

The Free Condom Initiative: Promoting condom availability and use in New York City

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March 2008



BACKGROUND

Why distribute condoms in NYC?

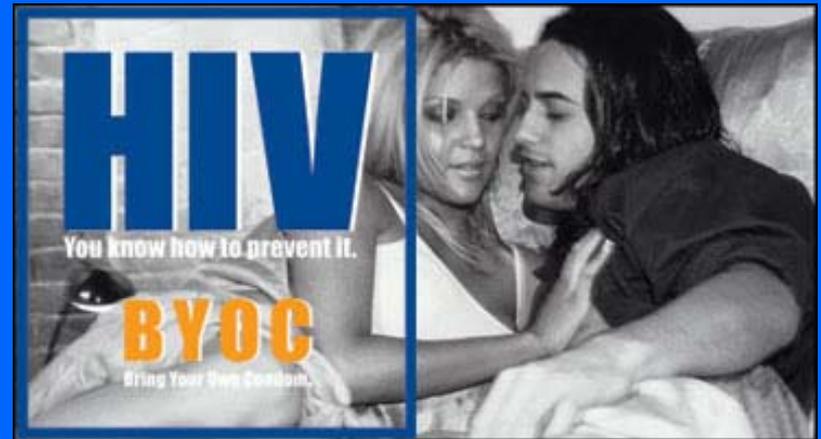
- 100,000 people living with HIV in NYC, 3745 new diagnoses in 2006
- 1/3 of adult New Yorkers with 3 or more partners did not use a condom at last sexual encounter
- Free condom distribution promotes condom use
 - DA Cohen et al. AJPH, 1999.

Objectives of the Free Condom Initiative



DOHMH Expanded condom access in June 2005

1. Introduced new website:
www.nyccondom.org
 - Can order 24/7
2. Introduced orders through
311
3. Shipment directly to
organizations within 10
days



Total cost of the Free Condom Initiative in 2006

\$1.34 million

Includes condoms, shipping, condom bowls,
distribution staff, overhead and 2 distribution
contracts

Evaluation of Free Condom Initiative Mid-July to end of September 2006

Are condoms :

1. Available in high-risk venues?
2. Visible to patrons?
3. Acquired?
4. Used?

METHODS

Target Sites

Selected venues where people at high risk for HIV congregate:

- Syringe exchange programs*
- Methadone clinics*
- Homeless shelters*
- Dept of Health-funded organizations for HIV-related services*
- Gay bars**

* Identified through administrative lists

** Identified through gay magazines and internet sites

Sampling of Managers

- Attempted manager interview at all venues
- Interviewed highest-ranking staff member present

Sampling of Patrons

1. Multi-stage sampling of venues for patron interviews

- Venue type
- Geographic area (all 5 NYC boroughs)
- Managers had to grant permission

2. Selection of patrons

- Targeted 10 patron interviews per site
- Patrons systematically selected
- 18+ years of age
- \$15 gift card provided

RESULTS

Website ordering: Increased from 5.8m/yr to 17.3m/year



Ordering Organizations in 2006

| Organization type | Condom ordering organizations (n=877) |
|--|--|
| Health care and social service | 59% |
| Private businesses (clubs, party organizers, nail and hair salons, barber shops, liquor stores) | 21% |
| Health department clinics | 20% |

