

## Concept Paper

### Comprehensive Health Service Provision Among Lesbian, Gay, Bisexual, Transgender and Queer Populations

#### Purpose and Background

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The New York City Department of Health and Mental Hygiene (DOHMH) Bureau of Sexually Transmitted Infections (BSTI) is dedicated to improving the sexual health of all New Yorkers. Included in this mission is reducing negative sexual health disparities faced by sexual and gender minority groups. To address health inequities faced by Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) persons, the NYC DOHMH BSTI is seeking one contractor to provide comprehensive primary care, sexual and reproductive health, and behavioral health services to uninsured LGBTQ-identifying patients. DOHMH's current subcontract for these services expires in 2020. DOHMH expects to issue an RFP for a prime contractor to perform these services starting 7/1/20.

LGBTQ persons represent a diverse community of sexual and gender minorities with unique healthcare needs. LGBTQ persons have been consistently underserved by medical establishments and experience significant barriers to care. Numerous barriers to seeking and engaging in medical care have been documented, including a lack of knowledgeable providers and specialists<sup>1,2</sup>, stigma, financial constraints<sup>1</sup>, and systems-level challenges<sup>1</sup>, such as a lack of appropriate documentation in clinical forms and medical records. Fear and stigma regarding disclosure of sexual and gender identity among LGBTQ persons has been linked to lower healthcare utilization<sup>3,4</sup>. LGBTQ individuals may be less likely to engage in care<sup>5</sup> or to have a personal doctor<sup>6</sup>, and may encounter delays in care or be dissatisfied with the care received<sup>5</sup>. Barriers to engaging in quality care contribute to LGBTQ health disparities in the following areas:

#### **Primary Care**

Appropriately capturing the magnitude of health disparities among sexual minorities is complicated by the paucity of national registry and surveillance data which include gender and sexual orientation information. While more research is needed, available estimates point to significant primary care disparities among LGBTQ persons. The 2017 New York City Youth Risk Behavior Survey estimates that asthma rates were higher among bisexual, gay, and lesbian respondents compared to their heterosexual peers<sup>7</sup>. LGBTQ individuals are disproportionately affected by certain cancers: men who have sex with men (MSM) represent a disproportionate proportion of anal cancer<sup>8</sup>, and the prevalence of cervical cancer have been found to be significantly higher among bisexual and lesbian women<sup>9</sup>. Despite the greater burden of certain cancers among LGBTQ populations, however, barriers to care may lower participation rates in cancer screening, such as anal and cervical Pap testing<sup>6,10</sup>. Lesbian and bisexual women have also been found to have a higher prevalence of risk factors for breast cancer. Additionally, studies suggest higher rates of certain risk factors—including smoking<sup>4,6,12,13</sup>, alcohol consumption<sup>4,6</sup>, and sex without a condom or barrier method—among LGBTQ populations, which may further contribute to health disparities.

### ***Sexual and Reproductive Health***

Bisexual, gay and other men who have sex with men (MSM) are disproportionately affected by sexually transmitted infections (STIs)—syphilis, and gonorrhea in particular—as well as HIV. MSM experience higher rates of primary and secondary syphilis and HIV<sup>14</sup>, and also contribute disproportionately to gonorrhea cases in NYC<sup>15</sup>. In NYC in 2015, MSM made up the largest group (58%) of new HIV diagnoses. Further, transgender persons may face unique vulnerabilities for HIV infection and engagement in HIV care, including but not limited to discrimination and reduced employment opportunities. A recent meta-analysis estimated that HIV prevalence was considerably higher among transgender persons, specifically transgender women<sup>16</sup>.

### ***Behavioral Health***

Population-based studies have suggested higher rates of “psychological distress,” and suicide attempts among LGBTQ persons compared to their heterosexual peers<sup>17, 18</sup>. A 2008 systematic review and meta-analysis revealed that the risk for depression and anxiety disorders were at least 1.5 times higher in LGBTQ persons than in heterosexual persons, and that suicide attempts in the LGBTQ population is two times as high as in the heterosexual population, and particularly high in gay and bisexual men<sup>19</sup>. LGBTQ persons suffer from high rates of substance use and dependence compared to heterosexual people; meta-analysis results have shown a 1.5 times higher risk for LGBTQ persons than for heterosexuals<sup>19</sup>. Based on information from the 2017 NYC Community Health survey, when compared to respondents identifying as Straight, those identifying as Gay/Lesbian or Bisexual were more likely to report depression and binge drinking<sup>6</sup>. Additionally, among respondents with depression, respondents who identify as bisexual were more likely to report not receiving needed mental health care than those identifying as straight.

### **Target Population**

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The target population of the intended Request for Proposals (RFP) is uninsured LGBTQ individuals—including those who identify as lesbian, gay, bisexual, transgender, queer, or gender non-conforming—residing in New York City (NYC).

