



Condom Distribution Plan

2015



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Oregon Condom Distribution Plan 2014

Background

Condom distribution (CD) is an evidence-based activity. A meta-analysis of structural-level CD interventions found that CD can result in a number of outcomes that may help prevent new HIV infections. These outcomes include 1) increased condom use, 2) increased condom acquisition or condom carrying, 3) delayed sexual initiation or abstinence among youth and 4) reduced sexually transmitted diseases (STDs).¹

While CD has long been part of HIV and STD prevention in Oregon, the Centers for Disease Control and Prevention (CDC) prioritized CD as a core component of its funding to state health departments in January 2012. This plan outlines the Oregon Health Authority (OHA) HIV Prevention Program's plan for CD with CDC HIV Prevention Grant funds in 2015. Note that CD efforts by local health departments (LHDs) and community-based organizations (CBOs) are supported with other funding sources, as well.

Goals and objectives

Goal

Ensure that condoms and lubricant are available, accessible and acceptable among Oregon's priority populations.



Objectives

Objective 1: Distribute at least 400,000 condoms.

Objective 2: Target at least 70% of condoms to Oregon's priority populations.

Eight essential elements of CD programs

CDC has stated that there are eight essential elements of CD programs.² Each of these elements is represented in Oregon's CD plan as described below.

1) Provide condoms free of charge.

To receive CD supplies, agencies must complete a request form (non-funded counties) or the CD section of the HIV Prevention Plan and Report Workbook (funded counties). In both of these documents, the requesting agency must agree to distribute supplies

¹Charania MR, Crepaz N, Guenther-Gray C, Henny K, Liao 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. 2010 Oct 1. [Epub ahead of print].

²Centers for Disease Control and Prevention. Condom Distribution Programs. Accessed January 15, 2013 at <http://www.effectiveinterventions.org/en/HighImpactPrevention/StructuralInterventions/CondomDistribution.aspx>

free of charge; money or donations may not be requested from persons receiving CD supplies.

2) Conduct wide-scale distribution.

OHA plans to purchase 435,456 condoms and 109,000 lubricant foils for wide-scale distribution in 2014. With collaboration from partner agencies and businesses, supplies will be available through both condom bowls and staff or volunteer delivery of condoms at various locations. Venues include bars/clubs, bathhouses, syringe services sites, HIV care settings, LHDs and CBOs.

To ensure that condoms and lubricant are accessible, they are distributed at multiple locations frequented by our priority populations and displayed visibly in convenient and high-traffic areas whenever possible. Many CD venues have supplies located near building entrances/exits, by restrooms or in waiting rooms.

3) Implement a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).

Oregon will continue to promote condom use through 1) the use of technology, 2) posters and 3) displays of free condoms. OHA and its partners use social media (e.g., Facebook, Twitter) to post content that encourages condom use, facilitates access to information about condoms (e.g., links to articles or websites) and helps normalize discussions about condoms. In 2013, OHA developed and distributed posters promoting condom use, which are available to download and print for free on the [OHA website](#). These posters are displayed at CD sites throughout the state. Additionally, many CD sites promote condom use by ensuring materials are highly visible to consumers (e.g., in clear boxes).

4) Conduct both promotion and distribution activities at the individual, organizational, and environmental levels.

Individual-level efforts include discussing condom use and providing condoms to clients during one-on-one client/staff interactions. In Oregon, individual-level CD efforts primarily occur during HIV counseling and testing sessions and case management appointments.

Organizational-level efforts focus on the integration of CD within organizations and programs that serve our priority populations. Many LHDs and CBOs that receive CD supplies from OHA maintain bowls with supplies within their agency or clinic waiting rooms. Other organizational-level efforts integrate CD with the provision of other services. For example, since 2012, the OHA CAREAssist Program (Oregon's AIDS Drug Assistance Program) and the HIV Prevention Program collaborated to implement a free, mail-order condom distribution program for clients enrolled in the Medication Therapy Management Program (MTMP). MTMP offers assistance with HIV medication adherence to clients who have had late medication refills or other indicators of non-

adherence. MTMP clients receiving medications via a mail order pharmacy may elect to receive a large supply of condoms and lubricant packaged with their medications every three months. This program is continuing in 2014.