Manager reports of condom availability

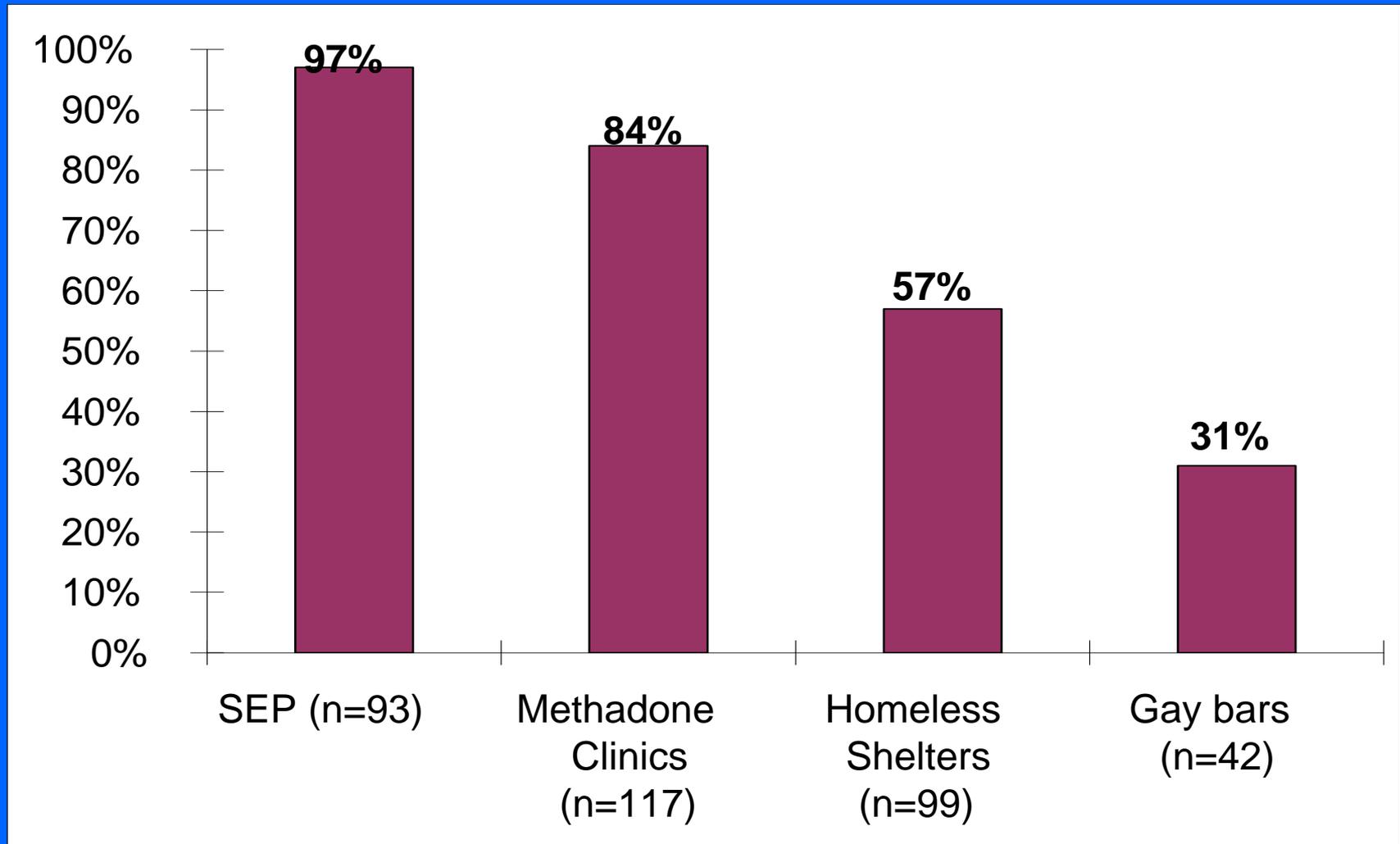
| Venue type | Venues targeted | Manager response rate | % reporting condoms available |
|--------------------------------|-----------------|-----------------------|-------------------------------|
| Syringe exchange programs | 18 | 100% | 94% |
| Methadone clinics | 74 | 89% | 85% |
| Homeless shelters | 116 | 94% | 78% |
| Health Department-funded sites | 146 | 93% | 88% |
| Gay bars | 98 | 82% | 40% |
| Total | 452 | 90% | 75% |

