

Victoria Burris
Nevada Statewide Condom Assessment Project
Nevada Division of Public and Behavioral Health
Lyell Collins, MBA, HIV Prevention and Surveillance Program Manager
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Informative Abstract

Introduction- Condoms are an effective barrier against Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs). With guidance from the Office of HIV at the Division of Public and Behavioral Health, a community-wide condom assessment can provide information that can enhance the availability, accessibility, and acceptability of condom use.

Purpose- This project included completing community assessment and gap analysis on condom access, availability, and utilization to guide enhancement to both existing and new condom distribution programs in the state of Nevada with the primary goal of highlighting disparities to condom access identified.

Methods- A comprehensive literature review was completed to examine previous research on this topic. Three assessments were completed, including; a retail assessment, consumer survey, and a no-cost condom access assessment. The surveys were completed throughout Nevada.

Results- The retail assessment and consumer survey were developed, incorporating feedback from Nevada's HIV prevention planning groups. The no-cost condom assessment consisted of an online search to locate agencies providing free condoms. The results from all three assessments were compiled, and recommendations were made. The final product included a statewide condom distribution plan.

Competencies- The public health competencies were accomplished through partnerships developed with the HPPGs, University professors, development of the project plan, survey questions, and planned dissemination. A literature review and analysis of the surveys were also conducted.

Evaluation- The project and site provided a valuable learning experience. It underscored the importance of ensuring that the communities that are being served have a voice and the opportunity to give their input. The experience highlighted the value of listening to these communities and ensuring that they are included throughout the process.

Introduction

The Nevada Division of Public and Behavioral Health (DPBH), part of the Department of Health and Human Services, resides under the Executive Branch of the State of Nevada.¹ The mission of the DPBH is “to protect, promote and improve the physical and behavioral health of the people of Nevada”.¹ This research project was overseen by the HIV Prevention and Surveillance Program Manager, Lyell Collins, in the Office of HIV at the DPBH. The Office of HIV works collaboratively with local health departments (LHDs) in each jurisdiction, including; the Southern Nevada Health District (SNHD) in Southern Nevada, the Washoe County Health District (WCHD) in Reno, and the Carson City Health Department. The Office of HIV also works directly with HIV prevention planning groups (HPPGs) in the north and the south, HIV infected and affected communities, state and local HIV prevention providers and other community members to improve HIV prevention service delivery in Nevada.²

According to the Centers for Disease Control and Prevention (CDC), condoms effectively prevent the transmission of HIV and other sexually transmitted diseases.³ Ensuring access to condoms and other HIV prevention strategies for people at high risk for HIV acquisition is highlighted as a strategy toward the goal of no new infections in the National HIV/AIDS Strategy (NHAS) and the Integrated HIV Surveillance and Prevention funding PS 18-1802 grant.^{4,5} Therefore, a community assessment and gap analysis on condom access, availability, utilization, and distribution was conducted to guide enhancement to both existing and new condom distribution programs in the state of Nevada with the primary goal of highlighting disparities to condom access identified. For this purpose, surveys were created and disseminated throughout the state to collect data to assess availability, accessibility, and acceptability. The data collected can be used to enhance condom distribution efforts and contribute to the DPBH's overall mission by promoting the physical health and behavioral well-being of residents in Nevada.

Project Goals and Objectives

Rates of STDs are increasing in Nevada; as of 2018, Nevada was ranked first in the nation for rates of primary/secondary syphilis, and second in the nation for rates of congenital syphilis.⁶ Additionally, the rate of people newly diagnosed with HIV in Nevada in 2017 was 16.5 per 100,000, while the national average was 11.8 per 100,000.⁷ To achieve the NHAS goal of

reducing new infections, multiple efforts to reach the goals outlined in the Nevada Integrated HIV Prevention and Care Plan are being explored by the DPBH, the HPPGs, and LHDs including ensuring condom and other harm reduction materials availability and utilization.⁸

The CDC recommends a structural-level intervention for condom distribution as a strategy to increase the three A's, availability, accessibility, and acceptability, of condom use in the target areas.⁹ Planning for this intervention should include an assessment of the three A's to identify structural barriers.⁹ Availability considers if condoms are located where members of the target population are found; accessibility considers if condoms are in venues that are frequented by the target population; and acceptability considers if condoms are acceptable to community members and in alignment with social norms.⁹ Previous research has shown that condoms are less likely to be available in disadvantaged areas.¹⁰ Research also shows that the limited availability of condoms was found to be significantly associated with higher HIV-STD rates.¹¹

The first objective was to investigate evidence-based practices in conducting community assessments on condom distribution and obtain input from key community stakeholders on the development of a statewide community assessment and gap analysis on condom/barriers access, availability, utilization, and distribution. To accomplish this task, a comprehensive literature review was done to identify previous research and best practices. Additionally, meetings were held with Lyell Collins, the northern and southern Nevada HPPG public health co-chairs, and members of the HPPGs to gain insight on the project plan, survey development, and survey distribution. The second objective was to develop and prepare to deploy statewide community assessments based on best practices for condom distribution assessments and assess the access, availability, utilization, and distribution of condoms in Nevada. Two surveys were created for data collection, Appendix A and B. The third objective was to ensure the surveys were deployed at identified sites. This was accomplished through meetings with community partners to obtain their commitment to help with survey dissemination, whether online or in person. The final objective included an analysis of the data collected and development of a comprehensive condom distribution plan for use by the DPBH and HPPGs.

