to the Chelsea, Corona, East Harlem, Fort Greene, Jamaica, Morrisania, and Richmond clinics. At these sites, individuals experiencing STD-related symptoms, women seeking emergency contraception, and others would have been unable to receive the care they needed. It should be noted that doctors were unavailable at all of the clinics in the Bronx, Queens, and Staten Island.

- During a Friday visit to the Richmond clinic, staff reported that a doctor is only on duty Mondays and Thursdays. The worker also stated that the doctor manages to see just six patients each day and that individuals arriving at the clinic later than noon will be unable to see a doctor.
- When a surveyor visited the Corona clinic, staff indicated that the doctor had left for the day.
- During visits to the Chelsea and East Harlem clinics, staff reported that doctors would be busy seeing other patients for the remainder of the day. At other clinics it was unclear whether doctors had left for the day or were too busy to accommodate new patients.
- A worker at the Jamaica clinic reported that the clinic is understaffed in terms of doctors on Tuesdays and Fridays.

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<sup>42</sup> NYS Public Health Law §2305.1

### **Staff report that many clinics stop accepting patients earlier than scheduled hours**

During site visits and phone calls, staff at many of the clinics reported that clinics often stop providing certain services and in some cases close completely prior to their scheduled closing time.<sup>43</sup>

- Staff at the Bushwick and Central Harlem clinics explained to callers that clinic doctors have a daily patient “quota.” According to the staff at these facilities, when clinic doctors reach their quota, the clinics close for the day.<sup>44</sup> A worker at the Central Harlem clinic said patients that arrive before 4:00 pm can usually be seen, but staff at the Bushwick clinic would not provide any sense of the clinic’s typical closing time.<sup>45</sup>
- A worker at the Chelsea clinic informed a caller that the clinic closes each day at 4:00 pm. The worker did not indicate that certain services could become unavailable prior to 4:00 pm, as a surveyor learned during a site visit to the facility.
- A worker at the Corona clinic advised a caller that individuals seeking services should arrive at the clinic no later than 3:30 pm.
- The East Harlem clinic informed a caller that patients should arrive before 3:00 pm in order to see a doctor. A surveyor who visited this clinic at 3:00 pm found that all services, including those that do not depend on the availability of a doctor, were unavailable.
- A worker at the Fort Greene clinic informed a caller that patients must arrive by 3:00 pm in order to be seen by a doctor. On another call, however, an employee told a Spanish-speaking surveyor that the clinic stops taking new patients around 10:00 am or 11:00 am. The worker reported that patients who arrived at the clinic when it opened for the day at 8:30 am were still waiting to be seen at 2:25 pm, the time of the call. Additionally, during a site visit to the Fort Greene clinic, a

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<sup>43</sup> Information on the DOHMH web site indicates that all 10 clinics are open until 4:00 pm on weekdays. See: <http://www.nyc.gov/html/doh/html/std/std2.shtml>

<sup>44</sup> The Public Advocate’s Office could not verify the accuracy of these statements made by clinic staff, but is concerned that such a “quota” or capping policy might exist.

<sup>45</sup> Subsequent to the surveyor’s call to the Central Harlem clinic, DOHMH revised its web site to indicate that patients must arrive at this clinic by 8:30 am.



worker reported that “people start lining up [for clinic services] before 8:00 am.” The staff member suggested that individuals who arrive any later than noon may be unable to see a doctor.

- At the Jamaica clinic, staff informed a caller who inquired about emergency contraception that the clinic would be open until 5:00 pm. When a Spanish-speaking surveyor called the clinic, however, an employee indicated that individuals seeking services need to get to the clinic early. The worker stated that a line outside the clinic starts forming each morning around 8:00 am, prior to the clinic’s 8:30 am opening.
- Callers to the Morrisania clinic were told that the clinic closes at 5:00 pm, but that staff may stop seeing patients sooner depending on patient volume.
- A worker at the Richmond clinic advised a caller that the clinic is open until 4:00 pm, but that individuals wishing to see a doctor must arrive before 2:00 pm.
- Staff at the Riverside clinic refused to tell a surveyor what time the clinic would close, saying that it was “first come, first served.” The worker recommended that the surveyor call back to check that the clinic was open if the surveyor wished to visit the facility later in the day. A Spanish-speaking surveyor was told that the Riverside clinic would remain open until 4:00 pm, although a worker stated that 3:30 pm is the latest someone can arrive if he/she wishes to see a doctor.

### **STD screening was unavailable at two clinics**

Surveyors visiting the East Harlem and Corona clinics were told that it would not be possible to be screened for STDs at the time of their visits.<sup>46</sup>

### **Rapid HIV testing was unavailable at three clinics**

Staff at the Chelsea, East Harlem, and Fort Greene clinics informed surveyors that rapid HIV testing was unavailable and had been discontinued for the remainder of the day. An employee at the Chelsea clinic reported that the lab for rapid testing closes at 2:30 pm each day.

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<sup>46</sup> Clinic STD screenings typically include testing for chlamydia, gonorrhea and syphilis.

### **No services were available at the East Harlem clinic**

As previously noted, a worker at the East Harlem clinic informed a surveyor who arrived at 3:00 pm that the clinic was not offering any services for the remainder of the day. The surveyor inquired specifically about receiving an HIV test but was told that this would not be possible.

