



Public Advocate for the City of New York

Taking (Birth) Control: Progress and Problems in Access to Contraception at City Clinics

**A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM
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EXECUTIVE SUMMARY

In New York City, more than 80 percent of teen pregnancies are accidental. In 2006, 24,373 girls age 15 to 19 became pregnant in New York City, a rate of 95.4 per 1,000. More than 15,000 of these pregnancies were aborted, and nearly 8,600 unplanned babies were born. Numerous studies have shown that teens have difficulty accessing family planning services, such as emergency contraception (EC), birth control pills, or other forms of contraception.

In 2003, New York City enacted Local Law 17-184, which requires that all New York City Department of Health and Mental Hygiene (DOHMH) STD clinics provide free EC to patients. In 2005, Mayor Bloomberg announced that Health and Hospitals Corporation (HHC) facilities would also provide EC, as well as advance prescriptions for EC in case of future emergencies. Studies show that teens with an advance prescription for EC are more likely to use EC when they need it and are no more likely to have unprotected sex than teens without an advance prescription.

In September 2007, the Office of the Public Advocate released a report assessing access to contraception such as EC, birth control pills, and female condoms at DOHMH sites and HHC teen health clinics. This report assesses changes since September 2007 and updates information from the earlier report.

In June 2008, investigators called 10 DOHMH STD clinics and 38 HHC teen health clinics on weekdays between 9:30 am and 4:00pm using phone numbers provided on the DOHMH and HHC websites. Investigators requested information on EC, birth control pills, and female condoms.

FINDINGS

Comparing the 2007 and 2008 data, the Office of the Public Advocate found that the availability of some contraceptive services had improved, while others had become less available. While EC is now offered at more HHC teen health clinics, it is readily available at fewer clinics. HHC teen health clinics still fail to provide advance prescriptions for EC, and DOHMH STD clinics still fail to provide an extra package of EC upon request. DOHMH STD clinics demonstrate nearly the same level of service, with every clinic offering free EC. Only female condom availability has changed notably, increasing at HHC teen health clinics since 2007.

HHC Teen Health Clinics			
	2007 Report	2008 Report	Change '07-'08
<i>EC Offered</i>	21 of 38	23 of 38	5% Increase
<i>EC Readily Available*</i>	15 of 38	10 of 38	(13.2%) Decrease
<i>EC for Free</i>	4 of 21	14 of 23	41.8% Increase
<i>Advance Prescription</i>	1 of 38	0 of 38	(2.6%) Decrease
<i>Birth Control</i>	36 of 38	32 of 38	(10.5%) Decrease
<i>Female Condom</i>	7 of 38	17 of 38	26.3% Increase

*Readily available means that EC is ready for same-day pickup.

DOHMH STD Clinics**			
	2007 Report	2008 Report	Change '07-'08
EC Offered	9 of 9	10 of 10	Stayed the Same
EC Readily Available*	7 of 9	6 of 10	(17.8%) Decrease
EC for Free	9 of 9	10 of 10	Stayed the Same
Extra Package	0 of 9	0 of 10	Stayed the Same
Female Condom	9 of 9	9 of 10	(10%) Decrease

**The 2007 survey included both DOHMH STD clinics and District Public Health Offices (DPHOs). Since then, the OPA has received information that only STD clinics are mandated to provide EC. This comparison therefore does not include 2007 data on DPHOs.

Emergency Contraception

- EC is not readily available at 74 percent (28 of 38) of HHC teen health clinics, up from 61 percent in 2007.
- Despite the importance of using EC within 72 hours of unprotected sex, all HHC teen health clinics denied requests for advance prescriptions, including one clinic that did supply advance prescriptions in 2007.
- Of the 28 HHC teen health clinics that either do not provide EC or do not make it readily available, 71 percent (20 of 28) failed to give a referral to another clinic or hospital, up from 55 percent (12 of 22) in 2007.
- While not required by law to provide EC free of charge, 61 percent (14 of 23) of the HHC teen health clinics that provide EC offer it for free, up from 19 percent (4 of 21) in 2007.
- All DOHMH STD clinics provide free EC, but it is not readily available at 40 percent (4 of 10) of these clinics, up from 22 percent (2 of 9) in 2007. As in 2007, no clinic would supply an extra package of EC upon request.

Birth Control

- Eighty-four percent (32 of 38) of HHC teen health clinics provide birth control pills by prescription, down from 95 percent (36 of 38) in 2007. While not required by law to provide birth control free of charge, 62 percent (20 of 32) of the clinics that do provide birth control pills charge a fee for birth control.
- DOHMH STD clinics are not required to provide birth control pills. None provide birth control pills voluntarily.

Female Condoms

- Nearly half (18 of 38) of HHC teen health clinics fail to provide female condoms, an improvement since 2007 when 82 percent (31 of 38) failed to provide female condoms.
- Ninety percent (9 of 10) of DOHMH STD clinics have female condoms available for same-day pickup, down from 100 percent (9 of 9) in 2007.

General Access Issues

- Contraceptive services at both HHC teen health and DOHMH clinics are not available every business day.