Methods

Literature Review

A review of the literature and resources was conducted. Information reviewed included; best practices for condom structural-level interventions, condom use in STD and HIV prevention, and condom distribution programs in the United States.

Review of Previous Nevada Condom Survey

In 2013, the DPBH contracted the AIDS Project LA to build capacity for condom distribution in Nevada as a structural intervention targeting high-risk HIV-negative and HIV-positive individuals. A recommendation from the AIDS Project LA was to perform a condom distribution community assessment. This survey's goal was to assess the local population's condom and lubrication preference and where the population feels comfortable accessing safer sex barriers. The DPBH, in collaboration with the Nevada HPPGs, launched the condom survey from August-October 2015.¹⁰ The findings included; 85% of respondents preferred latex condoms, 49% preferred extra-thin condoms, Trojan (58%) and Lifestyles (23%) were the preferred brands, 41% of respondents preferred water-based lubricants while 29% of respondents did not use lubricants, 43% of respondents reported getting their condoms at pharmacies, and finally 52% of respondents indicated they obtained free condoms.¹²

The Three “A’s”

The CDC recommends a structural-level intervention for condom distribution as a strategy to increase the three “A’s”(availability, accessibility, and acceptability) of condom use in the target areas.⁹ Planning for such an intervention should include an assessment of the three “A’s” to identify any structural barriers.⁹ availability considers if condoms are located where members of the target population are found; accessibility considers if condoms are in venues that are frequented by the target population, and acceptability considers if condoms are acceptable to community members and in alignment with social norms.

Dr. Chow’s-*Condoms in a Hot Spot*

Dr. Joan Chow, California Department of Public Health, worked closely with the *Healthy Stores* Tobacco Control Program survey to conduct a quantitative study of retail establishments to identify any correlation between STD rates and condom access barriers.¹³ This project found that only 27% of stores surveyed in Gonorrhea hotspots, defined as zip codes in the top 15th percentile of Gonorrhea rates, sold condoms easily accessible to the public and not locked for

"loss prevention" purposes. Recommendations from this study included collaboration with existing tobacco retail surveys in other states to assess accessibility.

The Condom Retail Assessment

The first survey was the Condom Retail Assessment. During this phase, assessments, via a standardized instrument, were done at different retail establishments throughout Nevada, Appendix A. This phase was modeled after a project conducted by Dr. Joan Chow, California Department of Public Health, who worked closely with the *Healthy Stores* Tobacco Control Program to conduct a quantitative survey of retail establishments to identify any correlation between STD rates and barriers to condom access.¹³ Efforts were discussed with Nevada's Tobacco Cessation Program's Coordinator to add condom questions to their tobacco survey. However, it was learned that their survey would not be conducted in the 2019-2020 grant year. Therefore, the effort was redirected. Partnerships were developed with instructors at the University of Nevada Reno, University of Nevada Las Vegas, and College of Southern Nevada. They incorporated this research project as applied learning for their students. Surveyors went to various retail establishments to collect data on condom access and availability from October 2019-November 2019. A total of 187 assessments were completed throughout Nevada.

The Consumer Survey

To assess the acceptability of condom use, a survey was distributed throughout Nevada, Appendix B. This survey was provided in English and Spanish; additionally, the survey was to be made available at sites that had access to language line services if another language was needed. The survey was distributed at numerous community-based organizations, health departments, care clinics, pharmacies, and the internet. The survey ran from March 9 to May 31, 2020. The week after the survey launched, Nevada's Governor instituted a mandatory statewide shutdown in response to the COVID-19 pandemic. This shutdown affected distribution at the organizations where the survey was to be made available in person, which may have impacted the overall response. Despite the mandated shutdown, there were 747 responses. This survey captured data to examine the behavior toward and preference of condom use.