### **35% of calls to clinics were unsuccessful**

Twenty of the 57 survey calls placed did not reach clinic workers.<sup>47</sup> Surveyors attempting to contact the Morrisania clinic in the Bronx repeatedly reached a personal voicemail box that did not identify the phone line as that of an STD clinic or health clinic of any kind.<sup>48</sup>

In total:

- Six calls rang unanswered.
- Two calls reached busy signals.
- Nine calls to two clinics reached voicemail messages that did not identify the phone line as that of an STD clinic or health clinic.
- Two calls reached voicemail boxes that provided general clinic information.
- One call reached a voicemail box that was full.

### **All clinics stock emergency contraception; two were unable to dispense immediately**

Workers at each clinic confirmed that the facility stocks emergency contraception. The Corona and East Harlem clinics, however, informed callers that emergency contraception was not immediately available because doctors were not scheduled to work in the clinics on the day the calls were placed.

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<sup>47</sup> Surveyors used phone numbers listed on the DOHMH web site at:  
<http://www.nyc.gov/html/doh/html/std/std2.shtml>

<sup>48</sup> In discussions with the Public Advocate's Office, DOHMH staff reported that agency policy is to have voicemail boxes at STD clinics identify the facilities only as health clinics in order to protect the privacy of patients. Surveyors from the Public Advocate's Office, however, reached voicemail boxes that did not identify the facilities as health clinics. In fact, these voicemail boxes failed to provide even basic information about the nature of the facility. See the Appendix for more details on surveyors' phone calls.

A worker at the Corona clinic directed the caller to visit the Jamaica clinic and advised the caller that emergency contraception must be taken within 72 hours of having unprotected sex. The worker at the East Harlem clinic, however, told the caller to come into the clinic the following day when a doctor would be available. This worker did not ask the caller when she last had unprotected sex, and did not mention the need to obtain emergency contraception promptly, despite the fact that conventional medical opinion indicates that the sooner the medication is taken, the greater the chance that it will be effective.

By law, DOHMH is required to “make available emergency contraception” at all health clinics, including the department’s STD clinics.<sup>49</sup> The fact that two clinics were unable to meet same-day requests for emergency contraception suggests a possible violation of the law. This finding is particularly troubling given the time-sensitive nature of emergency contraception. EC pills can significantly reduce the risk of pregnancy if taken within 72 hours of unprotected sex.<sup>50</sup>

#### **Four clinics were unable to assist Spanish-speaking callers**

Workers at the Central Harlem, Chelsea, and Richmond clinics were unable to assist a Spanish speaker, and hung up on her. A worker at the East Harlem clinic who was not fluent in Spanish attempted to convey to a Spanish-speaking caller that Spanish was not spoken at the clinic. A Spanish-speaking surveyor also called 311 to inquire about visiting an STD clinic. An operator said she would transfer the call to the clinic closest to the caller’s home. When asked, the operator was unsure if a Spanish-speaking worker would be able to assist the caller at the clinic.

#### **DOHMH provides inaccurate information on Hepatitis services**

Surveyors found that clinics did not always offer the Hepatitis services listed on the DOHMH web site.

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<sup>49</sup> NYC Admin. Code §17-184.

<sup>50</sup> Recent research has shown that EC can reduce the risk of pregnancy if taken 120 hours after unprotected sex. The U.S. Food and Drug Administration-approved label that accompanies EC pills, however, suggests that medication should be initiated within 72 hours of unprotected sex.

- Information on the DOHMH web site indicates that all clinics are supposed to offer Hepatitis A and B vaccinations, but two of the 10 clinics, Riverside and Fort Greene, reported that they do not offer Hepatitis A vaccines. A surveyor asked staff at both sites where she might be able to obtain a Hepatitis A vaccination and the workers seemed unaware that other clinics offered the service. The worker at the Riverside clinic suggested that the caller see a private doctor, while the employee at the Fort Greene clinic had no suggestions on where else to go.
- Information on the DOHMH web site indicates that six DOHMH clinics are supposed to offer Hepatitis C screenings. When contacted, one of the six facilities (Chelsea) reported that Hepatitis C screenings were unavailable. The clinic employee did refer the individual to the Riverside clinic, where surveyors confirmed that screening was available.

#### **Clinic staff did not explain the full range of services available**

Surveyors noted that clinic staff members were not proactive in explaining the available services at STD clinics. Rather, staff seemed to expect clinic visitors to know which services they wished to access.

In a conversation with staff from the Public Advocate’s Office, staff at DOHMH indicated that clinic intake forms are used to ensure that visitors are aware of the full range of services that clinics offer.<sup>51</sup> However, surveyors found that clinic workers asked what services incoming patients wished to seek before providing an intake form.

In addition, the intake form itself does not offer any guarantee that individuals are made aware of the full range of STD clinics’ services. The form directs patients to indicate their reason(s) for visiting the clinic and lists a number of services and reasons (e.g. “I have a sore, ‘cut’ or lesion”) with corresponding checkboxes. There is not, however, an option for an individual to indicate that he/she is interested in being tested or screened for STDs, aside from a checkbox saying, “the other reason I came in is” with blank space for

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<sup>51</sup> Phone conversation April 19, 2006. Sample intake forms can be found in the Appendix.

the individual to write. The absence of such an option may discourage individuals from seeking an STD screening and/or may lead them to believe that one needs to be experiencing STD-related symptoms in order to receive a screening. It is clear, however, that individuals who are not experiencing symptoms associated with STDs should nonetheless be encouraged to be tested. As previously explained, many STD-infected individuals may not experience any symptoms.

