SUMMIT
gay men's health

Setting the Agenda

Report on the First Gay Men's Health Summit in British Columbia

British Columbia's first ever Gay Men's Health Summit opened in Vancouver on World AIDS Day, December 1, 2005. Participants from across BC gathered for the three day conference to hear what's current, consult on health promotion strategies and recommend a course of action.

INSIDE

cbrc
Community-Based Research Centre

The Community Based Research Centre (CBRC), specializing in HIV/AIDS and R & D on gay men's health issues, hosted the event in partnership with Gayway, AIDS Vancouver and the BC Centre for Disease Control. Funding was provided by the Public Health Agency of Canada. The Summit brought together those working, volunteering or interested in gay men's health.

In spite of significant advancements in HIV in the past twenty years, gay men still face some very tough challenges. Research shows that gay men continue to value sexual safety and support health promotion initiatives. 75% of gay men in BC take precautions to be safe. Yet, gay men continue to get infected with HIV at an alarming rate. According to the provincial testing data, new positive tests in gay men increased by 72.6% in BC from 1999 to 2004.

Over 125 participants gathered on day one for presentations on gay men's sexual health. In this Summit report, we outline the trends: HIV, sexually transmitted diseases, crystal use, and the growing interest in

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gay men's health. We review how community and public health have responded: the provincial *Sex Now* survey project, the launch of Gayway, and positive prevention initiatives for HIV positive men. We learn that the current situation is taking place in a policy vacuum with inadequate resources. Read the latest from our three levels of health funding and policy development.

On the second day of the Summit, over fifty people working or volunteering in gay men's health were invited to consider the state of gay men's health in BC and how we might move forward. Participants reviewed proposals for improving the current situation. We report on those consultations here.

Conference organizers and representatives from across BC gathered on the final day to review the proceedings and set out a plan of action for moving ahead.

Participants endorsed the Gay Men's Health Summit as a framework for collaborative planning and policy development. Based on the HIV health promotion model study-plan-do, this framework provides gay men with access to the latest information, an opportunity for discussion and consultations, and a forum for collaborative action.

The most tangible outcome from the Gay Men's Health Summit has been the creation of a provincial network. In a follow-up meeting to the Summit, participants adopted the name BC Gay Men's Health Action Network and set up a steering committee.

The Summit also provided an opportunity for graduates of *Totally Outright*, a leadership program for young gay men, to organize an evening of entertainment and culture. Thank you MC Miss Cookie La Whore, Bob Loblaw Queer Comedy Troupe, Assaulted Fish, and Francisco Ibanez-Carrasco for *Climax: a night of bad gay sex*.

The Gay Men's Health Summit was an important event for BC. This report provides an overview of the current state of gay men's sexual health and outlines new strategies for addressing the issues. It will serve as a touchstone for measuring progress in health outcomes for gay men, in fair resource allocation, and in creating a gay men's health strategy. See you at Summit 2.

Trends

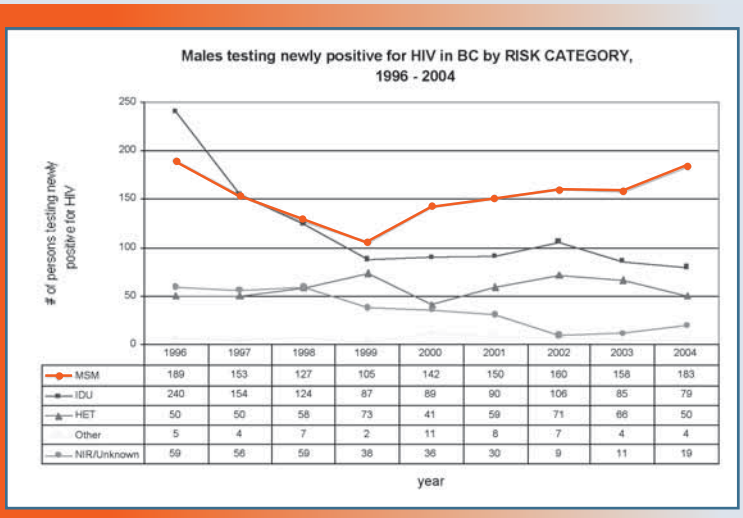
Dr. Michael Rekart, Director of HIV/STI Control, BC Centre for Disease Control presented on "Sexual Health of Gay Men and MSM in BC."