Environmental-level efforts focus on ensuring condoms and lubricant are visible and readily available in environments that serve our priority populations. Oregon is implementing CD in bars, bathhouses, substance abuse treatment centers and other venues that are frequented by members of our priority populations. These CD locations help ensure condoms are visible and available to those who may not otherwise or often visit an LHD or service organization that provides condoms.

5) Target:

a. Individuals at high risk

To receive CD supplies from OHA, agencies must agree to target at least 70% of supplies to the state's priority populations. The state's priority populations for CD and other HIV prevention services are:

- Persons living with HIV (PLWH) and their sex or injection partners
- Men who have sex with men (MSM) whose HIV status is unknown or was negative at last test
- Persons who inject drugs (PWID) whose HIV status is unknown or was negative at last test

Individuals within these populations are often identified through risk screening activities (e.g., HIV counseling and testing sessions) or through the provision of individual-level services directed at members of one of the populations (e.g., housing case management for PLWH).

b. Venues frequented by high-risk individuals

To receive CD supplies, agencies must complete a request form (non-funded counties) or the CD section of the HIV Prevention Plan and Report Workbook (funded counties). In both of these documents, the requesting agency must list 1) each venue in which it plans to provide condoms and 2) the priority populations targeted at these venues. OHA staff review these requests to ensure the venues target or serve Oregon's priority populations.

c. Communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions

The focus on Oregon's priority populations is intended to direct our limited CD supplies where they are most likely to prevent new HIV infections. Oregon's priority populations for HIV prevention are: gay, bisexual and other men who have sex with men; people who inject drugs; and people living with HIV and their partners.

d. The general population within jurisdictions with high HIV incidence.

Not applicable; Oregon is not a high-incidence jurisdiction.

6) Supplement the condom distribution program with more intense risk reduction interventions or other prevention or health services for individuals at highest risk. Integrate distribution program activities within other community-level intervention approaches to promote condom use and other risk reduction behaviors.

Oregon agencies commonly integrate CD with HIV counseling and testing sessions. These counseling and testing sessions include risk reduction counseling and referrals to other services as needed (e.g., evidence-based interventions, mental health services). Many prevention and care providers in Oregon screen for risk behaviors and have received training on how to discuss risk with clients, as well as motivational interviewing techniques. As a result, Oregon's CD efforts are complimented by discussions about condom use – including steps for correct condom use and barriers to consistent use – and the development of risk reduction plans.

7) Establish organizational support for condom distribution and promotion activities in traditional and non-traditional venues.

Organizational support has been critical to the implementation of Oregon's CD programs. Traditional partners (e.g., LHDs and CBOs providing HIV prevention services) have continued to support CD as 1) many agencies have a long history of conducting CD and 2) CD is an evidence-based activity. A number of non-traditional venues and businesses whose missions do not focus on HIV prevention have also supported CD, including bars, bathhouses, student centers, and substance abuse treatment agencies, homeless shelters, and HIV care and treatment providers (e.g., CAREAssist, Oregon's AIDS Drug Assistance Program). Oregon will continue efforts to seek support from non-traditional partners that may be willing to implement a CD program, such as adult video/book stores.

Most CD sites in Oregon (traditional and non-traditional) are determined during the program planning process by funded LHDs. LHD staff complete the CD section of the HIV Prevention Plan and Report Workbook in which they list the venues in which they plan to distribute condoms.

8) Conduct community-wide mobilization efforts to support and encourage condom use.

Oregon's community mobilization efforts to support condom use focus on 1) the use of social media and 2) partnerships with businesses.

OHA and its partners use social media (e.g., Facebook, Twitter) regularly to post information about condom use and support community mobilization around condom use. Through 2014, the OHA "Prevent HIV Oregon" accounts had 360 likes on

Facebook and 636 followers on Twitter. Moreover, social media encourages interaction (e.g., likes, comments, replies, re-tweets, re-shares), which can extend the reach of messages to other's social networks.