## **CONCLUSIONS & RECOMMENDATIONS**

It is clear that serious problems must be addressed to ensure that New York City's STD clinics are accessible and accommodating to New Yorkers. As previously discussed, STDs, including HIV/AIDS, represent a major public health problem in New York City. To facilitate necessary improvements, the Public Advocate recommends the following:

### **Clinics should offer all services for the full extent of operating hours**

DOHMH should require clinics to maintain full services throughout their hours of operation. It is unacceptable for clinics to phase out certain services over the course of a day. When a clinic is open to the public, visitors expect to be able to access services.

Maintaining STD screening services for as long as possible each day must be a priority. It is unacceptable for dedicated STD clinics to turn away individuals seeking STD screenings. Likewise, DOHMH must take necessary steps to make sure that all clinics offer rapid HIV testing for the full extent of their operating hours. Providing same day results will help to ensure that individuals who get tested learn their test results.

### **DOHMH should increase the availability of doctors at clinics**

It is essential that individuals who present themselves at STD clinics with symptoms associated with STDs are able to see a doctor. As previously noted, under State law only licensed physicians are permitted to diagnose, treat, or prescribe for individuals infected

with, or suspected to be infected with an STD.<sup>52</sup> Prompt diagnosis and treatment are critical to maintaining the health of individuals and preventing the spread of STDs. Likewise, females seeking emergency contraception must be able to obtain emergency contraception without delay.

State law also requires that the Health Commissioner “promptly examine or arrange for the examination of persons suspected of being infected with a sexually transmissible disease, and shall promptly institute treatment or arrange for the treatment of those found or otherwise known to be infected with a sexually transmissible disease...”<sup>53</sup> Given that doctors were unavailable to new patients at most clinics, and that surveyors were not referred to alternative sites for services, one could argue that prompt examination was not provided nor was it arranged, thus calling into question DOHMH’s compliance with State law.

Although it is understandable that clinic attendance may fluctuate and that, on occasion, doctors’ schedules may fill up prior to a clinic’s closing time, the fact that doctors were unavailable at seven out of the 10 clinics indicates a serious problem. DOHMH should evaluate clinic operations and find ways to ensure that doctors are more readily available to serve incoming patients at STD clinics. The Department should consider hiring more doctors and/or expanding doctors’ working hours. DOHMH may find it beneficial to pursue an affiliation agreement that would enable doctors from the Health and Hospitals Corporation (HHC) to provide care in DOHMH STD clinics.

**Clinics should offer expanded hours, particularly evening hours**

None of the City’s clinics is scheduled to remain open later than 5:00 pm and most stop offering services before 4:00 pm. Just half of the ten facilities (Central Harlem, Chelsea, Morrisania, Fort Greene, and Jamaica) offer weekend hours, and these five sites are open

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<sup>52</sup> NYS Public Health Law §2304.1

<sup>53</sup> NYS Public Health Law §2304.2

Saturdays but not Sundays, with none scheduled to offer Saturday services later than 1:30 pm.<sup>54</sup>

For those whose work schedules are the same as the clinics' operating hours (i.e. 9:00 am – 5:00 pm), it may prove difficult to access clinic services. In particular, low-income individuals, who often cannot afford to miss work, or who may be concerned about getting fired for missing work, may find visiting a clinic nearly impossible. At a minimum, DOHMH should introduce evening hours at clinics. Expanded hours would help clinics to serve more individuals and could help to alleviate clinic overcrowding during weekday daytime hours.

**DOHMH should ensure that clinic staffs consistently provide women interested in obtaining emergency contraception with accurate information about the time-sensitive nature of the medication**

It is imperative that clinic staff inform callers who express an interest in obtaining emergency contraception that the medication is most effective if taken within 72 hours of having unprotected sex. Staff must be aware of this time frame, as incorrect or incomplete information could unnecessarily lead a woman to become pregnant. It is particularly important that staff convey the need to obtain emergency contraception promptly in cases in which clinics are unable to dispense emergency contraception on the day when an individual seeks the medication. In such instances, clinic workers should be prepared to direct interested individuals to other clinics where the medication is immediately available.

**Clinics should be prepared to assist non-English-speaking clients**

At a minimum, clinic workers should be equipped to provide basic information about clinic hours and services in Spanish. Ideally, clinic staff should be able to direct Spanish-speakers to specific clinics where staff can communicate in Spanish or where the services of a translator are available. Clinic staff should also be prepared to assist individuals who speak languages other than English or Spanish. At each clinic, staff should be aware of

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<sup>54</sup> See: <http://www.nyc.gov/html/doh/html/std/std2.shtml>.

the languages spoken by residents in the surrounding community and ensure that systems are in place to make multi-lingual service delivery possible.

DOHMH should implement systems so that staff can connect non-English speakers with recorded messages in a variety of languages that provide general information about clinic services or transfer those callers to appropriate help centers. Until such a system can be put into place, DOHMH should provide clinics with Spanish-language scripts to be used by phone and reception staff to ensure that Spanish speakers can access clinic services.