If you look within the categories of men in Figure 1, you can see that while the new infection rates have decreased in several risk categories for men, they have increased quite substantially amongst gay men.

the age groups. However, 40-49 men appear to be increasing the most. Those numbers are quite small.

The picture for syphilis is just as bad if not worse. Beginning in 2000, the outbreak started to spread to the gay community and now we have two epidemics going on: one in gay men and one in heterosexuals.

The gonorrhea story is much the same, except that the increase in gonorrhea has been a recent phenomenon. I'm not so sure that this is an outbreak in the same way as with syphilis



	1996	1997	1998	1999	2000	2001	2002	2003	2004
MSM	189	153	127	105	142	150	160	158	183
IDU	240	154	124	87	89	90	106	85	79
HET	50	50	58	73	41	59	71	66	50
Other	5	4	7	2	11	8	7	4	4
NIR/Unknown	59	56	59	38	36	30	9	11	19

Figure 1: MSM=Men having sex with men; IDU= Injection drug user

If you look at the number in 1999, there were 106 gay men newly infected or newly testing positive for HIV and that number in 2004 was 183. That's getting pretty close to a doubling.

There doesn't seem to be any correlation with age. The trends are similar in most of

and that's because recently gonorrhea testing has become a lot easier for men. You can test urine samples instead of collecting urethral smears. So testing rates have actually gone up amongst men and this is probably part of the explanation why more infections have been uncovered.

"If you look at the number in 1999, there were 106 gay men newly testing positive for HIV and that number in 2004 is 183. That's getting pretty close to a doubling."

—Michael Rekart

However if you look according to sexual preference for male gonorrhea in BC, you can see that the numbers for homosexual and bisexual men have increased quite a bit, almost doubled since 1998. Also, there's quite a large proportion of cases in which the sexual preference is unknown and probably some of those are gay or bisexual men. Although some people say that gay men get primarily rectal gonorrhea, that's obviously not true. Urethral gonorrhea's the most common site of infection for both gay and heterosexual men.

Syphilis, gonorrhea, HIV—the same thing is happening. The general overall picture is that sexually transmitted diseases and HIV are increasing in men and in gay men in British Columbia.

Dr. Thomas Lampinen, BC Centre for Excellence in HIV/AIDS and UBC Department of Epidemiology and Health Care presented on "Where to go next in HIV? Is crystal meth driving the epidemic?"

Priorities right now with crystal meth divide along lines of HIV status. For HIV negative men, it's fundamentally a substance use, not HIV issue. I have no doubt that crystal meth is leading to some new HIV infections. What I have doubts about is its place in the big picture of increasing HIV infections among men locally. The second issue is about HIV positive men. I do think studies show that HIV positive men who use crystal take risks that we'd prefer they don't take.

In the *Vanguard Project*, a longitudinal study of HIV negative young gay men, we looked at unprotected sex with casual partners whose HIV status is not known. That's the most risky behaviour and the one we want to focus on when relating meth use and risk for acquiring HIV infection.

What we've been hearing is that crystal is driving recent increases in HIV incidence. This study was designed to answer the question: To what extent are recent increases in unsafe sex with casual partners linked with increases in crystal meth use? What is the association between use of crystal methamphetamine and unsafe sex?

Between 1997 and 2002, there are three time points presented in Figure 2. There was a significant overall increase in unprotected anal intercourse with casual partners during these years (19% to 26% of men reporting the behaviour during the previous year). A larger proportion of men reported insertive (topping) than receptive (bottoming) without condoms with their casual partners. This increase is important but frankly, rather modest.

Figure 3 shows trends in previous year use of methamphetamine among study participants. You can see that there were increases during the same time period (top solid line) in the proportion of young men using meth. It increases from 9% to 19% of men. Note however that only half these men using meth reported its use during sexual encounters (bottom dashed line).