No Cost Condom Access Assessment

An online search was conducted to determine where free condoms were located throughout Nevada. The DPBH Office of HIV, in coordination with Nevada's Ryan White Program, has launched the *END HIV NV* website. In addition to other information, there is information on HIV testing resources and a condom locator, <https://endhivnevada.org/hiv-prevention/testing-treatment/>. A person can enter the zip code where they would like to access free condoms, and the closest location is provided. Utilizing this condom locator, several sites were identified. For this assessment, the zip codes showing higher incidence by the number of new cases in Chlamydia, Gonorrhea, Syphilis, or HIV were searched. The search found that numerous locations throughout Nevada provide free condoms in these zip codes, and five were identified that did not. High morbidity zip codes were further broken down and examined by social determinants of health.

Interprofessional Relationships

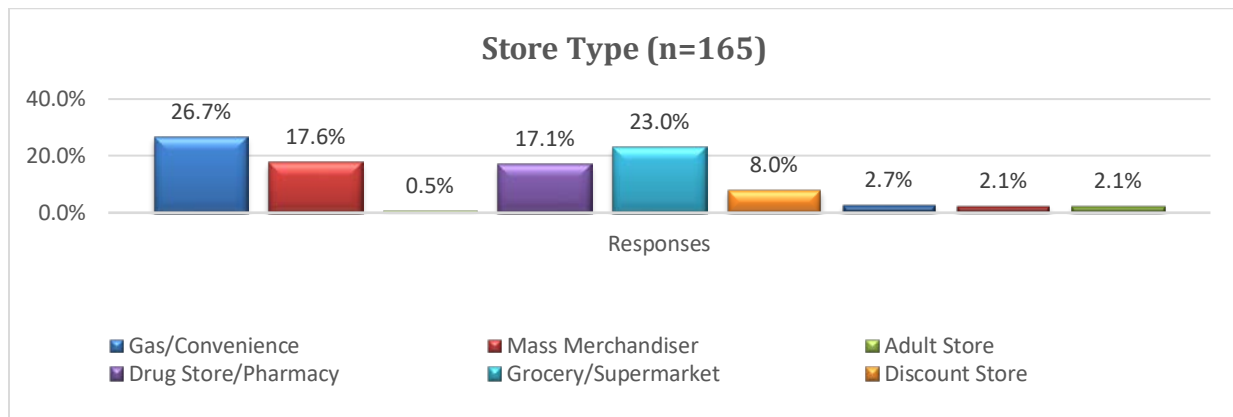
The HPPGs are interprofessional teams with diverse experiences and backgrounds. These partnerships provided an opportunity to garner feedback from a wide variety of stakeholders. This project required close collaboration with these groups. The groups consist of public health professionals, medical professionals, pharmacy professionals, social health and linkage to care professionals, and the HIV infected/affected community. Engaging with this community group has provided an opportunity to observe and participate in numerous discussions where elements of this project were discussed, and questions for the surveys were debated. Each member of the HPPG team brings a unique perspective that contributed to the final survey questions.

Results

Retail, Consumer, and No Cost Condom Assessment Results

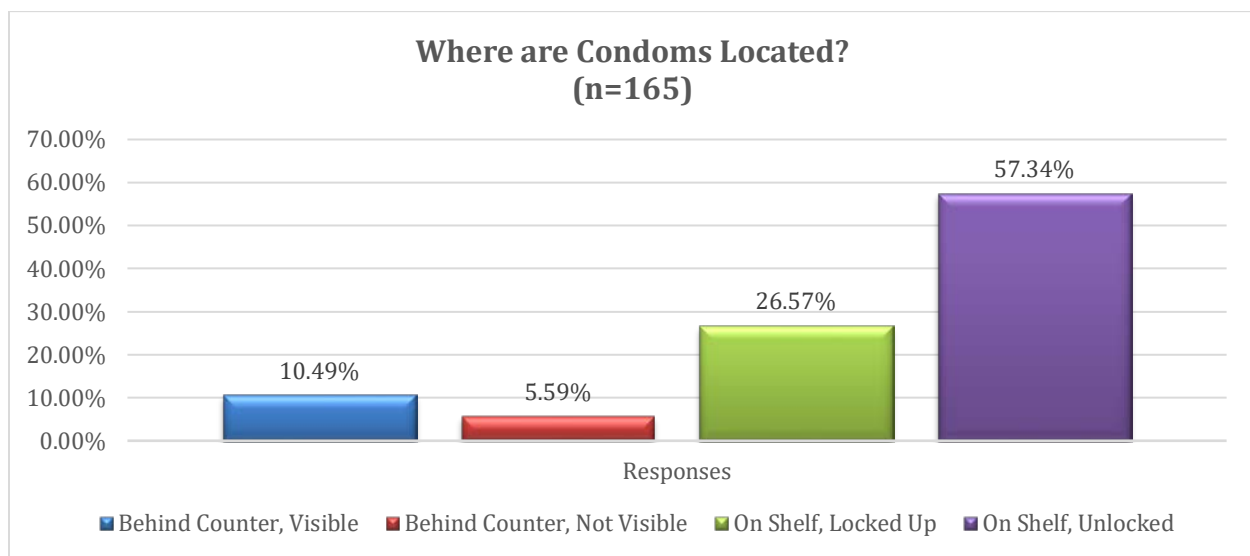
A total of 187 retail assessments were completed throughout Nevada. Most surveys were completed in Las Vegas, Reno/Sparks, and North Las Vegas. Various retail establishments were visited, including; gas stations, mass merchandisers, adult stores, pharmacies, grocery stores, discount stores, and casinos, Figure 1.

