

**Concept Paper**  
**Enhanced Distribution of Safer Sex Products and Materials Among Communities**  
**Disproportionately Impacted by HIV in New York City**  
Release Date: February 28, 2018

**1. Purpose for Intended Request for Proposals (RFP)**

The core mission of the Bureau of HIV/AIDS Prevention and Control (BHIV) within the New York City Department of Health and Mental Hygiene (NYC DOHMH) is to reduce the incidence of HIV infection among NYC residents and improve the health of residents living with HIV, thereby reducing morbidity and mortality associated with HIV. This mission is fully aligned with both the National HIV/AIDS Strategy, the Centers for Disease Control and Prevention's (CDC) High Impact Prevention approach, and the End the Epidemic (ETE) Initiative in New York State.

Through NYC DOHMH's Master Contractor, Public Health Solutions (PHS), the BHIV will be soliciting proposals to:

- Implement CDC's [Condom Distribution as a Structural Level Intervention](#) (CDSI) program.
- Conduct targeted distribution of safer sex products and educational materials to priority populations.
- Distribute safer sex products and educational materials in high priority neighborhoods through outreach and placement in traditional and non-traditional local venues.
- Provide education on sexual health and combination HIV prevention (including safer sex products, practices, and biomedical prevention) to priority populations, other residents living in high priority neighborhoods, gate keepers, and venue owners.

**2. Background**

The NYC Condom Availability Program (NYCAP), part of the NYC DOHMH's BHIV, promotes the use of safer sex products and materials to help prevent HIV transmission, other sexually-transmitted infections and to help prevent unintended pregnancy. The program provides free male condoms, FC2s (female/insertive condoms) and lubricant for distribution in over 3,500 venues, ranging from hospitals to bars/clubs and social service agencies throughout the five boroughs of NYC. In 2016, NYCAP distributed over 36 million male condoms and over 1 million FC2s. Since NYC branded the first NYC Condom in 2007, the goal of the program has been to increase the availability, accessibility, and acceptability of safer sex products across NYC in addition to normalizing condom use among the city's sexually active residents.

In 2008, in an effort to expand and structure venue-based condom distribution, BHIV began funding community-based organizations (CBOs) to conduct safer sex products and other materials distribution to NYC communities disproportionately affected by HIV/AIDS. Condom distribution programs have proven to increase condom acquisition and use, prevent HIV/sexually transmitted infections (STIs), and be a cost-effective structural-level intervention<sup>1,2</sup> and NYC's condom distribution contracts have been identified by the CDC as one the nation's leading models. In addition, this enhanced distribution model helps to ensure that male condoms, FC2s, and lubricant are made more accessible to harder-to-reach and underground populations in NYC.

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<sup>1</sup> <https://www.cdc.gov/hiv/pdf/programresources/guidance/condoms/cdc-hiv-condom-distribution.pdf>

<sup>2</sup> Charania MR, Crepaz, N, Guenther-Gray C, Henny K, Liau A, Willis LA, Lyles, CM. Efficacy of Structural-Level Condom Distribution Interventions: A Meta-Analysis of U.S. and International Studies, 1998-2007. *AIDS Behav* 2011 Oct;15(7):1283-97. Accessed May 13, 2015

The NYC DOHMH promotes a combination HIV prevention approach which includes using condoms and safer sex products as often as possible, getting tested for HIV, taking medicines to treat or prevent HIV, and using plenty of water-based or silicon-based lube. When offered alongside behavioral and structural interventions, such as counseling and education, safer sex products and materials, antiretroviral medications for HIV treatment, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) serve as important tools that are part of a combination approach to HIV prevention.<sup>3</sup> Antiretroviral medicines can effectively eliminate the risk of sexual transmission of HIV<sup>4</sup> and in August 2016, the NYC Health Department signed a [consensus statement](#) affirming that people with HIV who have maintained an undetectable viral load for at least six months do not sexually transmit HIV. In addition, when taken consistently, PrEP has been shown to reduce the risk of HIV infection by up to 92%.<sup>5</sup> In May 2014, the US Public Health Service released the first comprehensive guidelines for PrEP<sup>6</sup> and recommended that PrEP be considered for people who are HIV-negative and at substantial risk for HIV. PEP is also now a part of standard practice for both occupational and non-occupational exposures to HIV, and studies demonstrate that PEP effectively reduces transmission risk.<sup>7-10</sup> Used in combination with these biomedical interventions, condoms are a fundamental part of the sexual health toolkit contributing to the prevention of HIV and STI transmission as well as unintended pregnancies.

### 3. Forthcoming RFP Service Category Description

#### **Service Category:** Enhanced Distribution of Safer Sex Products and Materials among Communities Disproportionately Impacted by HIV in NYC

Through this service category, BHIV aims to increase the availability, accessibility, and acceptability of condoms and safer sex products among 1) priority populations and 2) residents of high priority neighborhoods. To address these aims, applicants will be expected to:

#### 1. *Develop an Enhanced Distribution Strategic Plan (one-time deliverable)*

This may include, but is not limited to, meeting with key stakeholders, assessing available data and resources, conducting a needs assessment and key informant interviews, and consulting with gatekeepers to develop and implement a comprehensive strategic plan to support the programmatic aims of this service category and to ensure engagement of the program's priority populations. Strategic plan development will be done in conjunction with NYC DOHMH guidance.

