



Public Advocate for the City of New York

**Patient Progress:
A Follow-Up Review of New York City's
STD Clinics**

**A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM
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EXECUTIVE SUMMARY

Nearly two and half years after it first surveyed Sexually Transmitted Disease (STD) clinics operated by the New York City Department of Health and Mental Hygiene (DOHMH), the Office of the Public Advocate for the City of New York has determined that STD clinics and the services they offer are more accessible to New Yorkers. Some services, however, were significantly less accessible than in 2006.

In accordance with state law, the DOHMH operates ten free walk-in clinics for the diagnosis and treatment of STDs. In April, 2006, the Office of the Public Advocate released a report assessing the operations of these clinics. In July and August of 2008, the Office of the Public Advocate conducted a follow-up investigation to track changes in performance and services delivered since April, 2006.

STDs continue to be a major public health problem in New York City; rates for chlamydia, gonorrhea, and syphilis exceed the national average. In addition, New York City continues to be the epicenter of the AIDS epidemic in the United States. 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, in terms of direct medical expenses, to those communities that are most greatly affected. The city's STD clinics are critical to addressing the threat to public health and related costs associated with STDs. To encourage use of public STD clinics, the city must address barriers to care, such as lengthy clinic wait times, inconvenient locations, limited operating hours, and language barriers.

Between July 10 and August 7, 2008, surveyors from the Office of the Public Advocate revisited each of the city's ten STD clinics on weekdays at about 3:00 pm. The surveyors spoke with clinic staff in the reception area of each facility, posing as potential patients, and inquired about the possibility of seeing a doctor, receiving a general STD screening, and receiving a rapid HIV test. Unlike the methodology used in 2006, if rapid HIV testing was unavailable at the time of the visit, surveyors inquired about the availability of a standard HIV test. In addition, surveyors asked clinic staff about the availability of a Hepatitis C screening, a question not asked in 2006.

FINDINGS

Comparing the 2006 and 2008 data, the Office of the Public Advocate found that most aspects of the performance of the city's STD clinics significantly improved.

- Doctors were available at 8 of the 10 clinics, compared to only 3 of 10 in 2006.
- General STD screening was available at all 10 clinics, compared to 8 of 10 in 2006.
- Standard HIV testing was available at all 10 clinics.

However, as stated above, some services were significantly less accessible than in 2006, and additional problems were also identified:

- Rapid HIV tests were available at only 1 of 10 clinics, compared to 7 of 10 in 2006.

- Hepatitis C screening was available at the patient's request at only 2 of 10 clinics.
- The Chelsea clinic was the least functional, with no educational information on STDs available, no doctor available, a dirty waiting/reception area, and rude and unhelpful staff.
- Most DOHMH STD clinics do not offer services outside of standard business hours.
- Clinic staff does not ensure that all clinic visitors and callers are aware of all available services.
- The DOHMH website lacks necessary information for potential patients seeking care.

RECOMMENDATIONS

- All clinics should offer all services during the full extent of operating hours.
- DOHMH should make doctors available at all clinics to both ensure treatment for all patients and decrease wait times.
- All clinics should offer expanded hours, particularly evening hours.
- Staff should ensure that all clinic visitors and callers are aware of all available services.
- DOHMH should pursue additional means of increasing access to STD services, including additional clinic locations, a mobile STD clinic, and an expansion of the Bronx-Wide HIV Testing Initiative.
- DOHMH should update web information on STD clinics to include additional information on STD clinic operation, such as clinic telephone numbers and clear explanations of available services, on its website.
- DOHMH should publish teen-specific information regarding the availability of free and confidential STD screening.

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.”¹ Accordingly, DOHMH operates 10 free walk-in clinics (See Appendix A) for the diagnosis and treatment of sexually transmitted diseases (STDs). These clinics are supposed to offer a range of services, including general STD screening and treatment, confidential and anonymous HIV testing and counseling, examinations by physicians, and emergency contraception (EC).

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...”²

Pursuant to the New York City Charter, the Public Advocate is charged with reviewing the programs, operations, and activities of city agencies. In accordance with this responsibility, the Office of the Public Advocate released a report in April, 2006 assessing whether DOHMH STD clinics were operating and performing in a satisfactory manner. This report assesses the changes in performance and services delivered at the clinics since April, 2006.