This is really an extraordinary prevalence of crystal meth use. If we ask injecting males in Vancouver's Downtown Eastside—How many of you use crystal?—5% say yes. Here we are talking about almost 20% of young HIV negative gay men.

How often do they use? The median number of times meth was used per year in our group was 6: in other words, 50% of men used it less frequently than once every two months and 50%, more often. Our focus then might want to be on heavier use of crystal, not any use of crystal.

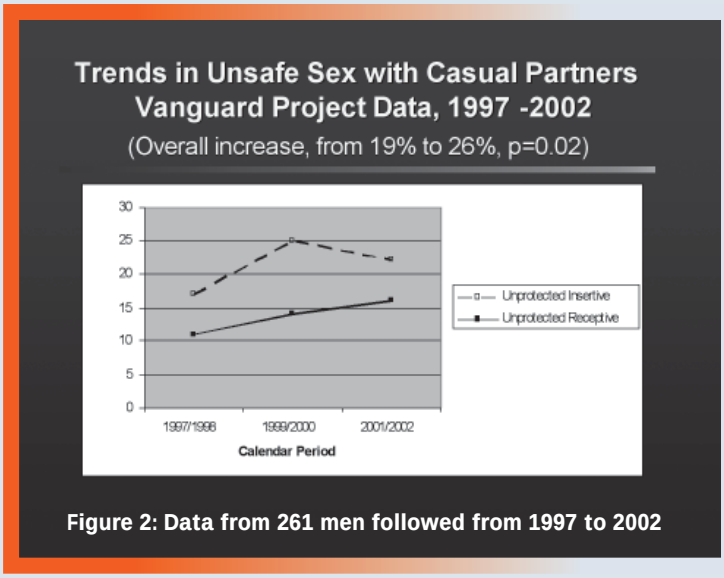


Figure 2: Data from 261 men followed from 1997 to 2002

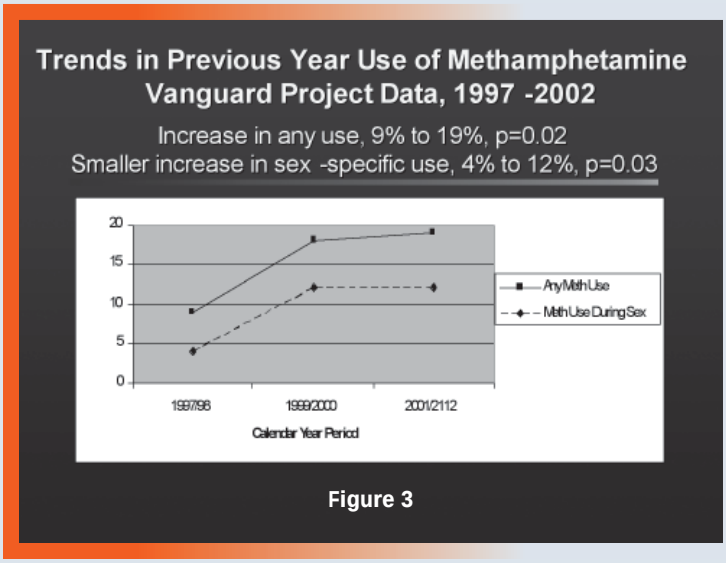


Figure 3

Over the entire 5-year period, about 55% of the men reported some unprotected sex with a casual partner, 28% reported any use of crystal, and 19% reported any use of crystal around the time of sex. This characterizes the overall trends among men studied.

What is the association between unsafe sex and crystal meth? If we look at poppers, we see a strong link year after year. The association with meth is not anywhere as large. It's just marginally statistically significant. If meth were a really important drug that is linked to unsafe sex among HIV negative men, I would have expected to see a stronger association than the one we observed. Further, we found that the trends in increasing unsafe sex and increasing use of meth are statistically independent of each other. The reason for that is that crystal is used by a sizable minority of men, but far greater numbers of different men are engaging in unprotected sex. The increase in unprotected sex is actually a broader phenomenon than the increase in meth use. It involves different men and larger numbers of them.