- More than half (21 of 38) of HHC teen health clinics had to be called more than once in order to reach a staff member. Nearly 24 percent (9 of 38) had to be called between three and six times.
- HHC teen health clinics use automated directories that are difficult to navigate.
- HHC clinic staff members were often unprofessional and insensitive to a prospective patient's needs.
- There is no HHC teen health clinic in Staten Island.

RECOMMENDATIONS

- All HHC teen health clinics should provide EC for same-day pickup and offer an advance prescription at the patient's request. DOHMH STD clinics should have EC readily available every business day and supply an extra package of EC upon request.
- All HHC teen health clinics should have free female condoms ready for same-day pickup.
- All HHC teen health clinics should supply birth control prescriptions.
- HHC teen health clinic staff should refer patients to another clinic if EC is unavailable.
- HHC teen health clinic staff should receive sensitivity training and general information about EC.
- HHC teen health clinic staff should be available to answer calls during clinic hours, and medical staff should be available every business day.
- HHC teen health clinics' automated answering systems should be made easier to navigate for teens seeking contraceptive services.
- HHC should plan for a teen health clinic in Staten Island.
- The city should expand its reproductive health education initiatives to target teens.

INTRODUCTION

Every year, an estimated 3.1 million Americans become pregnant unintentionally.¹ In New York City, more than 80 percent of teen pregnancies are accidental.² In 2006, 24,373 girls age 15 to 19 became pregnant in New York City, a rate of 95.4 per 1,000.³ More than 15,000 of these pregnancies were aborted, and nearly 8,600 unplanned babies were born.⁴

Unplanned pregnancy can be harmful to both mother and infant. Mothers may experience financial strains, emotional stress, and health complications such as premature labor. Two thirds of teen mothers never finish high school, severely limiting their future earning opportunities.⁵ Indeed, 80 percent of unmarried teen mothers end up receiving welfare.⁶ This cycle of poverty

¹ Trussell, J. and L.L. Wynn, "Reducing Unintended Pregnancy in the United States," *Association of Reproductive Health Professionals*, 77, No. 1, January 2008, <http://www.arhp.org/editorials/january2008.cfm>.

² Trapasso, Clare, "Bronx Teen Pregnancy Rate Soars," *New York Daily News*, March 4, 2008. http://www.nydailynews.com/ny_local/bronx/2008/03/04/2008-03-04_bronx_teen_pregnancy_rate_soars.html.

³ New York City Department of Health and Mental Hygiene, *Summary of Vital Statistics 2006*, <http://www.nyc.gov/html/doh/downloads/pdf/vs/2006sum.pdf>.

⁴ *Ibid.*

⁵ *See 2.*

⁶ Pharmacy Access Partnership, "Minors and Pharmacy Access," Go2ec.org, January 2005, <http://www.go2ec.org/pdfs/MinorsAccess.pdf>.

and diminished opportunity often repeats itself, as the children of teen parents are more likely to become teen parents themselves.⁷ In addition, teen motherhood is correlated with higher rates of infant mortality, low birth weight, and developmental problems for the unborn infant.

Unplanned pregnancy is also costly to the state. In 2004, New York State spent more than \$1.02 billion on unplanned births and abortions.⁸ The New York State Comptroller estimates that the state's Medicaid system could save up to \$262.6 million by making emergency contraception (EC) more accessible.⁹

The New York City Department of Health and Mental Hygiene (DOHMH) 2007 *NYC Vital Signs* report reveals that nearly half of New York City's public high school students have sex by the time they graduate.¹⁰ Yet only 69 percent of sexually active teenagers report that they use condoms, and only 8 percent of sexually active females use birth control pills. Forty-seven percent of survey respondents did not know what EC is.

Proper education and outreach is needed for teenagers to make healthy decisions about sex and contraception. Teens need to be educated about preventive contraceptive methods such as birth control and female condoms to minimize the risk of unintended pregnancy. This "Plan A" strategy should be supplemented by an accessible "Plan B," as EC is sometimes called. In fact, clinics can use the dispensing of EC as an opportunity to teach about sexual health and encourage routine gynecological care.¹¹

There is no behavioral or medical reason to deny teens access to EC. In a study of women age 16 to 20, researchers from the University of Pittsburgh School of Medicine and the Children's Hospital of Pittsburgh found that an advance prescription for EC had no effect on the likelihood of unprotected sex, condom use, frequency of sex, or the number of sexual partners.¹² Seventy-seven percent of teens surveyed believed that making EC more available does not conflict with the understanding that abstinence is the best means of prevention.¹³

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 September 2007 assessing whether DOHMH STD clinics provide 1) free EC, 2) more than one package of EC at a time, and 3) free female condoms, and whether Health and Hospitals Corporation (HHC) teen health clinics provide 1) free or affordable EC, 2) an advance prescription of EC,¹⁴ 3) free female condoms, and 4) birth

⁷ See 2.

⁸ New York State Office of the Comptroller, *Emergency Contraception in New York State: Fewer Unintended Pregnancies and Lower Health Care Costs*, November 2005.