**The following slides
refer to patron interviews
in venues where managers reported
condom availability**

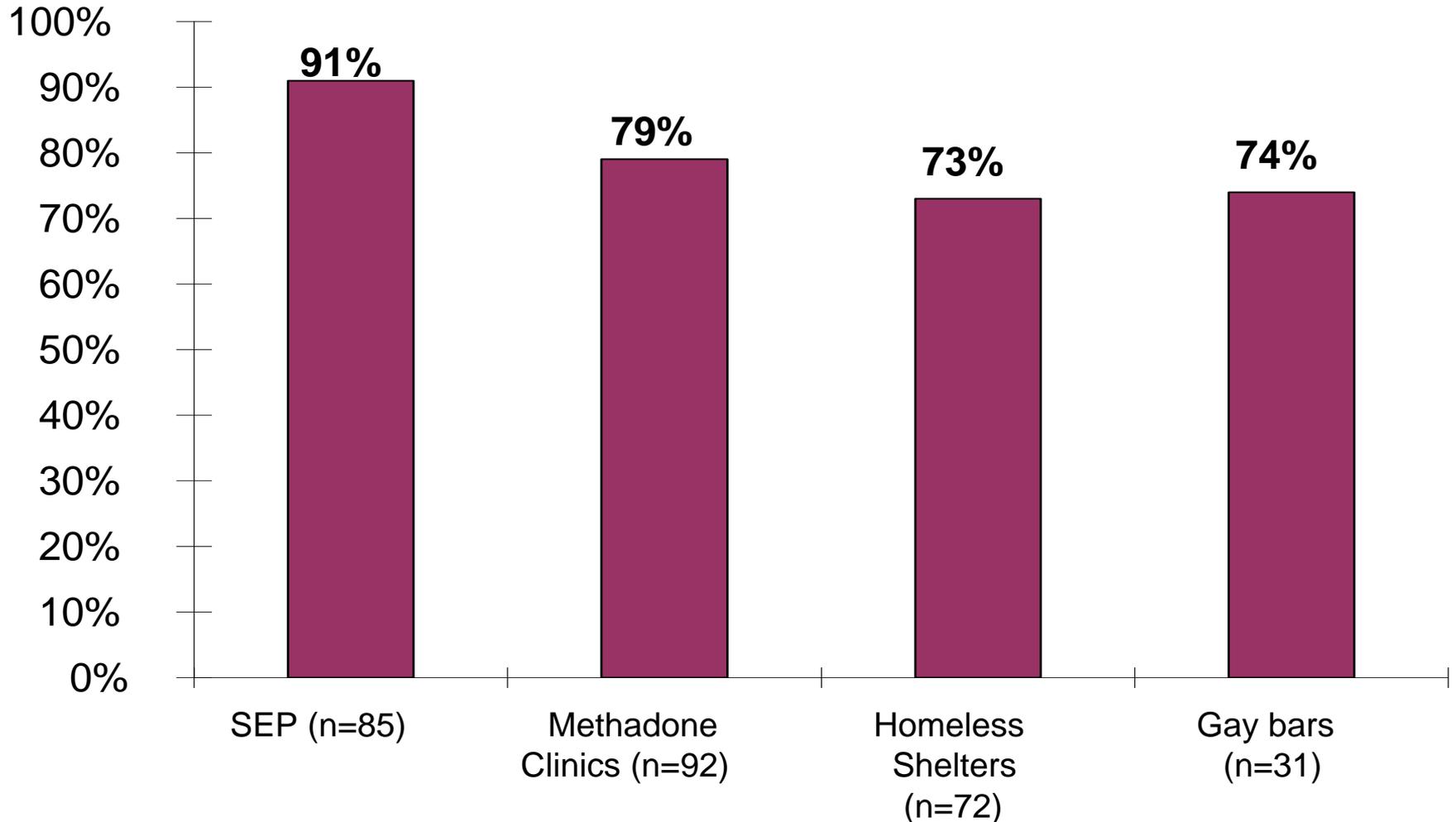
Patrons interviewed

| Venue type | Venues where managers reported condoms and patrons were interviewed | Number of patrons interviewed |
|---------------------------|---|-------------------------------|
| Syringe exchange programs | 10 | 96 |
| Methadone clinics | 14 | 140 |
| Homeless shelters | 18 | 175 |
| Gay bars | 14 | 136 |
| Total | 56 | 547 |