To really make this point clear, we investigated 109 instances in our study where men changed from no unprotected sex with casual partners one year, to unprotected sex with such partners the next. Only 14% of these men reported use of crystal. And only 6% reported its use around the time of sex. If these reports are accurate, meth use can only be linked with a small amount of the increase in unsafe sex observed in our participants.

We did find that there was a modest association between crystal and unsafe sex in this study group of HIV negative men. We did observe a significant increase in trends in both unsafe sex and crystal use. But these two trends are not tightly linked. The conclusion is that, even if we could eliminate all crystal use, we wouldn't eliminate much of the unprotected sex going on in this study group or among men similar to them.

Most other investigators can't tell you from their data which came first in the HIV positive men who use crystal meth: did crystal use follow HIV infection or did crystal use begin before HIV infection? We asked men who are HIV positive if they use crystal. 40% said that they had ever used crystal meth and 17% said that they had used in the previous year. What's telling from these data however is that 50% of these men had been infected more than 11 years at the time of the survey. In examining our data, we estimate that at least 75% of HIV positive men were infected before their first use of meth.

In conclusion, I would argue that HIV prevention relating to meth first needs to involve HIV positive men. This is a potentially stigmatizing message, and we certainly don't need more stigma when it's already so intense even within our community. I am suggesting we focus on solutions, target HIV prevention efforts more wisely, and at the same time take great care not to stigmatize HIV positive men.

Dr. Mark Gilbert, Medical Health Officer, Vancouver Island Health Authority presented on "More than sex? Gay Men's Health and the control of HIV and STI."

I'd like to talk about the bigger picture of gay men's health and its implication for the control of HIV and STIs. Being gay is a lot more than sex. It's about your identity and your attraction.

The gay men's health movement started around the same time as the gay rights movement. It got derailed by the HIV/AIDS epidemic, but now in this post-AIDS society, it's beginning to pick up steam. It's a grass roots movement, community-based, by gay men for gay men. The idea is that it is comprehensive so it's looking at all aspects of gay men's health, not only sexual health, but also at spiritual, emotional and physical health. It considers the interaction between gay men, and between society and gay culture.

It's a matter of social justice. Gay men are a minority group and we do have distinct and legitimate health needs which are different from other men. To date there has been a fairly conspicuous absence of government involvement in gay men's health. This could be seen as a form of discrimination of the healthcare system against gay men.

What are some of the health issues that are important to consider?

Smoking: In the *Sex Now* survey 2004 about 35% reported consumption of tobacco, and that's a similar proportion that's been picked up in studies in the US, which shows that gay men have about twice as much smoking as their heterosexual counterparts. Gay men are also using a variety of other substances.

Mental Illness: There was a large survey of gay men in the US which said that about 17% of the men reported major depression. In the *Vanguard* study, they reported that 44% of men in BC had considered suicide and about 20% reported a suicide attempt. That was similar to what's been demonstrated in the US where suicide rates are higher than what you'd expect in heterosexual men.

Anti-gay experiences: In the *Sex Now* 2004 survey, men were asked if in the past year they had any verbal or physical anti-gay experiences. 32% of men reported a verbal incident, either a threat or insult, and about 3% said that in the past year they had either been hit or beaten up. A similar finding was found in the *Vanguard* study. Overall the incidence of a physical assault related to their sexual identity was about 3% in the past year.

"One of the most important determinants of health for gay men is conditions that affirm choices of coming out."

—Mark Gilbert

What are the bigger picture factors influencing the health of gay men? Taking a population health perspective, what are the determinants of health for gay men?

In a paper from Gay and Lesbian Health Services of Saskatoon in 2000, they reviewed the determinants of health and looked at some of the evidence behind them, particularly in the context of HIV/AIDS and sexual risk behaviours. They identified three determinants that were key.

One of the most important determinants of health for gay men is conditions that affirm choices of coming out. This process can be influenced by both internal and external factors. Three studies look at measures of self-acceptance. In coming out, earlier on you probably have less self-acceptance than when you're at the final stages of coming out. In these studies, gay men who had higher self-acceptance had lower rates of unprotected anal sex and fewer sexual partners. Another study found that gay men who had a more defined gay identity, typically in the final stage of coming out, did report decreased amounts of unprotected anal sex.