The Department may also wish to consider subscribing to a telephone interpreting service, which can provide real-time interpretation and allow communication with non-English speakers, face-to-face or over the phone. The Public Advocate's Office utilizes such a service, enabling staff to communicate with individuals who speak a wide variety of languages.

**DOHMH should revise its definition of what constitutes a clinic 'turn-away' and make data on turn-aways publicly available as part of the Mayor's Mangement Report**

DOHMH collects data on individuals for whom services were unavailable at the time of their visit to STD clinics. Between January and August of 2005, the clinics turned away an average of 517 patients each month.<sup>55</sup> In mid-September, however, in response to a July 2005 letter from the Public Advocate, DOHMH implemented a "No Turn Away Policy." According to DOHMH, this policy means, among other things, that when doctors are unable to see incoming patients, clinics "offer 'screening only' services (collection of specimens for chlamydia, gonorrhea, syphilis testing, +/- HIV testing, without a physical exam)..."<sup>56</sup> Along with these changes, DOHMH appears to have changed its definition of what constitutes a turn-away. In a recent conversation, DOHMH staff indicated that in tracking the number of individuals for whom services were

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<sup>55</sup> Letter from DOHMH Commissioner Thomas R. Frieden to Public Advocate Betsy Gotbaum, April 12, 2006.

<sup>56</sup> *Ibid.* In addition, DOHMH states that changes made as a result of the "No Turn Away" policy included the posting of actual hours of delivery (8:30 am – 4:00 pm), triaging patients upon arrival, and re-aligning staff work hours to maximize productivity.



unavailable, the Department no longer counts individuals who are offered screening services in place of other services, nor does it count those who are told to return on the following day to receive services. For example, DOHMH staff recently indicated that a visitor to an STD clinic who is told that he/she will need to return the following day in order to see a doctor will not be counted as a turn-away.<sup>57</sup> It is unclear under what circumstances DOHMH would actually count an individual as someone for whom services had been unavailable. Any count of turn-aways based on this method is bound to produce misleading numbers, and in fact, DOHMH reports that clinics turned away zero patients from October through December of 2005.

DOHMH should revise its definition of what constitutes an individual for whom services are unavailable to ensure that data reflects clinics' abilities to provide the actual services sought by individuals at the time of their initial visit to a clinic. Turn-away data is an important measure of clinic performance, and if properly recorded, can help DOHMH better understand the staffing needs of its facilities.

In addition, DOHMH should make data on turn-aways publicly available. The department should report data on clinic turn-aways in the Mayor's Management Report (MMR), so that the Public Advocate and other elected officials, as well as the public at large, can review clinic performance.

**Staff should ensure that clinic visitors and callers are aware of all available services**

As previously discussed, staff at DOHMH have indicated that clinic intake forms are intended to explain the range of available services to incoming patients, yet surveyors found that clinic staff asked what services they were seeking prior to receiving this form. Clinic staff should ensure that visitors are aware of the full range of service offerings, before asking incoming patients which services they wish to access. Such efforts can help to increase the number of individuals being tested for STDs and HIV/AIDS.

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<sup>57</sup> Phone conversation, April 19, 2006.

### **DOHMH should revise its clinic intake form**

As previously noted, the DOHMH clinic intake form does not offer clinic visitors an option to indicate that they wish to be screened for STDs, aside from an “other” checkbox with blank lines which individuals can use to explain the reason for their visit. DOHMH should include an option for individuals who are not experiencing STD-related symptoms to indicate that they wish to be screened for STDs. Such a measure can help ensure that asymptomatic individuals who wish to be tested for STDs are encouraged to access screening services.

### **Clinic workers should be aware of the service offerings at all clinics**

Clinic workers, particularly those answering phones or working in reception areas, should be able to refer individuals to alternative clinic locations for services when necessary. Accordingly, workers should have easy access to a comprehensive, up-to-date listing of the services offered at different clinics. Given that certain services were unavailable at various clinics, coordination between facilities is particularly important in ensuring that individuals receive timely attention.

### **DOHMH should correct inaccuracies in web information on STD clinics**

DOHMH must make every effort to ensure that online information concerning its 10 clinics is as accurate as possible. As previously noted, surveyors found that clinics did not always offer the Hepatitis services listed on DOHMH’s web site. In addition, the DOHMH web site notes that clinic hours are subject to change and that individuals should call a clinic before visiting, but individuals may not be able to obtain needed information by calling clinics. As previously noted, in certain cases, clinic workers were unwilling to tell callers what time the clinic would be closing, while, in others, callers were unable to reach clinic staff and were unable to reach a recording delineating operating hours. DOHMH should ensure that hours listed online reflect the hours that the clinics’ services are offered to the greatest extent possible.

**DOHMH should conduct an assessment and consider the need for additional clinic sites**

DOHMH should examine data on clinic use and consider the need for additional STD clinic locations in underserved communities. In particular, given that clinics collect zip codes from clinic visitors, the Department should examine the usage patterns of residents by geographic location. Currently, reaching one of the clinic locations may involve significant travel for residents in certain parts of the city and may deter these individuals from seeking services. In addition, DOHMH should be sensitive to the needs of the city's various ethnic populations given that language barriers and likely cultural barriers, as well, pose a problem at existing clinics.