Numerous LHDs and CBOs have mobilized businesses and other non-traditional partners to play a role in preventing HIV by maintaining condom bowls for customers. By displaying and distributing condoms and promotional materials, these non-traditional partners are not only providing a valuable service to the public, but they are also 1) sending a message that everyone can play a role in encouraging sexual health (not just public health agencies) and 2) helping combat stigma around displaying and accessing condoms. These actions may help normalize condom access, carrying and use among the public.

Criteria for agencies to receive CD supplies

Geographic location

The distribution of CD supplies is based on the distribution of new HIV diagnoses by county. Only agencies in counties with 4 or more new diagnoses of HIV from 2011-2013 are eligible to receive CD supplies. Eligible agencies that request condoms receive the amount of supplies requested as long as the proportion of total supplies requested is less than or equal to the proportion of the county's HIV diagnoses and within the state condom budget. Most requests are rounded so that allocations align with units per case (1,008) in condom shipments; these adjustments allow supplies to be shipped directly from the vendor to LHDs and CBOs whenever possible, avoiding shipment to and repackaging at OHA.

LHDs in eligible counties decide whether they would like to receive supplies from OHA and/or have them shipped to another local agency for distribution. Currently, 14 counties have agencies implementing CD programs with HIV prevention grant funds. The remaining CD supplies are 1) distributed to agencies that have documented a demand for additional supplies on their request forms, 2) distributed to CAREAssist (Oregon's AIDS Drug Assistance Program) clients who visit the state office and/or 3) used in CD pilot programs.

Other criteria

To receive CD supplies, agencies must:

- Complete a request form (non-funded counties) or the CD section of the HIV Prevention Plan and Report Workbook (funded counties).
- Demonstrate a plan to place supplies in venues targeted to priority populations. Counties do not receive their designated proportion of supplies automatically; their request must demonstrate that at least 70% can be targeted to priority populations.
- Agree to :
 - Target at least 70% of supplies to the state's priority populations.

- Report back to OHA how supplies were distributed.
- Store supplies in a cool, dry place to prevent damage.
- Distribute supplies free of charge (money or donations may not be requested).
- Check the expiration dates of condoms at least once annually.

CD supply shipments

Contents

All shipments include Lifestyles Ultra Sensitive condoms, which account for the majority of condoms ordered by the OHA HIV Prevention Program. Lifestyles Extra Strength condoms are purchased in limited quantities and are only delivered to counties that receive large shipments with multiple cases. This process helps avoid costs associated with OHA staff time spent repackaging condoms into smaller boxes, as well as an additional shipment (from the vendor to OHA, then from OHA to the LHD or CBO).

When possible, approximately one foil (2ml) of ID Millennium silicone lubricant pillow is provided for every four condoms. OHA discontinued purchasing water-based lubricant and instead began purchasing and distributing silicone-based lubricant as a result of emerging research and an advisory note from the World Health Organization related to the safety of personal lubricants.³ CDC has listed adequate lubrication as a component of correct condom usage⁴ as lubricant may decrease damage to genital and anal tissue during intercourse,⁵ potentially increasing risk for HIV and other sexually transmitted infections.

Frequency

CD supplies usually are provided in one annual shipment. More frequent shipments are possible for agencies with storage limitations. Supplies are shipped directly from the vendor to LHDs and CBOs whenever possible, avoiding shipment to and repackaging at OHA.

Selection of CD supplies

The types of condoms and lubricant ordered by OHA were selected with input from community members and providers. Information sources about condom and lubricant preferences include survey data, a condom distribution workgroup formed in 2012, and ongoing communication (e.g., email, phone call) with CD providers.

³ World Health Organization. Use and procurement of additional lubricants for male and female condoms: WHO/UNFPA/FHI360. <http://bit.ly/lubeWHO>

⁴ Centers for Disease Control and Prevention. Condom Fact Sheet In Brief. Accessed January 15, 2013 at <http://www.cdc.gov/condomeffectiveness/brief.html#Consistent>

⁵ Dezzutti CS, Brown ER, Moncla B, Russo J, Cost M, et al. Is wetter better? An evaluation of over-the-counter personal lubricants for safety and anti-HIV-1 activity. 2012. PLoS ONE 7(11): e48328. doi:10.1371/journal.pone.0048328