A second determinant of health for gay men is social supports. Individuals from *Vanguard* who had low scores for social supports were associated with increased sexual risk taking. This was also found in a US study of African-American men where they found that having higher social support was associated with less unprotected anal sex.

The third determinant of health is looking at social and physical environments. One environment to look at is the school environment, not necessarily a pleasant place for gay men. In Massachusetts they surveyed high school students and asked about sexual orientation, if they'd ever been victimized at school, and a number of sexual risk behaviours. For students who reported a low level of victimization at school, there was not much difference between the queer students and the non-queer students in terms of sexual risk behaviours, for example, use of condom at last sexual intercourse. But in students who report a high level victimization or bullying at school, there was a dramatic increase in risk behaviours for the queer students.

There has been increasing discussion in a new era of the HIV epidemic where we need to reposition HIV within a broader health context (Figure 4). We need to shift our prevention efforts beyond individual behaviour to considering the impact of the broader environmental factors.

A framework from the United Kingdom to address HIV incidence with men who have sex with men includes not only the behaviours that lead to HIV infection, but the prevention needs of the gay community and other things that have an impact including community, businesses, media, education, health services, policies and research. Their policy is explicit: If you want to have an impact on HIV incidence, you have to consider these things.

We have also seen examples in BC that have taken this kind of approach in looking at HIV. For example, the *Totally Outright* program, put on by the Community Based Research Centre, is a sexual health promotion program motivating young gay men to be leaders and resources in the community. We also have great ads from Gayway fostering positive identities in the community.

This is where HIV prevention should head. We are not really looking for the single magic bullet. It's a multifaceted approach where we consider all factors from the individual level through to larger social and cultural factors.

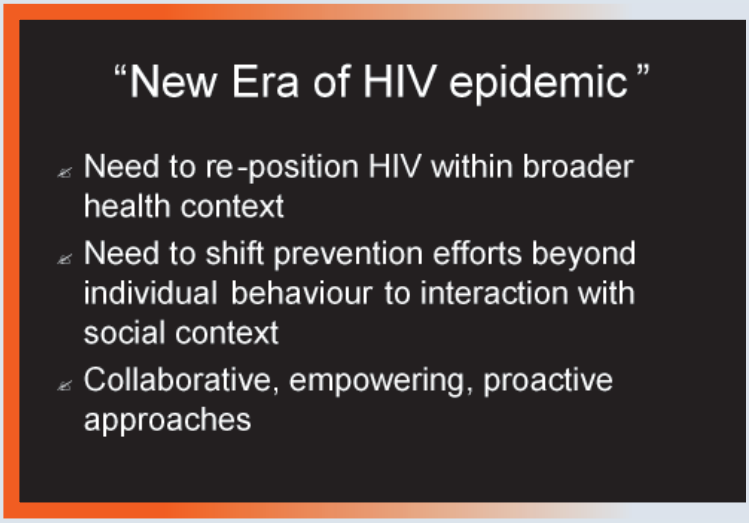


Figure 4

"The top factor associated with risk exposure is about men

RESPONSES

Dr. Terry Trussler, Research Director, Community Based Research Centre presented on "Sex Now: re-seeing the numbers."

Many know the *Sex Now* survey from helping to run it or from being in the surveys at Pride festivals since 2002.

The survey is all about participation. We see it having two purposes. One is to bring attention to the prevention issues gay men continue to face. Thousands of men do the survey and many more know the data from our reports and press coverage. The other purpose is to sort through the information the survey gives us, to see what it indicates, and to give direction to what we might do about it with prevention.

What prompted the survey in the first place was an upward shift in new positive HIV tests among BC's gay men in 2000.

Figure 5 shows the rising annual numbers of new positive tests and the percentage increases over 1999. We also see the rising proportion of the total that gay men represent: in 1999 at 25%; in 2004 at 40%. This resurgence has been very concerning to everyone involved in gay men's health. An important point is that this data represents at least 1000 new cases of HIV amongst gay men in BC. When you see it that way, it seems more than just a rising number; you can actually visualize one thousand men. It's something that we really didn't want to see happening again but here it is.

