



## Department of Health

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Dear Colleagues:

I began this month by celebrating National Public Health Week, April 1 – 7, with a number of speaking engagements in the Hudson Valley region. Public Health Week is an opportunity to promote our efforts to improve population health, provide better individual care, and lower costs. It is also a time to focus attention on our collaborations with local health departments, the Prevention Agenda (New York's health improvement plan), and the tireless efforts of public health and healthcare professionals across the state.

During Public Health Week, I hosted a Grand Rounds in Ellenville on the future of primary care, including the role primary care practitioners play addressing the social determinants of health, the role of telehealth in primary care, and synergies between critical access hospitals and community health centers. I was also a guest on a radio show devoted to public health and Health Across all Policies in Ulster County with the local commissioner of health, and I discussed health literacy with staff and clients of the Montefiore Nyack Hospital. Health literacy takes many forms and is a critical component of provider-patient communication. You will hear from me on this topic again. It was truly rewarding to celebrate prevention, among all our efforts to make New York the healthiest state.

Turning to this month's two topics, you may be aware that April is Sexually Transmitted Disease (STD) Awareness Month. With that in mind, one of the topics I will be focusing on this month is New York State's rising STD rates. The other topic I will discuss this month is the importance of advanced healthcare decision making.

**Sexually Transmitted Disease:** More STDs are diagnosed each year than any other communicable disease in New York State (NYS). In 2016, there were almost 150,000 diagnoses of chlamydia, gonorrhea, and syphilis reported in NYS, compared to approximately 113,000 cases of all other reportable communicable diseases combined. Chlamydia, gonorrhea, and early syphilis increased 6%, 13%, and 24%, respectively, from 2015 to 2016. This represents the third consecutive year of increases in all three STDs. Preliminary 2017 numbers suggest a fourth year of increases. While New York's plan to [End AIDS](#) as an epidemic by the end of 2020 has brought new resources and energy to public health in NYS, the topic of sexual health continues to make some people uncomfortable. There are many things providers can do to ensure patients understand that sexual health is simply another aspect of overall health.

Discussing sexual health is the first step to providing sexually active patients with the care they need, including STD screening, treatment, and immunization. The Clinical Education Initiative of the NYS Department of Health (Department) offers [training](#) on these topics, as well as how to broach the subject of behavioral risks. CME credits are available. Condoms, screening, and treatment remain effective mainstays in STD prevention, and newer options, such as PrEP and Expedited Partner Therapy, offer additional exciting opportunities to support a comprehensive approach to sexual health.

- **Condoms:** Making condoms readily accessible to all sexually active patients is an easy way to support your patients' family planning and sexual health decisions. If you see sexually active patients on a regular basis, I encourage you to visit the [NYSCondom](#) website to learn how eligible organizations can request free condoms and other risk reduction supplies from the Department.
- **PrEP:** Pre-exposure prophylaxis (PrEP) is medicine prescribed to prevent HIV-negative people from acquiring HIV even if they are exposed to it. To be on PrEP, patients must also receive regular primary care and consistent STD screening. This regular engagement in care makes PrEP a unique and powerful STD prevention tool, in addition to an HIV prevention tool, because it allows for earlier diagnosis of STDs (especially asymptomatic infections, of which a patient would not otherwise be aware). If you are a PrEP/PEP provider, please consider joining the Department's PrEP/PEP [Provider Voluntary Directory](#) to make it easier for people who could benefit from PrEP to find a local provider.
- **Expedited Partner Therapy (EPT):** One of the best opportunities for combatting chlamydia, the most commonly reported STD (110,000 diagnoses in 2016), is EPT. EPT allows providers to give patients who have been diagnosed with an STD either antibiotics or a written prescription, intended for the patients' sexual partners, for treatment of chlamydia. EPT is not currently an option for other STDs. Please visit [Expedited Partner Therapy: A Summary for Health Care Providers](#) to learn more about how EPT works (including laws and regulations), why it's important, and how to participate.
- **Partner Services:** Finally, it is important to make comprehensive sexual health accessible for the partners of patients newly diagnosed with STDs. Partner Services is a free and confidential program administered by state and local health departments to link persons diagnosed with STDs (HIV, syphilis, gonorrhea, chlamydia) and their partners to testing, treatment, and medical care. Partner Services is the front-line public health intervention to stop the transmission of STDs and prevent outbreaks. The Department has supported the development of two videos - one geared towards [providers](#) and one geared towards [patients](#) - explaining how Partner Services works and methods for discussing it with patients.

**Healthcare Decision Making:** As providers, you know better than most how easily the unexpected can happen. How many times have you witnessed families stumbling over complex decisions in states of trauma and grief, unsure what their loved one would want? The purpose of advanced care planning is to ensure that important information regarding treatment preferences is documented and known in the event an individual of any age cannot speak for his or herself.

Nationally, ninety percent of people say that talking to their loved ones about end-of-life care is important, yet only twenty-seven percent have done so. Most people do not realize that advanced care planning is a process and are often unaware of the physiological symptoms experienced at the end of life, or the medical practices and procedures that are available in those circumstances.

As a pediatrician, I have had to discuss end-of-life planning with some very young patients and their families. In fact, I recently observed the 15th anniversary of the death of a 22-year-old former patient who had suffered from a terminal childhood illness. Even though she was young when she died, we had years to plan, but that is not always the case. A few months ago, a friend asked me about advanced care planning for her mother, who at the time was healthy. Her mother became critically ill and passed away only a short time later. Another friend recently asked me to become his healthcare proxy.

On April 16, 2018, New York State is participating in National Healthcare Decisions Day. This day is dedicated to sharing information about advanced care planning and encouraging people to start the process with their loved ones. I encourage you to think about how you can share information about healthcare decisions and advanced planning with your patients. Our [website](#) and the National Healthcare Decisions Day [website](#) can offer resources to help start the conversation.

It is also important to note that April is National Minority Health Month. This commemoration provides us with an important opportunity to raise awareness about the health conditions, such as asthma and diabetes, which exhibit disparities that persist among racial and ethnic minority populations, and highlight legislation, policies, and programs that can help advance health equity. The Department's Office of Minority Health and Health Disparities Prevention (OMH-HDP), serves as a statewide resource for effecting the elimination of health disparities across all impacted populations, by working with individuals, communities, government and public/private partners to ensure high quality, affordable and accessible healthcare for all New Yorkers. Most recently, OMH-HDP released a series of [Health Equity Reports](#) for select cities and towns across New York State, to assist in the identification and assessment of racial and ethnic health disparities at a sub-county level. These reports provide critical information and, combined with community input, can be used to guide program and policy development; refine scopes of work; and promote activities to support the Prevention Agenda.

And April now has another distinction. On Friday April 13, 2018 Governor Cuomo issued a [Proclamation](#) declaring April as Donate Life Month in New York State. The decision to become an [organ donor](#) is truly one of the most important and selfless decisions a person can make and I thank all the New Yorkers that have answered the call.

Finally, I'd like to thank everyone who attended or watched one of the 2017-2018 Commissioner's Grand Rounds this year. If you missed one, forgot to submit your CME application, or are interested in viewing a session from a previous year, please visit the [Department's website](#). New sessions will begin again in September.

As always, thank you for your attention to these critical matters. Wishing you the best.

Sincerely,



Howard A. Zucker, M.D., J.D.