Figure 1. Types of stores



Of the stores surveyed, 88.2% (165) sold condoms, and 11.9% (22) did not. The types of stores surveyed that did not sell condoms included; discount stores (10), convenience/gas stations (3), and grocery stores/supermarkets (9). The average cost of condoms for the smallest package available was \$4.97. Most of the stores surveyed sold latex (85.5%) and larger size (53.9%) condoms. The top three brands were Trojan (77.6%), Durex (40.0%), and Lifestyles (36.4%). Pregnancy tests (51.7%) and lubricants (44.7%) were the most common items near condoms. Condoms were considered not easily accessible or requiring assistance to purchase, in 42.7% of the stores surveyed, Figure 2.

Figure 2. Condom locations



There were 747 total respondents for the consumer survey with 668 complete surveys. Respondents were asked how often they use condoms; 17.0% reported always, 38.0% reported never, and 45.0% reported using condoms some of the time. Most respondents reported feeling extremely comfortable or comfortable accessing condoms at 61.0% and 30.0%, respectively, while 9.0% reported feeling uncomfortable or extremely uncomfortable. The top places where respondents reported obtaining their condoms were pharmacies (25.7%), mass merchandisers (23.3%), and grocery stores (16.9%). For this question, respondents were asked to pick the type of agency/store they visit most for their condoms; only one selection was permitted. Additionally, 48.0% of respondents reported accessing free condoms, 41.0% said that they did not get free condoms, and 11.0% reported that they did not know they could. Finally, 53.0% of respondents reported that they would be more likely to use condoms if they had access to free condoms.

The no-cost condom assessment found high morbidity zip codes where free condoms were not identified using the condom locator; 89115, 89169, 89110, 89030, and 89502. These zip codes were further examined based on the social determinants of health. The remaining zip codes demonstrated higher values for adults without insurance, teen birth rates, infant mortalities, and economic disadvantages compared to the rest of Nevada.¹⁴

Recommendations

The final deliverable for this project was to develop a plan for Nevada's condom distribution program (CDP). The plan includes annual goals and objectives for condom distribution and how Nevada will achieve the eight essential elements necessary for effective CDPs, Appendix C. The eight essential elements of an effective CDP include; provide condoms free of charge, conduct wide-scale distribution, implement a social marketing campaign, conduct promotion and distribution activities at the individual, organizational, and environmental levels, supplement the CDP with more intense risk-reduction interventions, integrate distribution program activities within other community-level interventions, establish organizational support for condom distribution and promotion activities, and conduct community-wide mobilization efforts.⁹ Ensuring access at venues frequented by priority populations and marketing free condom access using the centralized online resource on the *END HIV Nevada* website are included in the plan. Local jurisdictions should include the condom finder on their websites and ensure that

agencies that offer free condoms are registered. The promotion of condom use and where to access free condoms should be included in all HIV and STD prevention campaigns, given that 53.0% of respondents reported that they would be more likely to use condoms if they had access. A surprising result identified in the retail assessment was that 57.3% of condoms were found on shelves unlocked. This was hypothesized to be much lower during initial planning discussions with the HPPGs.

Evaluation

The field studies experience required collaboration with a group of passionate public health individuals who care about their communities very much. This opportunity provided a valuable learning experience in that it underscored the importance of ensuring that the communities that are being served have a voice and the opportunity to provide their input. The experience highlighted the value of listening to these communities and ensuring that their ideas are included. Challenges were presented throughout. Including the preceptor and public health co-chairs to develop strategies to overcome the obstacles was imperative to the success of implementing and completing the project. Working with Lyell and the co-chairs on this project provided the opportunity to see public health leadership in action and exceed all expectations.

The COVID-19 pandemic brought on additional challenges and stress throughout this project. It was difficult to continue and to come up with strategies to overcome these obstacles, and the HPPGs were extremely valuable with that as well. Specifically, the consumer survey was to be provided in-person and online. The week after the survey launched, Nevada's Governor instituted a mandatory statewide shutdown in response to the COVID-19 pandemic. This shutdown affected distribution at the organizations where the survey was to be made available in person, which impacted the overall response. Overall, this experience provided an opportunity to learn how to maneuver when unique obstacles are presented. This required continuous self-assessment and self-awareness of the ability to motivate and push to finish what was set out to be accomplished.