DOHMH may wish to consider investing in a mobile STD clinic to improve New Yorkers' access to STD-related care. Such a vehicle, which could provide full clinic services, could help the Department deliver STD-related care in high-risk neighborhoods and underserved communities. The City of Baltimore operates a van-based STD clinic, which is used to provide services in targeted areas.

## APPENDIX

### A. Survey Results from Visits to STD Clinics

<b>Clinic Name</b>	<b>Date of Visit</b>	<b>Open?</b>	<b>Doctor Available?</b>	<b>STD Screening?</b>	<b>Rapid HIV Test?</b>	<b>Standard HIV Test (if no Rapid)?</b>
Chelsea	2/8/06	Yes	No	Yes	No	Yes
Riverside	2/9/06	Yes	Yes	Yes	Yes	-
East Harlem	2/9/06	No*	No	No	No	No
Fort Greene	2/9/06	Yes	No	Yes	No	Yes
Central Harlem	2/10/06	Yes	Yes	Yes	Yes	-
Bushwick	2/15/06	Yes	Yes	Yes	Yes	-
Corona	2/16/06	Yes	No	No	Yes	-
Morrisania	2/17/06	Yes	No	Yes	Yes	-
Richmond	2/24/06	Yes	No	Yes	Yes	-
Jamaica	2/21/06	Yes	No	Yes	Yes	-

\* The surveyor was able to enter the East Harlem STD clinic, but clinic staff informed this individual that the clinic had stopped providing services for the day.

## B. Calls to Clinics about Emergency Contraception (EC) and Hours of Operation<sup>1</sup>

Clinic Name	Date/Time	Emergency Contraception?	How Late Are You Open?	Notes
Bushwick	3/20 9:06 am	Yes	“The doctors have a quota for the number of patients they can see. When the head doctor says ‘that’s it,’ they are done for the day.” Would not provide a closing time.	-
Central Harlem	3/20 9:10 am	Yes	“It depends...first come, first served.” The closing time depends on the number of doctors they have in. If a patient arrives before 4:00pm, she could probably see someone, but it depends on “the quota.” Each doctor sees a certain number of patients, and once they all reach that number, the clinic closes. Would not provide a specific closing time.	-
Chelsea	3/20 9:15 am (Second attempt)	Yes	Open until 4:00pm.	Caller initially reached voicemail, then tried other line and got through.
Corona	3/20 9:02 am	Not today. EC is only available Tuesday and Friday when a doctor is in.	Tomorrow the latest you can come in is 3:30.	A worker told the caller to go to the Jamaica clinic and noted that EC must be taken within 72 hours of having unprotected sex.
East Harlem	3/20 9:12 am	Not today. They offer EC, but there are no doctors in today to dispense it. There will be doctors tomorrow.	The employee said if the caller came in the following day, she would have to be there before 3:00pm to see a doctor, and that you need to see a doctor to get emergency contraception. If the caller	-

<sup>1</sup> Comments about clinic operations without quotations represent paraphrased information.

			came at 3:30, staff said that would be too late. This is the situation every day that doctors are in.	
Fort Greene	3/20 9:04 am	Yes	Open until 4:30pm, but you must arrive by 3pm if you want to be seen.	-
Jamaica	3/20 9:00am	Yes	Open until 5pm.	-
Morrisania	3/21 3:41 pm (Eighth attempt)	Yes	Clinic closes at 5pm, but they often stop seeing patients sooner depending on how busy they are.	Surveyors placed seven calls on 3/20 and 3/21 between 9am and 1pm, all of which reached a voicemail box for "Margaret Vargas." Nothing on the message identified the line as that of an STD clinic or health facility.
Richmond	3/20 10:08 am (Second attempt)	Yes	They are open until 4pm, but you must arrive by 2pm because the doctor can only see 6 patients a day and other patients are already at the clinic to see the doctor.	First call to the clinics (3/20, 9:14am) went unanswered. Staff asked the caller when she last had sex without a condom and advised her to come in right away because the clinic wouldn't be open again until Thursday. A worker explained that EC should be taken within 72 hours of unprotected sex.
Riverside	3/20 9:10 am	Yes	It is first come, first served. If you want to come later in the day you should call back to make sure the clinic is still open.	-

### C. Spanish Language Calls<sup>2</sup>

Clinic Name	Date/Time	Spanish speaker to take call?	Spanish speaking doctor available?	Notes
Bushwick	3/21 2:20 pm	Yes	No	-
Central Harlem	3/21 1:55 pm	No – Clinic hung up on caller.	-	-
Chelsea	3/21 2:01 pm	No – Clinic hung up on caller.	-	-
Corona	3/22 12:55 pm (Third attempt)	Yes	There is a doctor who speaks a little Spanish. There is also a coordinator who can help with translation if necessary.	The first call reached a busy signal. The second call rang but went unanswered.  Numbers are given out to patients at 8:30am when the clinic opens. Patients must arrive before 3pm if they wish to see a doctor.
East Harlem	3/22 12:57 pm	A clinic worker attempted to explain to the caller that no Spanish is spoken at the clinic and that there is no Spanish-speaking doctor.	No	-
Fort Greene	3/21 2:25 pm	Yes	Yes	They stop taking new patients around 10-11am. People who arrived at 8:30am are still waiting.
Jamaica	3/21 2:30 pm	Yes	There is a doctor that speaks a little Spanish.	Patients need to arrive early. A line starts forming around 8am. The clinic opens at 8:30am.
Morrisania	3/21 2:07 pm	Yes	No	Clinic closes at 5pm, but they stop seeing patients sooner if there are too many.
Richmond	3/21 2:10 pm (Third attempt)	No – Clinic hung up on caller.	-	The first two calls to this clinic went

<sup>2</sup> Comments about clinic operations without quotations represent paraphrased information.

	attempt)			unanswered.
Riverside	3/21 2:04 pm	Yes	No	They are open until 4pm. The latest you can come in is at 3:30pm if you want to see a doctor.