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 before reaching adulthood.³ There are more than 20 different known STDs, and anyone who is sexually active can become infected with one. Human Immunodeficiency Virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS), is considered to be the most serious STD, though the rise in reported cases of Hepatitis C is a cause of growing concern. Like many other STDs, HIV and Hepatitis C 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 for which the U.S. Center for Disease Control reports annual data—exceed the national average and represent a major health problem.⁴ In addition, New York City continues to be the epicenter of the AIDS

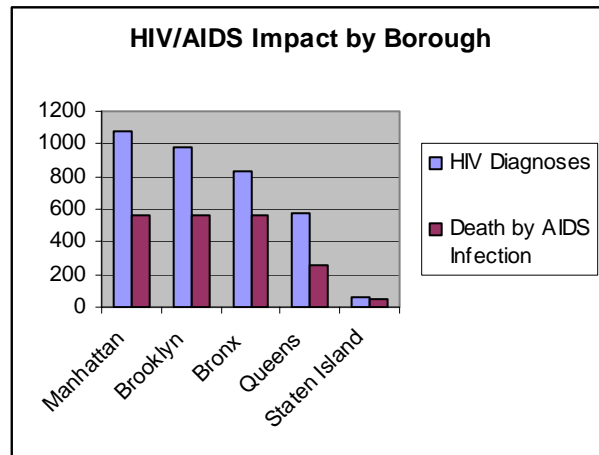
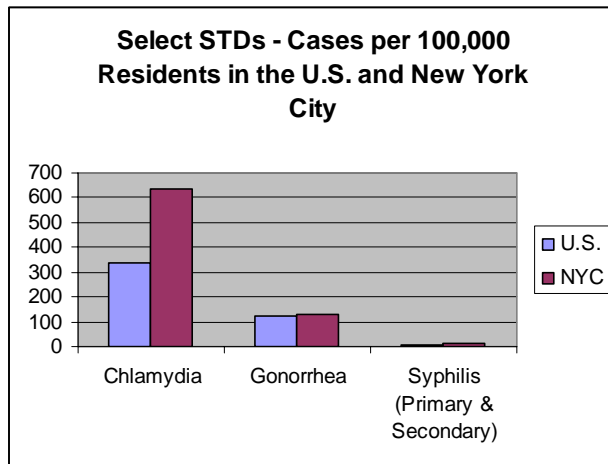
¹ NYS Public Health Law §2304 (1)

² NYS Public Health Law §2304 (2)

³ National Coalition of STD Directors, “Quick Facts”
Online at http://www.ncsddc.org/resources/std_quick_facts.xml.

⁴ Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2006*, U.S. Department of Health and Human Services. Available online at: <http://www.cdc.gov/std/stats/toc2006.htm>.

epidemic in the United States, accounting for nearly ten percent of the AIDS cases reported annually in the nation.⁵ According to the DOHMH, in 2006, Manhattan was home to the most HIV diagnoses in New York City, while the Bronx was home to the greatest number of deaths due to infection by the AIDS virus.⁶ Recognizing the disparity between the number of people in the Bronx living with AIDS and the number who have never been tested, DOHMH announced in late June, 2008, plans for the Bronx-Wide HIV Testing Initiative, with goals that include testing within three years every Bronx resident between 18 and 64 who has never been tested.⁷



While gonorrhea rates reached an all-time low in 2004, there has been a slight rise in recent years.⁸ The rates of chlamydia and syphilis have also been on the rise both nationally and in New York City.⁹ The resurgence of syphilis, in particular, is cause for concern, given its potentially serious health effects.¹⁰

Teens and STDs

Of particular concern in New York City is STD infection among teenagers. A recent study revealed that, nationally, up to 25 per cent of teenage girls are, or have been, infected with at

Bureau of Sexually Transmitted Disease Control, *1st Quarter 2008 Quarterly Report*, NYC Department of Health and Mental Hygiene. Available online at: <http://www.nyc.gov/html/doh/downloads/pdf/std/std-quarterlyreport2008-1.pdf>.

⁵ Centers for Disease Control and Prevention, *HIV/AIDS Statistics and Surveillance, 2006*, U.S. Department of Health and Human Services. Available online at: <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidscases>
HIV Epidemiology and Field Services Program, *New York City HIV/AIDS Annual Surveillance Statistics 2006*, NYC Department of Health and Mental Hygiene. Available online at: http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2006_tables_all.pdf

⁶ See 4

⁷ NYC DOHMH Bronx-Wide HIV Testing Initiative. Info available online at: http://www.nyc.gov/html/doh/html/ah/bronx_test.shtml

⁸ See 4

NY State Department of Health, Communicable Disease Statistics.