Appendices

Appendix A- Retail assessment

NEVADA CONDOM RETAILER ASSESSMENT			
Store Name:		Surveyor Name:	
Address:		Date:	
Zipcode:			
Store Type:	<input type="checkbox"/> Gas/Convenience (Ex: 7-11)	<input type="checkbox"/> Drug Store/Pharmacy (Ex: Walgreens)	<input type="checkbox"/> Casino <input type="checkbox"/> Vape Shop
	<input type="checkbox"/> Mass Merchandiser (Ex: Walmart, Costco)	<input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Other <u>Please Describe</u>
	<input type="checkbox"/> Adult Store	<input type="checkbox"/> Discount Store (Ex: 99 Only)	
Availability Information			
Are Condoms sold at this location?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", discontinue assessment.)			
Where are Condoms located?			
<input type="checkbox"/> Behind Counter, Visible	<input type="checkbox"/> Behind Counter, Not Visible	<input type="checkbox"/> On Shelf, Locked Up	<input type="checkbox"/> On Shelf, Unlocked
Inventory Information:			
What is the smallest package of condoms sold?			
<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____			
What is the cheapest price to purchase the smallest package of condoms?			
<input type="checkbox"/> \$_____ <input type="checkbox"/> Sold, but price information unavailable/unable to collect			
Are Condoms sold near or in proximity to the following items? [mark all that apply]			
<input type="checkbox"/> Pregnancy Tests	<input type="checkbox"/> Lubricants	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Dental Dams	<input type="checkbox"/> Sex Toys	<input type="checkbox"/> Vaseline	<input type="checkbox"/> Pornography
Product Information			
Which of the following varieties of condoms are sold? [mark all that apply]			
<input type="checkbox"/> Latex	<input type="checkbox"/> Non-Latex (unspec)	<input type="checkbox"/> Polyurethane	<input type="checkbox"/> Polyisoprene
<input type="checkbox"/> Female	<input type="checkbox"/> Dental Dams	<input type="checkbox"/> Larger size (Magnum, XXL)	<input type="checkbox"/> Lambskin
Which of the following brands of condoms are sold? [mark all that apply]			
<input type="checkbox"/> Atlas	<input type="checkbox"/> Beyond Seven	<input type="checkbox"/> Caution Wear	<input type="checkbox"/> Crown
<input type="checkbox"/> Durex	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Kimono	<input type="checkbox"/> Lifestyles
<input type="checkbox"/> Lixx	<input type="checkbox"/> NaturaLamb	<input type="checkbox"/> Okamoto	<input type="checkbox"/> One
<input type="checkbox"/> Pleasure Plus	<input type="checkbox"/> Ria	<input type="checkbox"/> Rough Rider	<input type="checkbox"/> Skyn
<input type="checkbox"/> Sustain	<input type="checkbox"/> Trojan	<input type="checkbox"/> Trustex	<input type="checkbox"/> Other (Fill in Name)

Appendix B- Consumer survey



CONDOM SURVEY

As a part of Nevada's Statewide Condom Assessment we are gathering information from our community to gain insight around knowledge and behaviors related to condom use. This information will be used to develop a Statewide Condom Distribution Plan. This survey is confidential and will take approximately 10 minutes to complete. Please answer all survey questions.

Demographics

Age

☐ under 18 ☐ 45-54
☐ 18-24 ☐ 55-64
☐ 25-34 ☐ 65 and over
☐ 35-44

ZIP Code

Have you ever been tested for HIV?

☐ Yes
☐ No
☐ Prefer not to answer

Race/Ethnicity (select all that apply)

☐ American Indian/Alaskan Native
☐ Asian
☐ Black
☐ Hawaiian/Pacific Islander
☐ Hispanic
☐ White
☐ Other _____

What is your HIV status?

☐ Negative
☐ Positive
☐ Don't know
☐ Prefer not to answer

Gender Identity (select all that apply)

☐ Male
☐ Female
☐ FTM / Transgender Male
☐ MTF / Transgender Female
☐ Outside the gender binary
☐ Prefer not to answer

Who do you have sex with? (select all that apply)