### D. Calls regarding Hepatitis A & B Vaccinations<sup>3</sup>

Clinic Name	Date/Time	Available?	Notes
Chelsea	3/22 12:07 pm (Fifth attempt)	Yes to both	Four calls, two to each of the clinics two phone lines, went unanswered between 3/20 and 3/22. One call to the clinic (212-239-1718) reached a voicemail box that was full, and the call was disconnected. A second call to the line reached a voicemail box that provided general information about the clinic. Callers to the clinic's other line (212-239-0843) reached a general voicemail box that gave no indication the line was that of an STD clinic or health center.
Riverside	3/20 2:53 pm	Only Hepatitis B	A worker suggested that the caller might be able to obtain a Hepatitis A vaccination from a private doctor.
East Harlem	3/21 3:36 pm (Second attempt)	Yes to both	The initial call to the clinic reached a busy signal.
Central Harlem	3/22 3:37 pm	Yes to both	The initial call to the clinic reached a busy signal.
Morrisania	3/20 2:54 pm	Yes to both	-
Richmond	3/20 2:55 pm	Yes to both	-
Bushwick	3/22 10:34 am (Second attempt)	Yes to both	The initial call to the clinic went unanswered and did not reach a voicemail box.
Fort Greene	3/20 2:56 pm	Only Hepatitis B	Worker was unsure where the caller could get a Hepatitis A shot. Stated that other clinics do NOT offer the vaccine.
Corona	3/21 3:35 pm (Second attempt)	Offers Hepatitis B to anyone who wants it. Patients must complete a questionnaire so the clinic can determine if they "really need" the Hepatitis A shot.	The initial call to the clinic went unanswered and did not reach a voicemail box.
Jamaica	3/20 3:03 pm	Yes to both	-

<sup>3</sup> Comments about clinic operations without quotations represent paraphrased information.

### E. Availability of Hepatitis C Screenings<sup>4</sup>

<b>Clinic Name</b>	<b>Date/Time</b>	<b>Hepatitis C Screening?</b>	<b>Notes</b>
Bushwick	3/21 12:45 pm	Yes	Must meet specific criteria to be tested.
Central Harlem	3/21 9:40 am	Yes	-
Chelsea	3/21 9:42 am	No	Staff referred caller to the Riverside clinic.
Jamaica	3/21 12:42 pm	Yes	Need to be screened by a clinic doctor to see if you are eligible.
Morrisania	3/22 9:50 am (Second attempt)	Yes	Initial call reached a voicemail box for "Margaret Vargas." Nothing on the message identified the line as that of an STD clinic.
Riverside	3/21 9:45 am	Yes	Must meet criteria to be tested. Would not explain criteria over the phone.

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<sup>4</sup> Comments about clinic operations without quotations represent paraphrased information.

F. INTAKE FORM OBTAINED DURING A CLINIC VISIT

WELCOME TO OUR CLINIC

PATIENT NUMBER #: 23 DATE: \_\_\_\_\_

(IF YOU ARE HERE FOR AN ANONYMOUS HIV TEST  
DO NOT COMPLETE THIS SIDE)

REASON(S) FOR TODAY'S CLINIC VISIT:

(CHECK ALL THAT APPLY)

- I'M INTERESTED IN A HIV TEST OR SPEAKING WITH AN HIV COUNSELOR.
- I HAVE A SORE, "CUT," OR LESION.
- I HAVE A "DRIP," BURNING, OR DISCHARGE.
- I AM HERE FOR EMERGENCY CONTRACEPTION (EC).

ADDITIONAL SERVICES AT MORRISANIA, RIVERSIDE AND CROWN HEIGHTS CLINICS

- I'M INTERESTED IN THE HEPATITIS A OR B VACCINE.
- I'M INTERESTED IN A HEPATITIS C TEST.

