both separate and integrated STD sessions (not shown).

Some 45% of clients obtaining STD services from public health departments have a family income below the federally designated poverty level, and another 38% have an income between 100% and 250% of the poverty level. On average, 55% of STD clients are non-Hispanic white, 35% are black, 9% are Hispanic and 2% are members of other racial or ethnic groups.

Among clients who received STD services, 57% tested positive for STDs. Chlamydia ranked as the most frequent STD for which health departments provided care; 23% of clients were tested or treated for this infection. (In accordance with CDC guidelines, many health departments do not test for chlamydia; instead, they automatically treat clients who have gonorrhea, 3% had early-stage syphilis and 18% had some other STD.

Only 13% of STD clients in agencies where STD services are provided exclusively in separate sessions were found to have chlamydia, compared with 24–27% in other agencies (not shown). Although these differences are not statistically significant, they might reflect that health departments with integrated STD services are linked to family planning programs, which may have separate funding to test for and treat chlamydia.

**Services Provided**

- **Service hours.** For the most part, STD services are available at health department facilities only during weekday working hours. Some 23% of agencies have an STD service site with hours after 6 P.M.; 5% have a site with weekend hours (Table 3).

  While 61% of health departments reported that a new client can get STD services the same day he or she contacts the agency’s largest STD service site, 24% said the client has to wait 1–2 days and 15% said the wait is 3 days or more. Some 4% reported that a new client has to wait at least six days to receive STD testing and any necessary treatment (not shown).

  - **Services for specific STDs.** Health departments that provide care under the general rubric of STD services may not be able to test for or even treat all common STDs.

  Every responding agency provides both testing and treatment for gonorrhea, although 1–2% do so only by referral to another provider. Testing for syphilis is available directly from 99% of health departments and by referral in the remainder; 93% of agencies directly provide syphilis treatment, 6% do so by referral and 1% do not provide any syphilis treatment.

  Service provision is less common for chlamydia. Only 82% of health departments with STD services have at least one site that offers testing for chlamydia; 11% provide it only by referral to another provider and 7% do not provide chlamydia testing either directly or by referral. By contrast, 97% provide chlamydia treatment directly and 2% do so by referral to another provider. Even among agencies that do not directly provide chlamydia testing, 83% directly provide treatment (not shown). The difference between the proportions offering chlamydia testing and treatment is probably another reflection of many agencies’ practice of automatically providing chlamydia treatment to clients with confirmed cases of gonorrhea.

  - **Client history and education and counseling.** Almost all (94–99%) health departments providing STD services routinely ascertain new clients’ sexual, contraceptive and STD history and offer them education and counseling regarding risk factors for HIV and other STDs. Only 66–78% of agencies routinely inquire about substance use, counsel clients about effective contraceptive use and teach new clients how to more effectively negotiate condom use with their partners. Most agencies that do not routinely carry out these activities do so on indication or by request for selected clients. The proportion of agencies that routinely offer contraceptive education and counseling ranges from 70–77% among those that provide any STD services in integrated sessions to 47% of those that use only separate sessions (not shown).

  - **Partner notification and treatment.** To avoid infecting others, sex partners of persons with diagnosed STDs must know about their exposure to the infection, undergo testing and obtain necessary treatment. Essentially all health departments seek to inform partners of clients with chlamydia, gonorrhea or syphilis, either by having staff notify them or by urging infected clients to tell their partners. However, the proportion of agencies in which staff members notify partners directly varies from 92% if the client has syphilis to 67% if the client has gonorrhea and 53% if the client has chlamydia.

Virtually all health department STD programs require that an infected client’s partner come into the clinic to receive testing and, if necessary, treatment for gonorrhea and syphilis (97% and 98%, respectively), but the proportion is slightly lower (89%) for chlamydia. While 95% give clients infected with chlamydia medication for their partner without requiring the partner to come into the clinic, only 2% follow this procedure for clients infected with gonorrhea or syphilis. Some 2% of programs neither require partners of chlamydia patients to come in for treatment nor give them medication without their making a clinic visit.

- **Contraceptives and barrier methods provided.** Overall, 98% of health department STD programs provide male condoms, and 20% provide female condoms; 73–76% offer spermicides, oral contraceptives and other methods. Agencies that offer STD services in separate sessions are the least likely to provide methods other than the male condom, even though they generally see as many female as male STD clients. For example, only 22% provide oral contraceptives, compared with 80–88% of agencies where STD services are sometimes or always offered together with other services (not shown).

  - **Referral for reproductive health services.** When an STD client or a client’s partner needs contraceptive or other reproductive health services not provided at STD service sites, the majority of agencies provide a referral to a private doctor or to a health department family planning clinic (63%