☐ Men
☐ Women
☐ Transgender
☐ Other _____
☐ I'm not sexually active

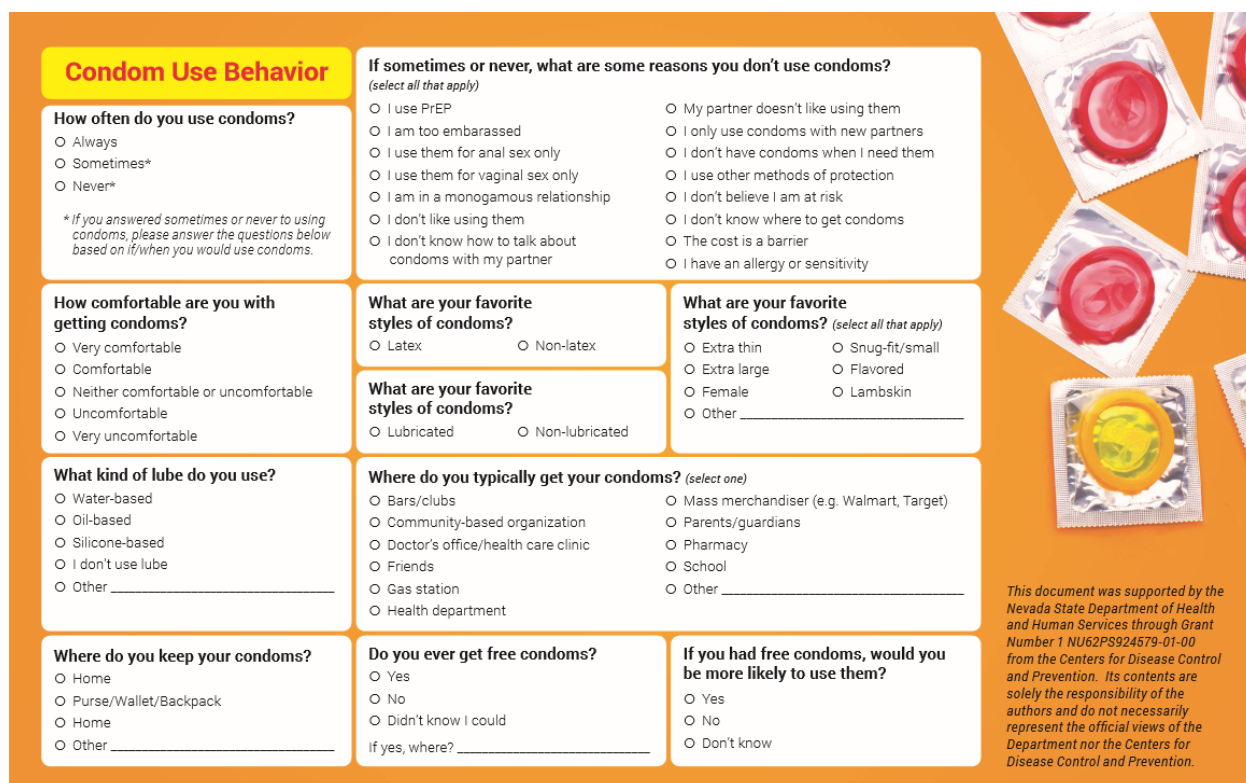


Prefer to take the survey on your mobile device?
Scan this code.




Nevada Department of Health and Human Services
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Please flip this card and answer all questions on the other side.



Condom Use Behavior

How often do you use condoms?

☐ Always
☐ Sometimes*
☐ Never*

** If you answered sometimes or never to using condoms, please answer the questions below based on if/when you would use condoms.*

How comfortable are you with getting condoms?

☐ Very comfortable
☐ Comfortable
☐ Neither comfortable or uncomfortable
☐ Uncomfortable
☐ Very uncomfortable

What kind of lube do you use?

☐ Water-based
☐ Oil-based
☐ Silicone-based
☐ I don't use lube
☐ Other _____

Where do you keep your condoms?

☐ Home
☐ Purse/Wallet/Backpack
☐ Home
☐ Other _____

If sometimes or never, what are some reasons you don't use condoms? (select all that apply)

☐ I use PrEP
☐ I am too embarrassed
☐ I use them for anal sex only
☐ I use them for vaginal sex only
☐ I am in a monogamous relationship
☐ I don't like using them
☐ I don't know how to talk about condoms with my partner
☐ My partner doesn't like using them
☐ I only use condoms with new partners
☐ I don't have condoms when I need them
☐ I use other methods of protection
☐ I don't believe I am at risk
☐ I don't know where to get condoms
☐ The cost is a barrier
☐ I have an allergy or sensitivity

What are your favorite styles of condoms?

☐ Latex ☐ Non-latex

What are your favorite styles of condoms?

☐ Lubricated ☐ Non-lubricated

What are your favorite styles of condoms? (select all that apply)

☐ Extra thin ☐ Snug-fit/small
☐ Extra large ☐ Flavored
☐ Female ☐ Lambskin
☐ Other _____

Where do you typically get your condoms? (select one)

☐ Bars/clubs
☐ Community-based organization
☐ Doctor's office/health care clinic
☐ Friends
☐ Gas station
☐ Health department
☐ Mass merchandiser (e.g. Walmart, Target)
☐ Parents/guardians
☐ Pharmacy
☐ School
☐ Other _____

Do you ever get free condoms?

☐ Yes
☐ No
☐ Didn't know I could
 If yes, where? _____

If you had free condoms, would you be more likely to use them?