#### 2. *Conduct Active Distribution to Non-Traditional Sites*

Establish partnerships to enhance distribution through non-traditional sites located in high priority neighborhoods. The building and maintenance of this non-traditional site network will include conducting active recruitment of non-traditional sites, visiting and re-stocking their sites with safer sex products and materials on a monthly basis, and providing them with information on combination HIV prevention.

<sup>3</sup> Vermund, S. H., Tique, J. A., Cassell, H. M., Johnson, M. E., Ciampa, P. J., & Audet, C. M. (2013). [Translation of biomedical prevention strategies for HIV: prospects and pitfalls](#). *Journal of acquired immune deficiency syndromes*, 63(0 1), S12.

<sup>4</sup> <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>

<sup>5</sup> <http://www.cdc.gov/hiv/prevention/research/prep/>

<sup>6</sup> <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

<sup>7</sup> Jain, S. & Mayer, K. H. (2014). Practical guidance for nonoccupational postexposure prophylaxis to prevent HIV infection: an editorial review. *AIDS* 28:1545-1554.

<sup>8</sup> Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *New Engl J Med*. 1997;337(21):1485-1490.;

<sup>9</sup> McAllister J, Read P, McNulty A, Tong WW, Ingersoll A, Carr A. Raltegravir-emtricitabine-tenofovir as HIV nonoccupational post-exposure prophylaxis in men who have sex with men: safety, tolerability and adherence. *HIV Med*. 2014;15(1):13-22.

<sup>10</sup> <http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

3. *Conduct Distribution Outings for Priority Populations*

This will include distributing safer sex products and materials to priority populations disproportionately affected by HIV. Applicants will be expected to identify 3-4 priority populations to propose to serve through this service category. In addition, applicants will be expected to develop and implement innovative outreach strategies to engage and distribute products to their identified priority populations. Distribution outings may include, but are not limited to, distribution at locations or venues where members of the identified priority populations frequent (for recreation or services) during both day and evening hours; areas, events, or venues where sexual activity and/or drug use takes place; or any other site or activity known to engage members of the priority populations as identified through the strategic plan.

4. **Priority Populations**

The NYC DOHMH recognizes that persons may have multiple, intersecting identities and, therefore, the categories listed below are not mutually exclusive nor exhaustive. Applicants are expected to primarily focus their distribution efforts funded under this grant towards the 3-4 priority populations they identify. Applicants are not limited to the categories of populations listed below and are welcome to propose additional groups or sub-populations as they deem appropriate. Examples of potential priority populations and sub-populations may include, but are not limited to:

1. Gay, bisexual and other men who have sex with men (MSM), especially
  - Those who are Latino and Black
  - Those under the age of 29
2. Transgender and gender nonconforming (TGNC) persons and their partners, especially
  - Those who are Latino/Latina and Black
  - Those under the age of 29
  - Transgender women who have sex with cisgender men
3. Heterosexual women of color, especially
  - Those over the age of 30
  - Those in high HIV and STI prevalence neighborhoods
4. Other vulnerable populations including, but not limited to persons who:
  - Have sex for money, drugs, food or housing
  - Use methamphetamine or crack cocaine in sexual contexts
  - Were born outside of the United States
  - Inject drugs
  - Have known HIV-positive partners
  - Are living in poverty or have limited access to healthcare

5. **Anticipated Term of the Contract**

Contracts will be awarded for a term of up to three (3) years with option to renew; each subsequent year after Year 1 will be formally authorized for program continuation contingent on the availability of funds, successful performance of contractual obligations as determined by the NYC DOHMH, and continued prioritization of identified populations and geographic areas.

**6. Anticipated RFP Timeline**

The following is an overview of the current tentative timeline for the Enhanced Distribution of Safer Sex Products and Materials Among Communities Disproportionately Impacted by HIV in New York City RFP. Contracts awarded through this RFP will have a January 1, 2019 start date.

Anticipated Date	Activity
May 2018	Release of RFP
September 2018	Projected Award Announcement
October 2018	Contract Negotiations
January 2019	Projected Contract Start Date

**7. Funding Information**

Service Category	Anticipated Funding Range	Anticipated Number of Awards
Enhanced Distribution of Safer Sex Products and Materials Among Communities Disproportionately Impacted by HIV in New York City	\$200,000 - \$270,000	3-4
<b>Anticipated Total Funding Available</b>	<b>\$813,800</b>	

**8. Anticipated Reimbursement Structure**

It is anticipated that services provided under this service category will be reimbursed using a deliverables and fee-for-service payment methodology.

**9. Anticipated Contractor Performance Reporting Requirements**

Awarded contractors must comply with all NYC DOHMH and PHS reporting requirements. The NYC DOHMH will require the submission of data through the Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE) for applicable client level services and deliverables and/or an alternate form of submission to be determined at a later time. The NYC DOHMH and/or PHS will provide training and technical assistance on the use of eSHARE and submission of reports.

**10. Feedback on Concept Paper**

Please submit all comments regarding this Concept Paper for Enhanced Distribution of Safer Sex Products and Materials Among Communities Disproportionately Impacted by HIV in New York City no later than April 16, 2018 to [CondomDSICP@healthsolutions.org](mailto:CondomDSICP@healthsolutions.org)