⁹ *Ibid.*

¹⁰ Waddell, E.N., N. Labor, and G. VanWye, "Teen Sexual Activity and Birth Control Use in New York City," *NYC Vital Signs* 2007, 6, No. 3: 1-4, <http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2007youthsex.pdf>.

¹¹ See 6.

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ Investigators made a distinction between an "extra package of EC" as provided by DOHMH STD clinics and an "advance prescription" as provided by HHC teen health clinics. DOHMH STD clinics dispense free EC without prescriptions and can dispense extra packages upon request. HHC teen health clinics use prescriptions to dispense EC and can provide advance prescriptions.

control pills. This report assesses changes in the provision of these contraceptive services since September 2007 and updates information from the earlier report.

BACKGROUND

HHC is a public benefit corporation created by New York State that oversees public health care in the five boroughs.¹⁵ HHC operates 38 teen health clinics that offer reproductive health services including EC, birth control, and female condoms, with five clinics in Queens, eight in the Bronx, 11 in Brooklyn, and 14 in Manhattan.¹⁶ In Fiscal Year 2008, the City Council's allocation plus matching funds from the state equaled a total of \$8.8 million for child and teen health clinics.¹⁷

DOHMH operates ten STD clinics in New York City that provide free EC and female condoms.¹⁸ There are two clinics in Queens, one in the Bronx, two in Brooklyn, four in Manhattan, and one in Staten Island.

Birth control pills contain both estrogen and progesterone and are taken daily to prevent an egg from being released from the ovaries. If used correctly, the pill is 95 to 99.9 percent effective against pregnancy.¹⁹ Birth control pills are the leading form of contraceptive in the United States among women 35 years of age and younger.²⁰ Nationally, 18 percent of public high school students are on the pill.²¹ By contrast, only 8 percent of high school students in New York City are on the pill.²²

Female condoms are made of polyurethane and are packaged with a lubricant. These condoms are worn by a woman and can be inserted up to 24 hours before sexual contact. They are 79 to 95 percent effective if used correctly.²³ Female condoms are not as heavily marketed as male condoms in the United States and are slightly more expensive. The distribution of female condoms at DOHMH STD clinics is rising dramatically, jumping from 22,000 in 2004 to 326,000 in 2006.²⁴

¹⁵ Health and Hospitals Corporation, "About HHC," <http://www.nyc.gov/html/hhc/html/about/about.shtml>.

¹⁶ Health and Hospitals Corporation, "Child and Teen Health Clinics."
<http://home2.nyc.gov/html/hhc/html/community/childhealth.shtml>.

¹⁷ City Council, Fiscal Year 2008 Adopted Expense Budget: Adjustments Summary/Schedule C,
http://www.nycouncil.info/pdf_files/reports/schedule_c_rvs.pdf.

¹⁸ New York City Department of Health and Mental Hygiene, "Free and Confidential Clinics,"
<http://www.nyc.gov/html/doh/html/std/std2.shtml>.

¹⁹ U.S. Department of Health and Human Services, Women's Health, *FAQ's About Birth Control Methods*,
www.womenshealth.gov/faq/birthcont.htm#two.

²⁰ National Center for Health Statistics, Vital and Health Statistics, *Fertility, Family Planning, and Reproductive Health of US Women: Data from the 2002 National Survey of Family Growth*, 23, No. 25, 2005.

²¹ See 10.

²² *Ibid.*

²³ See 20.

²⁴ New York City Department of Health and Mental Hygiene, "Public Health in New York City: Triennial Report 2004-2006," http://www.nyc.gov/html/doh/downloads/pdf/public/triennial_report.pdf.

About one in five New York City teens reports having had four or more sexual partners.²⁵ As the number of sexual partners increases, so does the risk of contracting a sexually transmitted disease. Female condoms give teenage girls the ability to protect themselves from STDs, instead of relying on their partners to wear a condom. This is all the more important as only 69 percent of New York City's sexually active teens use male condoms.²⁶

Emergency contraception, also known as Plan B or the “morning after pill,” can be used to prevent pregnancy after unprotected sex or contraceptive failure, for up to 72 hours after intercourse. EC is a two-dose treatment; the first pill is taken within 72 hours after unprotected sex, and the next pill is taken 12 hours later. EC can be taken up to five days after unprotected sex but has a higher probability of preventing pregnancy if taken within 72 hours.²⁷ EC inhibits pregnancy in one of three ways: it can prevent an egg from leaving the ovary, prevent sperm from fertilizing the egg, or prevent the fertilized egg from attaching to the uterus.²⁸ EC is intended to be used only in case of an emergency, not as regular birth control.