☐ Yes
☐ No
☐ Don't know

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Appendix C- Condom distribution plan for Nevada



**Nevada Department of
Health and Human Services**
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH

Nevada Condom Distribution Plan 2021



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Background

According to the Centers for Disease Control and Prevention (CDC), condoms are effective in preventing the transmission of HIV and other sexually transmitted diseases.¹ Condom distribution programs (CDPs) are an effective prevention strategy that help to increase the availability, accessibility, and acceptability of condoms in an effort to prevent the transmission of HIV and sexually transmitted diseases.² Rates of sexually transmitted diseases are increasing in Nevada; as of 2018, Nevada was ranked first in the nation for rates of primary/secondary syphilis, and second in the nation for rates of congenital syphilis.³ Additionally, the rate of people newly diagnosed with HIV in Nevada in 2017 was 16.5 per 100,000, while the national average was 11.8 per 100,000.⁴ Recent research has demonstrated that CDPs increased condom use, condom acquisition, and condom carrying; promoted delayed sexual initiation or abstinence among youth, provided cost-effective and cost-saving outcomes on future medical care costs by preventing HIV infections, and significantly affected condom use behaviors and helped reduce HIV/STD risk among a wide range of at-risk groups (i.e., youth, adults, commercial sex workers, high STD populations, and males).¹

Goals and Objectives

Goals

Ensure that condoms are available, accessible, and acceptable to all communities in Nevada with a focus on priority populations chosen by Nevada's HIV prevention planning groups (HPPGs).

Conduct an annual review of projected condom distribution (CD) funding and priority populations, from a state and local perspective.

Objectives

Objective 1: Distribute at least *{insert HIV Prevention target #}* condoms

Objective 2: Target *{insert assigned percentage}* of condoms are distributed to priority populations

Essential elements of CDPs

The CDC provides eight essential elements for a comprehensive CDP.¹

1. Provide condoms free of charge.

The Nevada Division of Public and Behavioral Health (DPBH) allocates funding to local health departments (LHDs) to accomplish this element. DPBH does not provide direct services, rather they will provide the funding to LHDs for services and oversight to ensure comprehensive distribution throughout Nevada. LHDs include in their scopes of work planning for condom distribution, marketing, tracking, and reporting.

2. Conduct wide-scale distribution.

DPBH to allocate funding for *{insert HIV Prevention target #}* condoms for the target year 2021. DBPH has historically requested that condoms be distributed at locations that are frequented by the assigned target populations and this will be ongoing.

Through partnerships established by LHDs, condoms should be made available in locations including health departments, community-based organizations (CBOs), sexual and reproductive health care clinics, targeted outreach locations, harm reduction programs, specialty pharmacies, and other assigned locations [referred to CDP agencies throughout]. Condoms should be in convenient high-traffic areas to enhance accessibility. For example, many sites have fixed condom access locations, e.g. “condom bars” or dispensers.

Data driven efforts- analysis of previous morbidity data can provide information on where high priority populations can be found by identifying target zip codes based on this analysis. CDPs can target CD efforts to these locations ensuring availability and accessibility in these areas.

3. Implement a social marketing campaign to promote condom use.

CDP agencies can use marketing campaigns to promote condom use. Organizations can include promotion on their social media sites and ensure they are enrolled in the online condom finder found on the *END HIV Nevada* website, <https://endhivnevada.org/hiv-prevention/testing-treatment/>. CDP agencies should promote this condom finder on their organization's website and social media. This will help to ensure that the community knows that they can easily access condoms at nearby locations. Messaging should include high impact prevention messages that help to normalize condom use and target specific populations. Target populations are encouraged to work with funded agencies to develop their own campaigns. LHDs should identify current parallel efforts in condom distribution, e.g. Teen Pregnancy Prevention or sexually transmitted disease prevention, for potential partnerships. Ensure the youth HPPG is included in these discussions, where available.

Numerous campaigns promoting condom use are available for free download at [https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Language=English%20\(US\)&Topic=Prevention](https://www.cdc.gov/stophivtogether/library?Sort=Last%20Updated%3A%3Adesc&Language=English%20(US)&Topic=Prevention). Materials that can be printed include posters, brochures, and social media files. These materials are available in English and Spanish.

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

DPBH can request LHDs to identify CDP agencies that they partner with to conduct activities at each of these levels.

The individual-level efforts can include promotion of risk reduction strategies. In Nevada, these discussions occur during one-on-one sessions with clients accessing other HIV prevention services, e.g. HIV testing. These one-on-one sessions will include discussions around normalizing condom use, addressing barriers to condoms use, negotiating condom use, and where to access condoms.