Available online at: <http://www.health.state.ny.us/statistics/diseases/communicable/std/>

⁹ Ibid

¹⁰ For a description of the potential health effects of syphilis and other STDs, see Early Detection and Treatment of STDs on p. 6.

least one STD.¹¹ A DOHMH study revealed that girls age 15 to 19 account for more than 34 percent of women infected with STDs in New York City,¹² an indication that teen education regarding STDs, their treatment, and, more importantly, their prevention may be in need of improvement.

In 2007, the DOE announced a new, progressive sexual education program called *Reducing the Risk*, described as “a research-based program that focuses on delaying the initiation of sexual intercourse, increasing the use of contraception among teens who do initiate sexual intercourse, and increasing parent-child communication about abstinence and contraception.”¹³ Currently, though, inclusion of this program in a school’s curriculum is optional, at the discretion of the principal.

Early Detection and Treatment of STDs

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 caused by bacteria, including chlamydia, gonorrhea, and syphilis, are curable and can be treated simply by one round of antibiotics. STDs caused by viruses, such as genital herpes, hepatitis B and C, and HIV/AIDS are not curable, though early detection and treatment can help to alleviate symptoms and protect against proliferation.

Without treatment, STDs can lead to serious health problems such as infertility, cervical cancer, and ectopic pregnancy.¹⁴ Chlamydia, for example, left untreated in women can lead to pelvic inflammatory disease, which can cause permanent damage to the uterus and fallopian tubes.¹⁵ Another instance in which early detection and treatment is critical is syphilis, which, with proper treatment, can be 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. Such damage can result in death.¹⁶

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.¹⁷ Additionally, timely

¹¹ Altman, Lawrence, “Sex Infections Found in Quarter of Teenage Girls,” *New York Times*, March 12, 2008.

¹² Bureau of Sexually Transmitted Disease Control, *1st Quarter 2008 Quarterly Report*, NYC Department of Health and Mental Hygiene. Available online at: <http://www.nyc.gov/html/doh/downloads/pdf/std/std-quarterlyreport2008-1.pdf>

¹³ New York City Department of Education, Press Release, “Chancellor Klein Announces New Office to Support Fitness and Health Instruction,” October 18, 2007.

¹⁴ According to the U.S. National Library of Medicine and the National Institutes of Health, “An ectopic pregnancy is an abnormal pregnancy that occurs outside of the womb (uterus). The baby cannot survive.” Available online at: <http://www.nlm.nih.gov/medlineplus/ency/article/000895.htm>

¹⁵ CDC, “Chlamydia – CDC Fact Sheet.”

Available online at: <http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>

¹⁶ CDC, “Syphilis – CDC Fact Sheet.”

Available online at: <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>

¹⁷ CDC, “The Role of STD Detection and Treatment in HIV Prevention – CDC Fact Sheet.”

Available online at: <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>

diagnosis of HIV itself is of particular importance, as most cases of HIV are transmitted by people who are unaware of their HIV status.¹⁸

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 HIV tests allow patients to receive results in as little as 20 minutes, compared to standard tests, which take approximately one week to produce results. Providing same-day results helps to ensure that individuals learn their results, making it possible for them to quickly seek treatment, if necessary, 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 percent of people who test HIV-positive and 39 percent of people who tested HIV-negative did not return for test results.¹⁹

Barriers to Care at STD Clinics

To encourage use of public STD clinics, the city must address barriers to care. The fear of learning that one has an STD, particularly HIV, can discourage individuals who are considering testing. Service-specific factors such as lengthy clinic wait times, inconvenient locations, limited operating hours, and language barriers, may exacerbate this fear and further deter individuals from seeking medical attention.

If individuals, particularly those who are not experiencing immediate STD-related symptoms, encounter difficulty in accessing services at an STD clinic, they may not seek medical attention for such issues again.

Previous Reports

In February 2006, the Office of the Public Advocate released a report evaluating the performance of the DOHMH STD clinics. The report revealed that the clinics' performance was in need of significant improvement. Doctors were unavailable at seven of the ten clinics, many clinics turned away patients before their official closing times, and many services were unavailable to surveyors at the time of their visits. The Public Advocate's Office issued recommendations for improving the delivery of services such as screening for and treatment of STDs, as well as accessibility of the clinics to New Yorkers, particularly those whose work schedules do not allow them to visit a clinic on a weekday during business hours.