If used correctly after unprotected sex, EC could prevent 80 to 85 percent of teen pregnancies and up to 70 percent of teen abortions.²⁹ However, according to the 2007 *NYC Vital Signs* report, 47 percent of New York City high-schoolers did not know what EC is. The report also found that minorities were dramatically less likely to know about EC or to use birth control pills.³⁰

EC was originally approved in 1999 by the Food and Drug Administration (FDA) for use by prescription only, but since August 2006, it has been available over the counter to women 18 years of age and older.³¹ Prior to over-the-counter sales, the city took steps to provide EC to its residents. In 2003, New York City enacted Local Law 17-184, which requires that all DOHMH clinics and health facilities provide EC to patients.³² This initiative incorporated family planning services into STD clinic services.³³

In addition, in 2005 Mayor Bloomberg and the DOHMH committed \$1 million to an effort known as the Emergency Contraception Education and Outreach Campaign, which was a part of the Healthy Women/Healthy Babies Initiative intended to increase awareness and access to EC.³⁴

²⁵ See 10.

²⁶ *Ibid.*

²⁷ U.S. Department of Health and Human Services, Women's Health, *Emergency Contraception*, www.womenshealth.gov/faq/econtracep.pdf.

²⁸ Henshaw, S.K., “Unintended Pregnancy in the United States,” *Family Planning Perspectives*, 30, No. 1, 1998.

²⁹ Gold, M.A., G.S. Sucato, L.E. Conard, and P.J. Adams Hillard, “Provision of Emergency Contraception to Adolescents,” *Journal of Adolescent Health*, 35, No. 1, 66-70, 2004,

http://www.adolescenthealth.org/PositionPaper_Emergency_Contraception.pdf.

³⁰ See 10.

³¹ Stein, Rob, “Plan B Use Surges, and So Does Controversy,” *Washington Post*, July 13, 2007.

³² NYC Admin Code § 17-184.

³³ The City of New York, Office of the Mayor, Press Release, “Mayor Michael R. Bloomberg Signs Legislation Making Emergency Contraception Available at City Health Clinics,” March 18, 2003.

³⁴ The City of New York, Office of the Mayor, Press Release, “Mayor Bloomberg Announces Healthy Women/Healthy Babies Initiative to Reduce Unintended Pregnancies,” April 21, 2005.

This campaign produced palm cards with information about EC in English, Spanish, and Chinese in order to combat unplanned pregnancy via public education.³⁵

At the time that this initiative was announced, Mayor Bloomberg also announced that HHC facilities would provide EC, as well as an advance prescription for EC in case of future emergencies.³⁶ Research on women age 16 to 20 found that those with advance prescriptions are no more likely to engage in unprotected sex than those without advance prescriptions.³⁷

PREVIOUS REPORTS BY THE PUBLIC ADVOCATE EXAMINING ACCESS TO CONTRACEPTION

In February 2006, the Office of the Public Advocate released a report evaluating the performance of the DOHMH's STD clinics. It revealed that 8 out of 10 STD clinics made EC readily available.³⁸ The Public Advocate's Office issued recommendations on how to further improve access to reproductive health services, including offering EC at every clinic and increasing the availability of doctors at clinics.

In September 2007, the Public Advocate released a report examining contraception access at DOHMH STD clinics and District Public Health Offices (DPHOs) and at HHC teen health clinics. The report revealed that 27 percent of DOHMH sites did not offer EC.³⁹ The 2007 report also determined that 45 percent of HHC teen health clinics did not provide EC and that 82 percent did not have female condoms readily available. It also found that clinics were often difficult to reach, staff members were not fully knowledgeable about the availability and limitations of EC, medical staff were only available certain business days, and staff members were often unprofessional and insensitive.

METHODOLOGY

In June 2008, investigators called 10 DOHMH STD clinics and 38 HHC teen health clinics⁴⁰ to determine whether they provide patients with EC, birth control pills, and female condoms. Investigators followed the same procedure as in 2007 in order to collect data for comparison. A phone survey was again chosen because a phone call is often the first point of access, especially for teenagers unfamiliar with the health care system. Investigators posed as a 17-year-old female with no medical insurance. Clinics were contacted on weekdays between 9:30 am and 4:00pm using phone numbers provided on the HHC and DOHMH websites. The phone survey questions were designed to determine whether the DOHMH STD clinics provided 1) free, readily available

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Gold, M.A., J.E. Wolford, K.A. Smith, and A.M. Parker, "The Effects of Advance Provision of Emergency Contraception on Adolescent Women's Sexual and Contraceptive Behaviors," *Journal of Pediatric and Adolescent Gynecology* 17, 87-96, 2004.

³⁸ The Office of the Public Advocate, *Patients Losing Patience: A Performance Review of New York City's STD Clinics*, April 2006, www.pubadvocate.nyc.gov/policy/documents/STDclinicReport_000.pdf_000.pdf.

³⁹ The Office of the Public Advocate, *Unintended Consequences: Problems with Contraception Access at City Clinics*, September 2007, <http://pubadvocate.nyc.gov/policy/documents/EC-FC-BCreportFINAL9-13.pdf>.

⁴⁰ Only HHC teen health clinics and not child health clinics also listed on the HHC website were surveyed because reproductive health services are appropriate and necessary at teen health clinics but not at child health clinics.

