



## Unity Project: PrEP for Adolescents

Request for Proposals (RFP)  
Solicitation # 2019.01.HIV.01.02

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

Issue Date: January 14, 2019

While New York City (NYC) has made significant progress towards ending the HIV epidemic, disparities in new diagnoses continue to persist, in large part, due to institutional mechanisms of racism, sexism, classism, homophobia, transphobia, and other systems of oppression that persist in the United States and affect healthcare systems, including the field of HIV prevention and care.<sup>1,2</sup> For health related disparities, this translates to historically segregated communities having more difficulty attracting primary care physicians, funding for health-related infrastructure and services, and funding for other resources that affect healthcare access.

In healthcare service delivery settings, these systems of oppression can manifest into provider-enacted discrimination towards their patients based on race/ethnicity, sexual identity, gender identity, immigration status, education, and other intersecting identities through both explicit and implicit bias.<sup>3,4</sup> Recent research has shown that biases may affect a provider's willingness to prescribe and discuss medical information based on their perceptions of the patient's behavior.<sup>5,6</sup> To provide effective healthcare, programs must provide services with a broader social justice and health equity lens, as these systems of oppression contribute to the creation and exacerbation of observed health disparities by affecting, among other aspects, a patient's comfort in engaging with the healthcare system and accessing health services due to fear of being discriminated against (stigma). This commitment is particularly essential for HIV prevention in adolescents (13-24 years), as adolescents between 13 to 24 years old still comprise nearly one fifth (21%) of new HIV diagnoses in the US. In 2016, 17.7% (n= 404) of new HIV diagnoses in NYC were among 13- to 24-year-olds, the majority of whom are Black and/or Latinx gay and bisexual men and other men who have sex with men (GBMSM).

This solicitation sought to clinical sites to support biomedical prevention through evidence-based or evidence-informed interventions for adolescents. Based on a 2018 expanded FDA approval, "Truvada for PrEP is now indicated in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in at-risk adults and adolescents weighing at least 35 kg".

To best reach adolescents (13-24 years), service providers must understand youth culture, including the role of technology and social media in communicating with adolescents, the importance of easy access to care,

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<sup>1</sup> Williams, D.R. & Mohammed, S.A. (2009). Discrimination and racial disparities in health: evidence and needed research. *J Behav Med*, 32, 20-47.

<sup>2</sup> US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010: Final Review. Retrieved from: [https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010\\_final\\_review.pdf](https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_final_review.pdf)

<sup>3</sup> Sabin, J.A., Riskind, R.G., & Nosek, B.A. (2015). Health Care Providers' Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *American Journal of Public Health*, 105, 1831-1841.

<sup>4</sup> Albuquerque, G.A., de Lima Garcia, C., da Silva Qurino, G., Alves, M.J.H., Belém, J.M., dos Santos Figueiredo, F.W., ... & Adami, F. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health and Human Rights*, 16, 1-10.

<sup>5</sup> Calabrese, S.K., Earnshaw, V.A., Underhill, K., Hansen, N.B., & Dovidio, J.F. (2014). The Impact of Patient Race on Clinical Decisions Related to Prescribing HIV Pre-Exposure Prophylaxis (PrEP): Assumptions About Sexual Risk Compensation and Implications for Access. *AIDS Behavior*, 18, 226-240.

<sup>6</sup> Malebranche, D.J., Peterson, J.L., Fullilove, R.E., & Stackhouse, R.W. (2004). Race and sexual identity: perceptions about medical culture and healthcare among Black men who have sex with men. *Journal of the National Medical Association*, 96, 97-107.

confidentiality, and cultural competency for the youth context. Funding for this program, via the awarded contractors, aims to mitigate observed disparities by supporting these clinical environments to:

- a) Deliver services in a culturally responsive, sensitive and youth friendly manner, in accordance with the National CLAS Standards;
- b) Deliver or develop partnerships with experienced CBOs and other agencies providing adolescent-focused social services to ensure all needs of the patient are met, and
- c) Prioritize staff development through attendance of trainings, such as LGBTQ Sensitivity and Sexual History Taking for Clinicians, and use of peers to ensure that stigma-free care is provided.

**Contract Awards**

NYC Health + Hospitals Gotham Health East New York
Wyckoff Heights Medical Center