- ONE OF MY SEX PARTNERS SUGGESTED I COME IN.
- A PUBLIC HEALTH ADVISOR SUGGESTED I COME IN.
- I RECEIVED A LETTER FROM THE CLINIC.
- I WAS REFERRED BY \_\_\_\_\_
- THE OTHER REASON I CAME IN IS \_\_\_\_\_

HAVE YOU BEEN HERE BEFORE?  YES  NO  
IF YES, WHEN? \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET NUMBER: \_\_\_\_\_ APT. #: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE #: (\_\_\_\_) \_\_\_\_\_  
ALT. TELEPHONE/E-MAIL: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MOTHER'S MAIDEN NAME: \_\_\_\_\_

(MARK ONE OR MORE)

<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEP/DIVORCED
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> HISPANIC	<input type="checkbox"/> 1 AMER. INDIAN/ALASKA NATIVE	
<input type="checkbox"/> NON-HISPANIC	<input type="checkbox"/> 2 BLACK OR AFRICAN AMERICAN	
<input type="checkbox"/> UNK	<input type="checkbox"/> 3 NATIVE HAWAIIAN/PACIFIC ISLANDER	
	<input type="checkbox"/> 4 ASIAN	<input type="checkbox"/> 6 OTHER
	<input type="checkbox"/> 5 WHITE	<input type="checkbox"/> 9 UNK

HEIGHT: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_  
WHOM MAY WE CONTACT IN CASE OF EMERGENCY?  
NAME: \_\_\_\_\_  
TELEPHONE #: (\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

G. SAMPLE INTAKE FORM PROVIDED BY DOHMH

**WELCOME TO OUR CLINIC**

PATIENT NUMBER #: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON(S) FOR TODAY'S CLINIC VISIT:

(CHECK ALL THAT APPLY)

- I'M INTERESTED IN A HIV TEST OR SPEAKING WITH AN HIV COUNSELOR.
- I HAVE A SORE, "CUT," OR LESION.
- I HAVE A "DRIP," BURNING, OR DISCHARGE.
- I AM HERE FOR EMERGENCY CONTRACEPTION (EC).
- I AM INTERESTED IN THE HEPATITIS A OR B VACCINE.

HEPATITIS C TESTING "ONLY" AT MORRISANIA, RIVERSIDE, BUSHWICK, JAMAICA, CENTRAL HARLEM AND CHELSEA.

- ONE OF MY SEX PARTNERS SUGGESTED I COME IN.
- I ATTENDED AN STD TESTING DAY AT SCHOOL
- MY PARTNER ATTENDED AN STD SCREENING DAY AT SCHOOL
- A PUBLIC HEALTH ADVISOR SUGGESTED I COME IN.
- I RECEIVED A LETTER FROM THE CLINIC.
- I WAS REFERRED BY: \_\_\_\_\_
- THE OTHER REASON I CAME IN IS \_\_\_\_\_

HAVE YOU BEEN HERE BEFORE?  YES  NO

IF YES, WHEN? \_\_\_\_\_

STD 46A (Rev. 3/06)

(IF YOU ARE HERE FOR AN ANONYMOUS HIV TEST DO NOT COMPLETE THIS SIDE)

NAME: \_\_\_\_\_

STREET NUMBER: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

ALT. TELEPHONE/E-MAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

(MARK ONE OR MORE)

<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEP/DIVORCED
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> HISPANIC	<input type="checkbox"/> 1 AMER. INDIAN/ALASKA NATIVE	
<input type="checkbox"/> NON-HISPANIC	<input type="checkbox"/> 2 BLACK OR AFRICAN AMERICAN	
<input type="checkbox"/> UNK	<input type="checkbox"/> 3 NATIVE HAWAIIAN/PACIFIC ISLANDER	
	<input type="checkbox"/> 4 ASIAN	<input type="checkbox"/> 6 OTHER
	<input type="checkbox"/> 5 WHITE	<input type="checkbox"/> 9 UNK

HEIGHT: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ LIVING WITH: \_\_\_\_\_

WHOM MAY WE CONTACT IN CASE OF EMERGENCY?

NAME: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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## **A DESCRIPTION OF COMMON STDs AND CONDITIONS**

**Bacterial Vaginosis (BV):** An overgrowth of bacteria in the vagina, often accompanied by discharge, odor, itching, or burning. Little is known about how women get BV, but there is an increased chance of developing BV when having sex with a new partner, douching, or using an intrauterine device. BV can be treated with antibiotics.

**Chlamydia:** A common STD caused by bacteria called *Chlamydia trachomatis*. Chlamydia can be spread through vaginal, anal, or oral sex. An infected mother can also pass it on to her newborn during vaginal childbirth. Chlamydia is often called a silent disease because the majority of infected individuals do not experience symptoms. In women, chlamydia can infect the cervix, fallopian tubes, and urine canal. It may also lead to pelvic inflammatory disease (PID), an infection of the uterus, fallopian tubes, and other reproductive organs that can cause infertility, ectopic pregnancy, and other serious health effects. Women infected with chlamydia are more likely to become infected with HIV, if exposed. In men, chlamydia can cause epididymitis, a painful condition of the testicles that can lead to infertility if left untreated. Chlamydia can be treated and cured with antibiotics.

**Genital Herpes:** An infection caused by a strain of the herpes simplex virus. Genital herpes, which is spread primarily through sexual contact, is characterized by sores in the genital area. Herpes can make people more susceptible to HIV infection and can make HIV-infected individuals more infectious. There is no cure for genital herpes.