EC and 2) an extra package of EC, and in the case of HHC teen health clinics, 1) whether clinics provided EC, 2) the cost of EC, 3) whether it was readily available, and 4) whether an advance prescription⁴¹ could be obtained in case of future emergencies. Investigators also requested information on the availability and cost of birth control pills⁴² and female condoms. Each clinic was called at least once; some clinics were called several times in an effort to reach a staff member.

FINDINGS

The availability of some contraceptive services had improved, while others had become less available since the fall of 2007. While EC is offered at more HHC teen health clinics, it is readily available at fewer clinics. HHC teen health clinics and DOHMH STD clinics still fail to provide advance prescriptions and extra packages of EC, respectively. DOHMH STD clinics demonstrate nearly the same level of service as in 2007, with one new clinic in operation⁴³ and every clinic offering free EC. Only female condom availability has changed notably, increasing more than 26 percent at HHC teen health clinics since 2007.

HHC Teen Health Clinics			
	2007 Report	2008 Report	Change '07-'08
EC Offered	21 of 38	23 of 38	5% Increase
EC Readily Available*	15 of 38	10 of 38	(13.2%) Decrease
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**The 2007 survey included both DOHMH STD clinics and District Public Health Offices (DPHOs). Since then, the OPA has received information that only STD clinics are mandated to provide EC. This comparison therefore does not include 2007 data on DPHOs.

⁴¹ See 14.

⁴² According to a June 11, 2008, DOHMH letter to the Public Advocate, STD clinics are not required to provide birth control pills. Questions about birth control were therefore addressed exclusively to HHC teen health clinics. The letter also states that DOHMH DPHOs do not provide contraception services at all. Therefore, DOHMH DPHOs were not surveyed for this report.

⁴³ The Riverside clinic had not yet opened in 2007.

EMERGENCY CONTRACEPTION

Seventy-four percent of HHC teen health clinics do not make EC readily available, up from 61 percent in 2007.

Thirty-two percent (12 of 38) of HHC teen health clinics do not provide EC at all,⁴⁴ and an additional 8 percent (3 of 38) either could not be reached or did not know whether they provide EC. One HHC teen health clinic, the Bellevue Hospital Center, informed the investigator that it does not provide EC to minors. Of the remaining 23 clinics that do provide EC, 13 do not have EC available for same-day pickup. In total, EC is not readily available at 74 percent (28 of 38) of HHC teen health clinics.

<i>Barriers to EC Access</i>	<i>Number of Clinics</i>	<i>Percentage of Clinics</i>
Clinic does not provide EC	12	31.6
Clinic unreachable by phone	2	5.3
Clinic staff unable to provide information	1	2.6
EC not available for same-day pickup	13	34.2
<i>Total</i>	<i>28</i>	<i>73.7</i>

The percentage of HHC teen health clinics that provide EC has increased 5 percent since 2007, but the percentage of clinics that make EC readily available has decreased 13 percent.

All HHC teen health clinics fail to provide an advance prescription for EC, including one clinic that did provide an advance prescription last year.

None of the HHC teen health clinics supply an advance prescription for EC, even though studies have shown that women who have an advance prescription for EC are more likely to use it when in need, and are no more likely to have unprotected sex.⁴⁵ The percentage of HHC teen health clinics that provide an advanced prescription of EC has decreased 2.6 percent since 2007.

Seventy-one percent of HHC teen health clinics that do not make EC readily available fail to give referrals to other clinics, up from 55 percent in 2007.

Of the 28 HHC teen health clinics that either do not offer EC or do not make it readily available, 20 (71 percent) did not refer investigators to another clinic. In 2007, 55 percent (12 of 22) of HHC teen health clinics that either did not offer EC or did not make it readily available failed to refer investigators to another clinic.

The cost of EC varies widely at HHC teen health clinics, but more clinics are providing EC free of charge in 2008 than in 2007.

Sixty-one percent (14 of 23) of HHC teen health clinics that provide EC offer it free of charge. Staff at six clinics were not sure how much it costs. Of those that charge a fee, 75 percent (3 of

⁴⁴ Two clinics, the Jacobi Medical Center and the Harlem Hospital Center, were unreachable by phone. In this report, they have been counted as not making EC, birth control, and female condoms readily available because a prospective patient would be unable to reach them for services.

⁴⁵ See 37.

4)⁴⁶ use a fee scale based on ability to pay. The percentage of HHC teen health clinics that provide EC free of charge has increased 42 percent since 2007.

All DOHMH STD clinics provide EC free of charge, but 40 percent (4 of 10) do not have EC readily available, up from 22 percent in 2007.

All DOHMH STD clinics continue to offer free EC, but 4 of 10 do not have EC readily available for same-day pickup. Three STD clinics (East Harlem, Richmond, and Corona) could only offer EC on certain weekdays. The Chelsea clinic requires advance registration and an appointment. The percentage of DOHMH STD clinics that have EC readily available has decreased 18 percent since 2007.

DOHMH STD clinics do not supply an extra package of EC upon request, the same as in 2007.