METHODOLOGY

Between July 10 and August 7, 2008, surveyors from the Office of the Public Advocate revisited each of the city's ten STD clinics (See Appendix A) on weekdays at about 3:00 pm, just as in 2006, to reassess operations, determine whether certain services were available for individuals arriving in the clinic late in the work day, and to assess what improvements, if any, have taken place since the prior investigation and report in spring 2006. The surveyors spoke with clinic

¹⁸ New York City Commission on HIV/AIDS, "Recommendation to Make NYC a National and Global Model for HIV/AIDS Prevention, Treatment and Care," p.23, Oct. 31, 2005.

Available online at: <http://www.nyc.gov/html/doh/downloads/pdf/ah/ah-nychivreport.pdf>

¹⁹ See 17

staff in the reception area of each facility, posing as potential patients, and inquired about the possibility of seeing a doctor, receiving a general STD screening,²⁰ and receiving a rapid HIV test. Unlike the methodology used for the 2006 report, if rapid HIV testing was unavailable at the time of the visit, surveyors inquired about the availability of a standard HIV test. In addition, surveyors asked clinic staff about the availability of a Hepatitis C screening, a question not asked in 2006.

FINDINGS

Doctors were available at 8 of the 10 clinics, compared to only 3 of 10 in 2006.

Under New York State law, only a licensed physician may diagnose, treat, or prescribe medication for a person who is infected with an STD or has been exposed to STD infection.²¹ Doctors are therefore essential to STD clinic operations yet were unavailable to see patients during visits to the Chelsea and Corona clinics. At these sites, individuals experiencing STD-related symptoms would have been unable to receive the care they needed. This is a major improvement, however, over 2006 when doctors were unavailable at seven clinics.

General STD screening was available at all 10 clinics, compared to 8 of 10 in 2006.

In 2006, 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. In 2008, surveyors were told that STD screening was available at all 10 clinics.

Rapid HIV testing was available at only 1 clinic at the time of the survey, compared to 7 of 10 in 2006; standard HIV testing was available at all 10 clinics.

Staff at the Chelsea, East Harlem, Riverside, Central Harlem, Bushwick, Fort Greene, Morrisania, Richmond, and Corona clinics informed surveyors that rapid HIV testing was unavailable and had been discontinued for the remainder of the day. Most staffers explained that 3 pm, which was the time of day that surveyors visited each clinic, was the cutoff time for receiving the rapid test.

Hepatitis C screening was available at the patient's request at only 2 clinics.

Surveyors found that almost every clinic, with the exception of the Jamaica and Chelsea clinics, did not offer Hepatitis C screening at the request of the patient. Staff at the Fort Greene clinic informed the surveyor that Hepatitis C screening was not available at *any* clinic at the patient's request but rather only at the discretion of the doctor on hand. This information contradicts the STD clinic page on the DOHMH website, which states that, "Hepatitis C screening is available for patients at risk of infection."²²

²⁰ Clinic STD screenings typically include testing for chlamydia, gonorrhea and syphilis.

²¹ See 1

²² DOHMH STD clinic information webpage. Available online at: <http://www.nyc.gov/html/doh/html/std/std2.shtml>

The Chelsea clinic was the least functional, with no educational information on STDs available, no doctor available, a dirty waiting/reception area, and rude and unhelpful staff.

Overall, the performance of the DOHMH STD clinics improved, with most clinics offering most services at the time of the surveyors' visits. The clear exception was the Chelsea clinic, which offered the fewest services of all 10 clinics; only a general STD screening and standard HIV test were available. There was no doctor available, the waiting and reception area was not clean, there was no educational information on STDs available for visitors (the only brochures/pamphlets available were related to quitting smoking), and clinic staff did not acknowledge new patients and refused to answer basic questions.

Most DOHMH STD clinics do not offer services outside of standard business hours.

Of the ten DOHMH STD clinic in New York City, only two offered limited evening hours: Fort Green and Jamaica clinics. These two clinics offer evening hours only twice a week from 5 to 7 pm. During evening hours these clinics do not have a doctor present and only offer standard HIV testing. None of the other 8 clinics are scheduled to remain open later than 4:00 pm, and most do not offer a full range of services, such as rapid HIV tests, for the full extent of operating hours. Additionally, only four clinics, in Central Harlem, Chelsea, Morrisania, and Jamaica, have operating hours on Saturdays from 8:30 am to noon. No clinics have office hours on Sundays.

Clinic staff does not ensure that all clinic visitors and callers are aware of all available services.

Clinic staff typically asked surveyors what services they were seeking without informing them of what services were available and before providing them with an intake form. Clinic intake forms also fail to clearly inform incoming patients of the full range of services available at each clinic.