Organizational-level efforts include incorporating condom distribution through various strategies. One such strategy includes developing an online ordering system. Participating agencies can receive orders online and mail condoms out to clients. An additional strategy can include incorporating condom distribution with the distribution of other items, e.g. packaging with syringe exchange materials or HIV medications (e.g. Mr. Friendly campaign with The Center in pharmacies). Mail order pharmacies may be an excellent partner in the distribution of condoms and lubrications also. Partnerships with Nevada's AIDS Drug Assistance Program (ADAP) can enhance this effort to help DPBH or LHDs develop a mail-order program through pharmacies.

Environmental-level efforts include ongoing partnerships with nontraditional locations. For example, ensuring access to condoms in bath houses and substance use treatment centers can increase access and availability to populations who many not frequent typical CD agencies. A recent survey of retail establishments in Nevada found that condoms were considered not easily accessible, or requiring assistance to purchase, in 42.7% of the stores surveyed. This presents a potential barrier to individuals looking to purchase condoms. Partnerships with retail establishments to educate them on the impact of these barriers and working to develop a plan to address or remove these barriers may also increase accessibility. Additional environmental efforts may include exploration of nontraditional partnerships with rideshare companies to have their drivers carry condoms and partnerships with NHSE institutions.

5. Supplement the CDP with more intense risk-reduction interventions and services.

In Nevada, agencies incorporate CDP principles in their services to the communities. These services include pretest HIV counseling sessions, PrEP navigation and care appointments, linkage to care activities for HIV-positive individuals, and care appointments with HIV care providers. These one-on-one sessions include discussions around normalizing condom use, addressing barriers to condoms use, negotiating condom use, and where to access condoms. DPBH ensures that agencies that are funded to deliver evidence-based HIV prevention interventions are trained on how to effectively help clients develop risk reduction strategies.

6. Integrate distribution program activities within other community-level interventions.

DPBH works collaboratively with LHDs to accomplish this. Currently, DPBH is working on a rural vending machine project to increase access to syringe exchange services in high-risk rural counties throughout Nevada. DPBH plans to provide safer sex kits that include condoms, lubrication, and HIV testing information in the vending machines. This can help to increase the scope of the vending machines use and perhaps normalize the reason why someone may be accessing this service. Integrate condom use discussions and promotion of Nevada's CDP into services offered at CBOs that serve high priority populations, e.g. substance use treatment centers, gender justice organization, Our Center, The Center, HOPES, homeless shelters, food pantries. Some of this is an established effort and will be ongoing. A recent survey conducted by DPBH found that 19% of survey respondents identifying as Asians reported being uncomfortable or extremely uncomfortable accessing condoms. This is higher than the overall survey population at 9% overall reporting discomfort accessing condoms. Partnerships with groups that work with this specific population to deliver messaging that promotes condom use and provides information on condom negotiation may help to normalize these activities within that population.

7. Establish organizational support for condom distribution and promotion activities.

Organizational support exists for CDPs in Nevada. Historically, DPBH has funded LHDs to ensure wide distribution throughout Nevada. The DPBH has included in their funding announcements, requirements for agencies to ensure condom distribution to priority populations and this will be an ongoing effort. For example, LHDs enlist assistance in condom distribution through local outreach teams that provide HIV testing and other services at various non-traditional locations including bars, bathhouses, homeless hangouts or shelters, and more.

8. Conduct community-wide mobilization efforts.

Efforts include promotion of CDPs on social media. Utilizing social media to promote condom use and locations of free condoms provides the CDPs the opportunity track interaction on those posts and measure the amount of likes and retweets.

Tracking

Tracking of CD can be the responsibility of LHDs who will request that CDP agencies report CD efforts quarterly. A standardized instrument can be developed and provided upon ordering of CD supplies. LHDs and other CDP agencies should ensure that tracking is being completed. CDP efforts will be reported by LHDs to the DBPH twice per year on the following; the number of condoms distributed, the location of distribution, and the percentage of condoms distributed to priority populations.

Evaluation

Evaluation of CDPs in Nevada can be conducted by HPPGs. LHDs will report CD efforts to DPBH twice per year. An established ad hoc committee for HPPG, including members of the youth HPGG when available, can review the reports submitted by LHDs. This committee can be responsible for reviewing the condom distribution efforts of agencies and providing input and recommendations for potential changes. This committee can also request from the DPBH Office of Analytics information on high morbidity areas from the previous year's data for HIV and STDs to ensure that jurisdictions are targeting these areas as well. It is recommended that this group update this CD plan annually to ensure CD efforts in Nevada are updated with the recommendations provided.

Future Considerations

Additional input has been provided by members to enhance this plan going forward. This input is included below.

- Conduct 'Community Capacity' assessment- this assessment can include gathering data on assessing organizations' capacity and process to examine which strategies are being utilized for CD.
- Identify how telemedicine providers are ensuring their clients have access to condoms.

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