Eighty percent (8 of 10) of DOHMH STD clinics reported that they do not give out extra packages of EC. The remaining 20 percent (2 of 10) were not sure whether or not they did, and were counted as not supplying an extra package. This finding remains unchanged since 2007, when no clinics offered an extra package of EC.

BIRTH CONTROL PILLS

Eighty-four percent of HHC teen health clinics offer prescriptions for birth control pills, down from 95 percent in 2007.

Eighty-four percent (32 of 38) of HHC teen health clinics prescribe birth control pills for minors. All HHC teen health clinics require appointments with a doctor in order to receive a prescription. Most birth control pills are affordable. Thirty-one percent of HHC teen health clinics that provide birth control (10 of 32) offer it for free. Of those that charge, 75 percent (15 of 20) use a fee scale. Another 15 percent (3 of 20) charge a fee between \$2 and \$15. Two clinics (10 percent) charge market rate pharmacy prices for birth control pills. The percentage of HHC teen health clinics that offer prescriptions for birth control pills has decreased by almost 11 percent since 2007.

FEMALE CONDOMS

Nearly half of HHC teen health clinics fail to provide female condoms, up from 18 percent in 2007.

Forty-seven percent of HHC teen health clinics (18 of 38) told investigators that they do not offer female condoms. A further 8 percent (3 of 38) were unsure whether they do or not. Only 45 percent (17 of 38) indicated that they do offer female condoms. All of the clinics that do offer female condoms were prepared for same-day pickup. The percentage of HHC teen health clinics that provide female condoms has increased by more than 26 percent since 2007.

Nearly all DOHMH STD clinics provide female condoms, the same as in 2007.

All but one DOHMH STD clinic confirmed that they offer female condoms. Staff at the Bushwick clinic were not sure whether or not they offer female condoms. In 2007, all nine clinics surveyed⁴⁷ offered free female condoms.

⁴⁶ The Roberto Clemente Health Center was certain that it charged, but not sure how much or on what basis.

GENERAL ACCESS ISSUES

Contraceptive services at both HHC and DOHMH clinics are still not available every business day.

Many clinics still do not provide contraceptive services on certain days of the week. For example, the Highbridge Health Center in the Bronx only operates its gynecology unit on Tuesdays and three DOHMH STD clinics only offer EC between one and three days of the week.⁴⁸ The 2007 report also noted that clinics frequently lack medical staff or do not provide contraceptive services every business day.

The majority of HHC teen health clinics are still difficult to reach by phone.

More than half (21 of 38) of the HHC teen health clinics needed to be called more than once in order to get through to a staff member. Nearly one in four (24 percent) had to be called between three and six times, and two clinics were never reached.⁴⁹ Every HHC teen health clinic transferred investigators' calls at least three times, and in some cases as many as six times. Nearly all have automated directories with general choices such as "managed care," "outpatient services," and "medical clinics." Investigators were often kept on the line for several minutes while the call was transferred or staff members were sought. Investigators in 2007 experienced the same difficulty.

DOHMH STD clinics are more accessible by telephone than HHC teen health clinics.

Calls to DOHMH STD clinics were answered directly by a staff member and were almost never transferred. Staff members were fully knowledgeable about contraceptive services provided. DOHMH STD clinics are slightly more accessible by phone than in 2007, when several clinics had to be called more than once.

HHC teen health clinic staff members are often unprofessional and insensitive to a prospective patient's needs.

Many clinics transferred investigators calls from department to department, and even responded rudely and aggressively to investigators' questions. When asked whether birth control pills were available and how much they would cost, a staff member at the Elmhurst Medical Center commented, "Just keep in mind that if you're going to be sexually active you need to take some responsibility upon yourself —everything's not free." Investigators encountered similar insensitivity in 2007.

There is no HHC teen health clinic serving Staten Island.

Staten Island does not have an HHC teen health clinic⁵⁰ and, with a teen population of 32,328,⁵¹ is underserved in comparison to other boroughs. While the teen pregnancy rate in Staten Island is

⁴⁷ See 43.

⁴⁸ EC was available at the Corona clinic on Tuesdays and Fridays; at the East Harlem clinic on Tuesdays, Wednesdays, and Thursdays; and at the Richmond clinic on Thursdays.

⁴⁹ Investigators could not reach any department through the Harlem Hospital Center's automated directory. The Jacobi Medical Center eventually directed calls to a line with no answer or voicemail.

⁵⁰ HHC operates two child health clinics in Staten Island, but neither of these provides reproductive health services or focuses on the needs of teens.

the lowest in New York City (63.6 per 1,000 in 2006),⁵² it is comparable to the rate in Queens (69.5 per 1,000),⁵³ which has five HHC teen health clinics, roughly one clinic per 30,000 teens.⁵⁴ The Richmond DOHMH STD clinic located in Staten Island provides EC and female condoms but not birth control pills.

RECOMMENDATIONS

All HHC teen health clinics should provide EC for same-day pickup and offer an advance prescription at the patient's request. All DOHMH STD clinics should supply an extra package of EC upon request.