**Gonorrhea:** An infection caused by the bacteria *neisseria gonorrhoeae*. Gonorrhea can infect the genital tract, mouth, and rectum. Gonorrhea is spread through contact with the penis, vagina, mouth, or anus. It can also be passed from mother to baby during childbirth. Many men with gonorrhea do not have symptoms, although some may experience a burning sensation when urinating or discharge from the penis. Most women with gonorrhea do not experience symptoms, but for those that do, indications are generally mild and may include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. In women, untreated gonorrhea can lead to pelvic inflammatory disease (PID), an infection of the uterus, fallopian tubes, and other reproductive organs that can cause infertility, ectopic pregnancy, and other serious health effects. In men, untreated gonorrhea can result in epididymitis. Individuals infected with gonorrhea can more easily contract HIV, the virus that causes AIDS. In addition, HIV-infected people with gonorrhea are more likely to transmit HIV to others. Antibiotics can cure gonorrhea, although successful treatment is becoming more difficult due to an increase in drug-resistant strains of the disease.

**Genital HPV Infection:** A sexually transmitted disease caused by the human papillomavirus (HPV). More than 100 different strains of HPV exist, about 30 of which are transmitted sexually. Genital HPV is spread primarily through genital contact. Most people with genital HPV infections do not experience symptoms, although some may develop warts in the genital area. Some types of HPV can cause cervical cancer, although

such cases are extremely rare. There is no cure for genital HPV infection, but treatments are available for genital warts.

Hepatitis A: A liver disease caused by the Hepatitis A virus. The Hepatitis A virus is found in the feces of infected individuals and is typically spread through close personal contact, such as sharing a house or having sex. It can also be contracted by ingesting contaminated food or water. Infected individuals may experience jaundice, fatigue, abdominal pain, nausea, diarrhea, and fever. There is no treatment for Hepatitis A, but it can be prevented through vaccination.

Hepatitis B: A disease caused by the Hepatitis B virus, which attacks the liver. The Hepatitis B virus is transmitted when blood or bodily fluid from an infected person enters the body of a person who is not immune. Exposure to infected blood in any situation puts an individual at risk of contracting Hepatitis B. Common symptoms include jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting and joint pain, although some people with Hepatitis B may not experience any symptoms.

Hepatitis C: A liver disease caused by the Hepatitis C virus. The Hepatitis C virus is transmitted when blood or bodily fluid from an infected person enters the body of another person. Exposure to infected blood in any situation puts an individual at risk of contracting Hepatitis C. The Hepatitis C virus causes damage to the liver, but symptoms of liver damage may go unnoticed for many years. Often by the time serious liver disease is diagnosed, liver damage can be significant and irreversible - often resulting in end-stage liver disease, cirrhosis, and primary liver cancer. There is no vaccine for Hepatitis C, but the disease can be treated.

Human immunodeficiency virus (HIV): A virus that causes acquired immunodeficiency syndrome (AIDS). HIV destroys the body's ability to fight infection and certain cancers by damaging or killing cells of the body's immune system. HIV is spread primarily through sexual contact with an infected partner, but can be spread through any contact with infected blood. Early symptoms of HIV infection may be flu-like and as such can easily go unnoticed. Such symptoms typically subside, and more persistent and severe symptoms may not surface for 10 years or more. The term AIDS is used to describe the most advanced stage of HIV. At this stage infected individuals suffer from opportunistic infections that typically do not affect healthy individuals. These infections are often severe and can be fatal due to the body's inability to fight off certain bacteria, viruses, fungi, and other microbes. Medications are available to treat HIV infection and its associated infections and cancers.

Pelvic Inflammatory Disease (PID): A general term used to refer to an infection of the uterus, fallopian tubes, ovaries, and other reproductive organs. PID is a common and serious complication of other STDs, particularly chlamydia and gonorrhea. Left untreated, PID can cause infertility, ectopic pregnancy, and other serious health effects.

Syphilis: An infection caused by the bacterium *Treponema pallidum*. Syphilis is transmitted person to person through direct contact with syphilis sores (called *chancres*),

which occur mainly in the genital region. Syphilis can also be passed from mother to child during pregnancy causing a serious disease called congenital syphilis. Primary-stage syphilis is marked by the appearance of a single sore at the spot of transmission. This is followed by a secondary stage marked by a skin rash and mucous membrane lesions. In addition, infected individuals may experience fever, weight loss, muscle aches, fatigue, and more. In late-stage, known as latent syphilis, secondary symptoms disappear, but the infection remains in the body. Late-stage syphilis can damage the eyes and internal organs, including the brain, nerves, heart, blood vessels, liver, bones, and joints. During the late stage of syphilis infected individuals may experience difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. The damage may be serious enough to cause death. The genital sores caused by syphilis make it easier to transmit and acquire HIV infection sexually. Syphilis can be easily cured in its early stages with antibiotics.

Trichomoniasis: A common sexually transmitted disease caused by a protozoan parasite *Trichomonas vaginalis*, sometimes referred to as “trich.” The vagina is the most common site of infection in women while the urethra is the most common site of infection in men. Trichomoniasis is most commonly transmitted through sexual contact with an infected partner. Women can acquire the disease from infected men or women, but men usually contract it only from infected women. Some women exhibit symptoms of infection such as unusual vaginal discharge, discomfort during intercourse, and painful urination. Most men do not have symptoms, although some may temporarily experience irritation inside the penis, mild discharge, or slight burning after urination or ejaculation. Genital inflammation caused by trichomoniasis can increase a woman's susceptibility to HIV infection if she is exposed to the virus. Having trichomoniasis may increase the chance that an HIV-infected woman passes HIV to her sex partner(s). Trichomoniasis can be easily cured with a single dose of medication.