### **Goals of the Concept Paper**

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DOHMH intends to issue a Request for Proposals (RFP) to reduce barriers to care among LGBT patients by promoting the provision of comprehensive quality care among LGBTQ individuals. Accordingly, the New York City Department of Health and Mental Hygiene proposes to select one contractor to provide comprehensive services to uninsured LGBT patients in three key areas-- 1) primary care; 2) sexual and reproductive health care; and 3) behavioral health including, but not limited to:

1. **Increase access and provision of primary care services among uninsured LGBTQ patients,** resulting in an increased number and/or proportion of uninsured LGBTQ individuals receiving:
  - a. Anal, prostate, breast, cervical and testicular cancer screening
  - b. Tuberculosis screening
  - c. Routine vaccinations
  - d. Diabetes, hypertension and hypercholesterolemia screening

2. **Increase access to and provision of sexual and reproductive health services among uninsured LGBTQ patients,** resulting in an increased number and/or proportion of uninsured LGBTQ individuals receiving:
  - a. STI/HIV screening
  - b. STI treatment, including via case investigation and partner notification
  - c. HIV biomedical interventions
  - d. Pap smears, where indicated
  - e. Contraceptive counseling, where applicable
3. **Increase access to and provision of behavioral health services among uninsured LGBTQ patients.** Assure the provision of behavioral health services among uninsured LGBTQ patients, as measured by improvement in or expanded access to the following services:
  - a. Anxiety and depression screening
  - b. Mental health counseling
  - c. Substance abuse and dependence counseling
  - d. Referrals for ongoing substance use and abuse treatment

### **Program Information**

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The Contractor would be responsible for the following:

- Maintain operating hours and locations that maximize accessibility to the target population of uninsured LGBTQ individuals (e.g., centrally located offices accessible by public transportation).
- Maintain a confidential electronic medical record for patient care that complies with local, state and federal confidentiality and privacy regulations.  
Comply with confidentiality and privacy regulations set forth in a Data Use and Confidentiality agreement between the DOHMH and Contractor.
- Maintain systems (electronic medical record, as well as clinical forms, etc.) that appropriately capture information among LGBTQ patients, including information on patient's sex assigned at birth, gender, preferred pronouns, identity, and sex/gender of partner(s).
- Develop a plan to assure LGBTQ-friendly medical services are provided at the clinic, addressing, at a minimum: the creation or assurance of an LGBTQ-affirming space, publicizing LGBTQ-friendly medical services to the community, and staff and provider training to improve services provided to LGBTQ individuals.
- Maintain systems to regularly collect, analyze and report clinical and program data (population-level measures as well as visit-level records) to NYC DOHMH on the provision of RFP-funded primary care, sexual and reproductive health, and behavioral health services.
- Comply with all public health reporting requirements in a timely manner, including the submission of provider reports for chlamydia, gonorrhea and syphilis.
- Develop and implement a plan to assure or improve the provision of RFP-funded primary care, sexual and reproductive health and behavioral health services to uninsured LGBTQ individuals.
- Develop and implement a staffing plan to ensure that qualified staff will provide required clinical services as well as data management and reporting functions.

- Meet biannually with NYC DOHMH program staff to discuss progress, successes and challenges in providing RFP-funded services.
- Participate in at least one annual chart review to verify service provision among RFP-indicated target populations.

### **Use of HHS Accelerator**

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To respond to the forthcoming **Comprehensive Health Service Provision Among Lesbian, Gay, Bisexual, Transgender and Queer Populations RFP**, vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- Medical Services
- Diagnostic Testing
- Family Planning
- Primary Care
- Mental Health Services
- Health Education and Supports
- Disease Control
- Substance Abuse Services
- Outreach
- Case Management

### **Proposed Term of the Contract**

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The New York City Department of Health and Mental Hygiene anticipates that the term of the contract resulting from the RFP will be six (6) years, contingent on the availability of funding. DOHMH anticipates that the start date of the contract would be July 2020.

### **Planned Method of Evaluating Proposals**

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NYC DOHMH anticipates that proposals will be evaluated based on proposers': relevant experience in serving the RFP target population and providing RFP-funded services; approach to providing RFP-funded services; approach to program monitoring and data reporting; organizational capacity and staffing plan; and approach to budget management.

### **Procurement Timeline**

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DOHMH anticipates that the forthcoming RFP will be issued late Fall 2019 and the proposal due date would be Winter 2020. Expected award decisions would be in late Winter 2020.

### **Funding Information and Payment Structure**

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DOHMH anticipates making one award, with the total available funding for the contract award from this RFP will be \$2,400,000 over the course of 6 years (\$400,000 annually). Actual funding will depend on the availability of funds.

*DOHMH is interested in receiving feedback from the provider community on potential payment structures for the described services.*

### **Contact Information /Deadline for Questions/Comments**

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Comments are invited by September 30, 2019. Please email [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) and indicate **Comprehensive Health Service Provision Among LGBTQ Populations Concept Paper** in the subject line of the email. Alternatively, written comments may be sent to the following address:

**Erik Vaklinov, Contract Manager**  
**New York City Department of Health and Mental Hygiene**  
**42-09 28th Street, CN 30A**  
**Queens, New York 11101**

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