Because it is necessary to take EC within 72 hours of unprotected sex, it is important that HHC teen health and DOHMH STD clinics provide EC every business day. Delaying access to EC reduces its effectiveness and decreases the likelihood that women will use it. Research shows that women with an advance prescription for EC are nearly twice as likely to use it as those without an advance prescription.⁵⁵ Similarly, supplying an extra package of EC increases the likelihood that a woman will use it and does not increase the likelihood of unprotected sex. An advance prescription or extra package of EC is especially valuable for teens, who may have difficulty getting EC from a clinic within 72 hours of unprotected intercourse due to transportation issues or other obstacles.

All HHC teen health clinics should have free female condoms ready for same-day pickup.

About one in five New York City teens reports having had four or more sexual partners.⁵⁶ As the number of sexual partners increases, so does the risk of contracting a sexually transmitted disease. Female condoms give teenage girls the ability to protect themselves from STDs, instead of relying on their partners to wear a condom. In fact, only 69 percent of New York City's sexually active teens use male condoms.⁵⁷

All HHC teen health clinics should supply birth control prescriptions.

Though 18 percent of sexually active teens use birth control pills nationwide, only 8 percent of New York City teens do.⁵⁸ Making birth control easier to access will encourage sexually active teens to use it and reduce the number of unplanned pregnancies.

HHC teen health clinic staff should refer patients to another clinic if EC is unavailable.

If contraceptive services are not available, staff should refer patients—especially those who request EC—to another facility where patients can receive those services immediately.

⁵¹ Get the Facts N.Y., County Health Statistics for 2007, Richmond, <http://www.getthefactsny.org/policymakers/documents/Richmond.pdf>.

⁵² See 3.

⁵³ *Ibid.*

⁵⁴ Teen population found in Get the Facts N.Y., County Health Statistics for 2007, Queens, <http://www.getthefactsny.org/policymakers/documents/Queens.pdf>.

⁵⁵ Ellertson, C., S. Ambardekar, A. Hedly, K. Coyaji, J. Trussell, and K. Blanchard, "Emergency Contraception: Randomized Comparison of Advance Provision and Information Only," *Obstetrics and Gynecology*, 98, No. 4, 2001, <http://www.greenjournal.org/cgi/reprint/98/4/570>.

⁵⁶ See 10.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

All staff members at HHC teen health clinics should receive sensitivity training and be educated about EC.

Staff members must be ready to provide teens with accurate information in an unbiased manner. Unprofessional conduct may discourage teens from seeking medical care. Staff should be able to provide teens with complete information on EC's effectiveness and time-sensitivity, as well as methods of use to help them make the most informed decision. The National Council of Jewish Women (NCJW) has proposed that the HHC create laminated cards with basic information about EC, answers to common questions, and contact information for nearby clinics in case a referral is needed, for clinic staff to use as a reference. These cards would enable any staff member who answers phone calls to supply accurate and complete information about EC. The Office of the Public Advocate supports this initiative and encourages cooperation between NCJW and the HHC.

HHC teen health clinic staff should be available to answer calls during clinic hours and contraceptive services should be available every business day.

Unanswered calls and limited availability of contraceptive services create an obstacle for teens. Clinic staff should be available to attend to patient calls during business hours. Similarly, medical staff should be available to provide contraceptive services during the business week.

HHC teen health clinics' automated answering systems should be made easier to navigate for teens seeking contraceptive services.

Clinics should be as easy to reach as possible. Phone numbers for HHC teen health clinics should lead directly to the teen health clinic departments of larger facilities rather than the general directory. Automated directories should be clear and simple for teens to navigate. Transfer options that may be difficult to recognize as points of access for reproductive services, such as "outpatient services" and "managed care," should be replaced with clearer options.

HHC should plan for a teen health clinic in Staten Island.

While the Staten Island teen pregnancy rate is the lowest in New York City (63.6 per 1,000 in 2006),⁵⁹ it is comparable to the rate in Queens (69.5 per 1,000),⁶⁰ which has five HHC teen health clinics, roughly one clinic per 30,000 teens.⁶¹ With a teen population of 32,328,⁶² Staten Island should have at least one HHC teen health clinic.

The city should expand its reproductive health education initiatives to target teens.

According to the 2007 *NYC Vital Signs* report, 47 percent of New York City high-schoolers did not know what EC is. The report also found that minorities are dramatically less likely to know about EC or to use birth control pills. Better education is necessary to improve access to contraceptive services for all New York City teens.

⁵⁹ See 3.

⁶⁰ See 3.

⁶¹ Teen population found in Get the Facts N.Y., County Health Statistics for 2007, Queens, <http://www.getthefactsny.org/policymakers/documents/Queens.pdf>.

⁶² Get the Facts N.Y., County Health Statistics for 2007, Richmond, <http://www.getthefactsny.org/policymakers/documents/Richmond.pdf>.