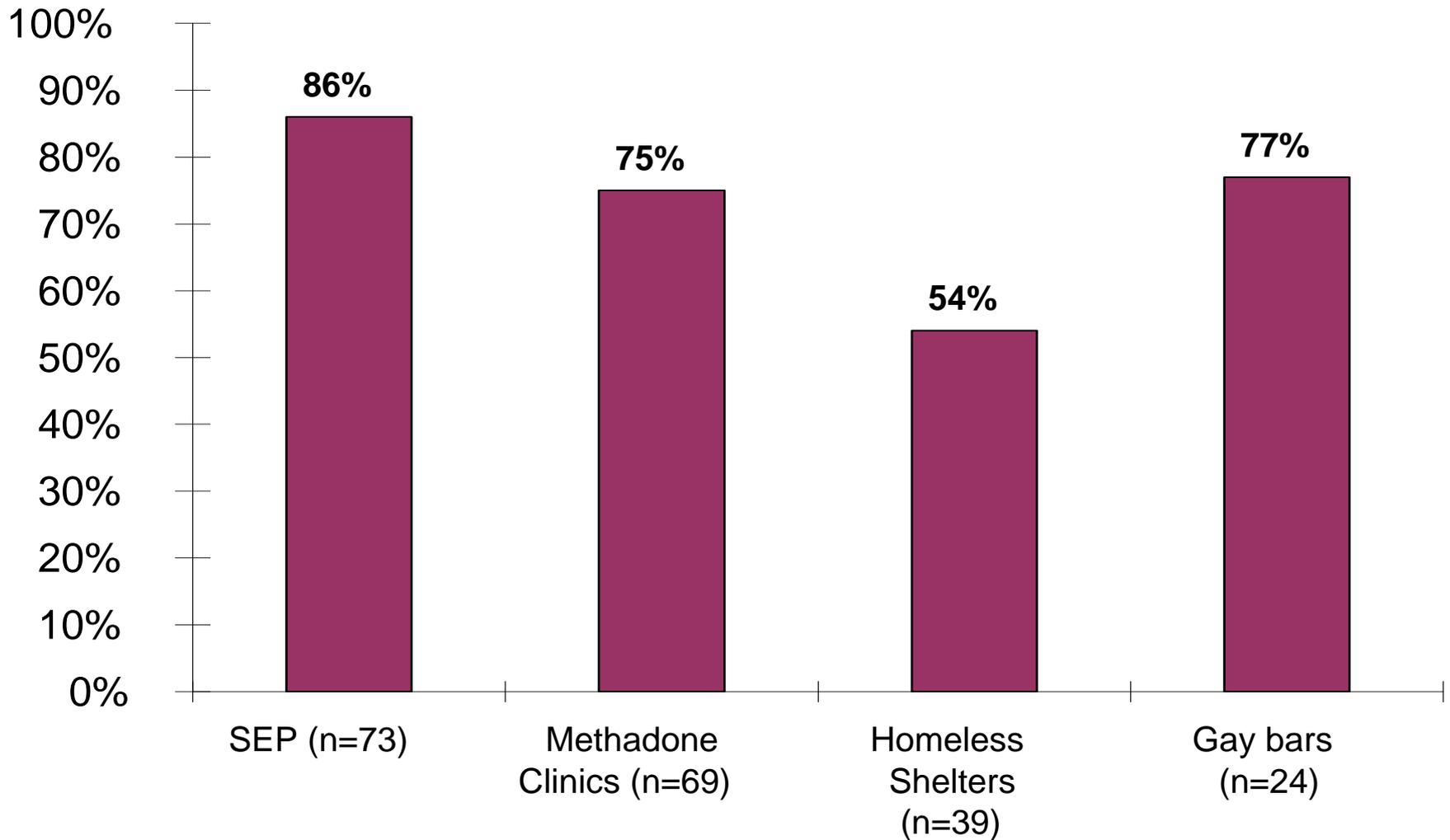
Percent of patrons reporting condom availability, by venue type



Percent of patrons reporting condom acquisition when available, by venue type



Percent of patrons reporting condom use when acquired, by venue type



DISCUSSION

Summary of program success

- 1) Providing condoms for free led to condom acquisition and use
- 2) The website was an effective and inexpensive tool for large scale distribution: easy, convenient, timely
- 3) Little advertisement was needed for health and social service orgs

Summary of program challenges

Gay bars had insufficient availability and visibility. Reasons for this include:

- The initiative did not target gay bars
- Condoms not a priority for gay bar managers
- Our assumption that AIDS Service organizations would distribute condoms in gay bars was over-optimistic.
- Even when managers made condoms available, they were often not visible to patrons

Limitations

- 1) Patrons at SEPs and methadone clinics may have been primed to over-report condom availability, acquisition and use
- 2) Participating managers may have been more likely to supply condoms than non-participating managers
- 3) We did not investigate partner type (primary, casual, paid), a factor known to influence condom use

Conclusions from findings

1. Website works well for social and health service organizations
2. Organizations not involved in social or health services (e.g. gay bars) may need
 - Direct targeting
 - Passive supply maintenance
3. Visibility is crucial
 - Advice and tools to improve placement of condoms

Evolution from the Evaluation



- NYC Condom
- NYC Condom dispenser
- Vendors for bars, restaurants and coffee shops

Acknowledgements

Authors:

- Angelica Bocour
- Mary Irvine
- Kyle Bernstein
- Elizabeth Begier
- Kent Sepkowitz
- Scott Kellerman
- Daniel Woglein

Interviewers:

- Danae DiRocco
- Carla Lee
- Tiffany Kenison
- Ronald Perryman
- Bali White
- Benjamin McComber

NYC Department of Homeless Services

- Dova Marder
- Alex Gutkovitch
- Howard Salk

NYCDOHMH

- Thomas Farley
- Juliet Wilson