

Capacity Building and HIV Prevention Services

Request for Proposals (RFP)

Solicitation #: 2017.01.HIV.01.01

**Issued by Public Health Solutions on behalf of the
New York City Department of Health and Mental Hygiene**

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Category 1: Organizational Support for Agencies Serving Black Men Who Have Sex with Men (MSM)

Contract Awards

Gay Men of African Descent, Inc.
Cicatelli Associates, Inc. in partnership with Get It, Get It
The Black LGBT Alliance of New York, Inc.

Category 2: Organizational Capacity Building Assistance for Agencies Serving Black Men Who Have Sex with Men (MSM)

Contract Awards

Astraea Foundation, Inc. in partnership with The Pipeline Project
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Background of Categories 1 & 2: In New York City (NYC), HIV disproportionately affects Black/African American men, particularly Black gay, bisexual and other men who have sex with men (MSM). Black men constitute 31% of new HIV diagnoses in NYC. In addition, Black MSM in the United States are more likely than MSM of other racial and ethnic identities to be infected with HIV, and Black MSM living with HIV are less likely than other MSM to initiate or adhere to antiretroviral therapy, or to be virally suppressed.¹ Furthermore, Black MSM are more likely to confront social and structural barriers that can increase HIV risk. In NYC, a set of clinical and community-based organizations provide support and medical care to Black MSM, helping to provide needed HIV prevention and care services as well as services that address the contexts of HIV risk. A limited number of these organizations are led by Black MSM or serve Black MSM from a grassroots community approach.

Purpose of Categories 1 & 2: Contractors awarded in these two service categories are tasked with strengthening and supporting organizations that focus on serving Black MSM. The overall goal is to greatly reduce new infections and to improve HIV care outcomes among Black MSM. The more specific goal is to help organizations that focus on serving Black MSM increase their ability to prevent HIV and broadly promote the general well-being of their communities, primarily by addressing the sexual health needs of Black MSM, and secondarily by addressing social factors that may exacerbate HIV risk and other health inequities.

¹ Millett GA, Peterson JL, Flores SA, et al. Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK and USA: a meta-analysis. *Lancet* 2012;380:341–8.

Category 3: Citywide Public Health Detailing Campaign on Pre- and Post-Exposure Prophylaxis (PrEP and PEP) for the Prevention of HIV

Contract Awards

OnCall, LLC

Background: Pre- and post-exposure prophylaxis (PrEP and PEP, respectively) are effective at preventing HIV yet are under-prescribed²⁻⁴. Major barriers to prescribing PrEP and PEP that exist among health care providers include limited and sometimes incorrect knowledge; reluctance to screen for behaviors related to HIV risk; and a phenomena called the “purview paradox”.^{5,6} The New York City (NYC) Department of Health and Mental Hygiene’s (DOHMH) is committed to conducting citywide PrEP and PEP public health detailing campaigns, which requires brief, one-on-one interactions with health care providers and office staff.

Purpose: Public health detailing has been proven as an effective model for promoting a variety of public health interventions to date.⁷ The organization funded under this category will conduct citywide, PrEP- and PEP-focused public health detailing with visits to providers working at practices identified by BHIV as having recently diagnosed HIV and/or considered high priority.

Category 4: Events to Promote the Health and Wellness of Black Men Who Have Sex with Men (MSM)

Contract Awards

The New York Blood Center, Inc.

Background: NYC surveillance data indicate that communities of color are disproportionately affected by HIV; high rates of HIV diagnoses, morbidity, and mortality are especially concentrated in central Brooklyn, south Bronx, and central Harlem. In addition, local survey data suggest that Black MSM may have less access to effective prevention strategies, including pre-exposure prophylaxis (PrEP), when compared to their white counterparts.⁸ In addition to the disproportionate effect of HIV on Black MSM, these individuals are at the intersection of two identities more prone to poverty and discrimination. As discussed during the NYC DOHMH-hosted community listening session (Brooklyn, June 2016), HIV was not among the highest concerns reported by MSM of color; more concern was expressed regarding housing, employment, and immigration-related issues.⁹ Social events have been found to be effective interventions that can address social isolation among gay and bisexual men. These events are also a good opportunity to promote health and wellness and address other social determinants of health, including racism, homophobia, substance use, and mental and behavioral health issues.

Purpose: The Contractor funded under this category is tasked with two social events that promote the health and wellness of Black MSM.

² Centers for Disease Control and Prevention. Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014. A Clinical Practice Guideline. Available at: <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

³ Jain S, Mayer KH. Practical guidance for nonoccupational postexposure prophylaxis to prevent HIV infection: an editorial review. AIDS. 2014;28(11):1545-1554.

⁴ Smith DK, Van Handel M, Wolitski RJ, Stryker JE, Hall HI, Prejean J, Koenig LJ, Valleroy LA. Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition--United States, 2015. MMWR Morb Mortal Wkly Rep. 2015 Nov 27;64(46):1291-5.

⁵ Krakower, D., Ware, N., Mitty, J. A., Maloney, K., & Mayer, K. H. (2014). HIV providers’ perceived barriers and facilitators to implementing pre-exposure prophylaxis in care settings: a qualitative study. AIDS and Behavior, 18(9), 1712-1721.

⁶ Karris, M. Y., Beekmann, S. E., Mehta, S. R., Anderson, C. M., & Polgreen, P. M. (2014). Are we prepped for preexposure prophylaxis (PrEP)? Provider opinions on the real-world use of PrEP in the United States and Canada. Clinical infectious diseases, 58(5), 704-712.

⁷ Dresser et al. Public Health Detailing of Primary Care Providers: New York City’s Experience, 2003–2010 Am J Public Health.2012;102:S342–S352

⁸ N.Y.C. Dept. of Health & Mental Hygiene, Unpublished Sexual Health Survey data, as reported by May 18, 2015 (2016).

⁹ N.Y.C. Dept. of Health & Mental Hygiene, Unpublished findings from community listening session on sexual health, as reported by Jun. 2, 2016 (2016).