Appendix A

HHC Teen Health Clinics

<i>Name</i>	<i>Borough</i>	<i>EC Offered</i>	<i>EC readily available</i>	<i>Cost of EC</i>	<i>Birth control</i>	<i>Cost of BC</i>	<i>Female condom</i>
Jacobi Medical Center	Bronx	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Gun Hill Health Center	Bronx	Yes	Yes	Free	Yes	Not sure	Yes
North Central Bronx Hospital	Bronx	Yes	Yes	Not sure	Yes	Free	No
Health Center at Tremont	Bronx	Yes	Yes	Free	Yes	Fee scale	Yes
Lincoln Medical Center	Bronx	Yes	Yes	Free	Yes	Free	Yes
Morrisania Center	Bronx	Yes	No	Free	Yes	Fee scale	No
Highbridge Health Center	Bronx	No	n/a	n/a	Yes	Not sure	No
Segundo Ruiz Belvis Center	Bronx	Yes	No	Not sure	Yes	Free	Yes
Cumberland Diagnostic & Treatment Center	Brooklyn	Yes	Yes	Free	Yes	Fee scale	Yes
Woodhull Medical Center	Brooklyn	Yes	Yes	Fee scale	Yes	Fee scale	Yes
Bushwick Community Health Center	Brooklyn	Yes	Yes	Free	Yes	\$10	Yes
Bushwick Communicare	Brooklyn	No	n/a	n/a	Yes	Free	No

Name	Borough	EC Offered	EC readily available	Cost of EC	Birth Control	Cost of BC	Female Condom
Greenpoint Community Health Center	Brooklyn	No	n/a	n/a	Yes	Fee scale	Not sure
Williamsburg Health Center	Brooklyn	No	n/a	n/a	Yes	Fee scale	No
Kings County Hospital Center	Brooklyn	Yes	Yes	Free	Yes	Free	Yes
KCH Fifth Ave Health Center	Brooklyn	Not sure	Not sure	Not sure	Yes	Free	No
East New York Diagnostic & Treatment Center	Brooklyn	Yes	Yes	Fee scale	Yes	Free	No
Coney Island Hospital	Brooklyn	Yes	No	Not sure	Yes	Free	Not sure
Ida G. Israel Community Health Center	Brooklyn	Yes	No	Free	Yes	Free	Yes
Harlem Hospital Center	Manhattan	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Dyckman Clinica de las Americas	Manhattan	No	n/a	n/a	Yes	Fee scale	No
Renaissance Health Care	Manhattan	Yes	No	Free	Yes	Fee scale	Yes
Drew Hamilton Houses Health Center	Manhattan	No	n/a	n/a	Yes	\$2-\$10	No
Grant Houses Clinic	Manhattan	Yes	No	Not sure	Yes	Fee scale	Yes
Sydenham Health Center	Manhattan	Yes	No	Free	Yes	Fee scale	Yes

Name	Borough	EC Offered	EC readily available	Cost of EC	Birth Control	Cost of BC	Female Condom
Metropolitan Hospital Center	Manhattan	Yes	Yes	Free	Yes	Fee scale	Yes
La Clinica del Barrio	Manhattan	Yes	No	Not sure	Yes	\$10-\$15	No
Bellevue Hospital Center	Manhattan	No	n/a	n/a	Yes	Fee scale	No
Gouverneur Diagnostic & Treatment Center	Manhattan	Yes	No	Fee scale	Yes	Fee scale	Yes
Baruch Houses Family Health Center	Manhattan	No	n/a	n/a	No	n/a	No
Judson Health Center	Manhattan	No	n/a	n/a	Yes	Fee scale	No
Smith Communicare Health Center	Manhattan	No	n/a	n/a	No	n/a	No
Roberto Clemente Health Center	Manhattan	Yes	No	Fee	No	n/a	Yes
Elmhurst Hospital Center	Queens	No	n/a	n/a	Yes	Fee scale	Not sure
Ridgewood Communicare Clinic	Queens	Yes	No	Free	Yes	Pharmacy prices	Yes
Medical Center at Sunnyside	Queens	Yes	No	Free	Yes	Pharmacy prices	No
Queens Hospital Center	Queens	Yes	No	Free	Yes	Free	Yes
Parsons Communicare Clinic	Queens	No	n/a	n/a	No	n/a	No

Appendix B

DOHMH STD Clinics

<i>Name</i>	<i>Borough</i>	<i>EC Offered</i>	<i>EC Readily Available</i>	<i>Extra Package of EC</i>	<i>Cost of EC</i>	<i>Female Condom</i>
Morrisania	Bronx	Yes	Yes	No	Free	Yes
Richmond	Staten Island	Yes	No	No	Free	Yes
Bushwick	Brooklyn	Yes	Yes	Not sure	Free	Not sure
Fort Greene	Brooklyn	Yes	Yes	No	Free	Yes
Central Harlem	Manhattan	Yes	Yes	No	Free	Yes
East Harlem	Manhattan	Yes	No	No	Free	Yes
Chelsea	Manhattan	Yes	No	No	Free	Yes
Riverside	Manhattan	Yes	Yes	Not sure	Free	Yes
Corona	Queens	Yes	No	No	Free	Yes
Jamaica	Queens	Yes	Yes	No	Free	Yes