The DOHMH website lacks necessary information for potential patients seeking care.

The STD clinic page on the DOHMH website notes that clinic hours are subject to change and that individuals should call before visiting, but it does not include the clinics' phone numbers. Currently, DOHMH recommends that curious parties call 311 to obtain information such as phone numbers and up-to-date hours of operation for all clinics. Additionally, the DOHMH website lacks any teen-specific information for teens seeking medical attention or STD screening.

RECOMMENDATIONS

STDs, including HIV/AIDS, continue to represent a major public health problem in New York City. While the overall performance of DOHMH STD clinics has clearly improved since 2006, there is still opportunity to remove barriers to the services they provide. To facilitate necessary improvements, the Public Advocate recommends the following:

All 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. When a clinic is open to the public, visitors should be able to access all services. Clinics should not phase out certain services over the course of a day.

Just as critical as ensuring the availability of STD screenings throughout the day is ensuring 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 actually learn their test results and quickly seek treatment if necessary.

DOHMH should make doctors available at all clinics to ensure treatment for all patients.

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 medication for individuals infected with an STD or exposed to STD infection. Prompt diagnosis and treatment are critical to maintaining the health of individuals and preventing the spread of STDs.

Because doctors were unavailable at two clinics and surveyors were not referred to alternative sites for services, prompt examination and treatment could be neither provided nor arranged. Therefore, DOHMH may have been out of compliance with state law.²³

All clinics should offer expanded hours, particularly evening hours.

For those whose work schedules are the same as the clinics' operating hours, 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 being penalized or even fired for missing work, may find visiting a clinic nearly impossible. DOHMH should introduce extended evening and weekend hours at all clinics. Extended hours would help clinics to serve more individuals and could help to alleviate clinic overcrowding during weekday daytime hours.

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

Clinic staff should ensure that visitors are aware of the full range of services available before asking them which services they wish to access. In addition, clinic intake forms should be updated to include this information. These efforts could help increase the number of individuals being tested for the full range of STDs, including HIV/AIDS.

²³ See 2

DOHMH should pursue additional means of increasing access to STD services.

Reaching one of the current clinic locations may involve significant travel for residents in certain parts of the city and may deter some individuals from seeking services. Given the continuing high rates of STDs in New York City, DOHMH should pursue all viable options for increasing access to STD services in high-risk and underserved communities, including additional clinic locations, a mobile STD clinic similar to the program in place in Baltimore, and an expansion of the Bronx-Wide HIV Testing Initiative to include other boroughs and, where possible, additional services, such as Hepatitis C screenings and general STD screenings.

DOHMH should update information on its website to include additional information on STD clinic operation, such as clinic telephone numbers and clear descriptions of available services.

DOHMH must make every effort to ensure that online information concerning its 10 free STD clinics is as accurate as possible. For example, if certain services are only available for part of the day at any given clinic or not available at all, it is important that potential patients have access to that information prior to their visit. Additionally, it is important that DOHMH provide phone numbers for clinics. The STD clinic page on the DOHMH website may be the first point of access for many potential patients seeking care, and requiring that they call 311 to obtain the telephone number for clinic staff is an unnecessary barrier to services.

DOHMH should publish teen-specific information regarding the availability of free and confidential STD screening.

Given the high rate of STD infection among teenage girls in New York City, DOHMH should provide teen-specific information materials to be distributed at its clinics, as well as through its website.

The Department of Education (DOE) should mandate sex education in all high schools citywide.

Currently, the DOE only *recommends* that high schools include progressive and proactive sex education in their curricula; final decision-making regarding curriculum is left to the discretion of individual principals. In light of the high rates of teen pregnancy and teens infected with STDs in New York City, DOE should *mandate* that sex education, including information on STDs, be added to each high school's curriculum.

Appendix A

DOHMH STD CLINICS

Location	Address
Central Harlem	2238 5th Ave (at 137th St.)
East Harlem	158 E. 115th St. (off Lexington)
Chelsea	303 9th Ave (at 28th St.)
Riverside	160 W. 100th St. (btwn Columbus and Amsterdam)
Richmond	51 Stuyvesant Pl. (at Wall St.)
Morrisania	1309 Fulton Ave
Bushwick	335 Central Ave (btwn Linden and Grove)
Fort Greene	295 Flatbush Ave (at Willoughby)
Corona	34-33 Junction Blvd (btwn Roosevelt and Northern)
Jamaica	90-37 Parsons Blvd (off Jamaica Ave)