We ran the first *Sex Now* survey in 2002 with 1900 participants. We followed that up by reporting the findings in a formal publication, the press and five thousand pamphlets. In 2004 we ran the second *Sex Now* survey with 2800 participants, a 45% increase in sample size. The advantage of having data from two surveys is that we can compare results to see what happened between years.

One of the interesting things that *Sex Now* has given us is some estimates of the composition of the gay population in BC. For example, we now have evidence from samples collected in different ways that the prevalence of HIV expressed as a proportion of gay men in BC is about 11-12% or 1 in 9 men and in Vancouver, about 14-15% or 1 in 6. This level of prevalence among gay men needs to be taken into account in policy statements assessing HIV burdens and risks in BC.

We have also been able to estimate the risk of HIV exposure from data reported in the survey. Figure 6 shows the proportion of men in each survey reporting on unprotected anal intercourse with multiple partners (multi UAI) and UAI with an unknown status partner (UAIU) or partners (Multi UAIU). You can see that risk has not been increasing and in fact may be decreasing slightly. For this reason, it would be inaccurate to conclude that the increases in HIV are the result of increasing risk in the gay population.

Even so, we know that these data cannot account for unknown numbers of individuals who may be transitioning into the gay population or through periods of increased sexual activity. We know from other studies that men in transition are often vulnerable to HIV exposure.

Obviously, since annual numbers continue to rise there are pressures on some men that bring about HIV exposure. What are they?

We investigated this in *Sex Now* by comparing those who reported risk in the survey against those who reported only safe sex.

Figure 7 shows the top five factors associated with risk exposure in *Sex Now*. It is concerning that the top factor is about men feeling pressured into sex without condoms in today's environment. Taken together, the top indicators tend to describe what some gay men experience when going through upheaval due to relocation, changes in employment or relationship breakdown.

The survey has also shown us where we have our challenges with continuing prevention work among gay men. Young men are significantly less knowledgeable about sexual health, which makes them more vulnerable. Consistent condom use among men involved in casual sex is weaker than we presumed. And gay men are less likely than they once were to become involved in prevention work through community organizations.

Figure 5: HIV Testing in BC

HIV Testing BC	1999	2000	2001	2002	2003	2004
Total positive tests	419	406	437	439	427	456
Gay men's tests	106	144	153	160	159	183
Percent of total	25.3%	35.5%	35.0%	36.4%	37.2%	40.0%
Increase over 1999	-	35.8%	44.3%	50.9%	50.0%	72.6%

Source: BC Centre for Disease Control

Exposure risk	2002	2004
	n=1743	n=2240
Multi UAI	23.6%	17.4%
UAIU	26.6%	25.4%
Multi UAIU	15.0%	13.7%

Figure 6: Exposure Risk

feeling pressured into sex without condoms in today's environment."
—Terry Trussler

Risk indicators	Risk n=561	No risk n=1652	OR	95% CI
Felt pressure	41.8%	16.7%	3.578	2.888-4.433
Broken sex agreement	39.5%	16.5%	3.311	2.374-4.618
Inconsistent concern	24.5%	9.2%	3.187	2.462-4.126
High partner volume	44.7%	23.3%	2.665	2.178-3.260
Crystal use	15.7%	6.7%	2.613	1.917-3.562

Percent shows the proportion of those reporting risk v. no risk affected by each factor. Odds ratios show how many more times likely the factor affected those who had risk v. those who did not.

Figure 7: Top Risk Factors

Nevertheless, *Sex Now* provides us with important clues about how to reach and motivate the gay population. We know more than we ever have about what gay men read, the popular websites and activity in the community. That information will help us translate data from the survey into an appropriate prevention strategy.

Phillip Banks, Director of HIV Prevention and Awareness and founder of Gayway at AIDS Vancouver presented on "Developing health communication for gay men's health promotion."

The picture looks really bad. I think that's one of things that often gets gay guys down. We are always told about the things that aren't working for us.

The science is really important, but it feels like we are always trying to make excuses for why we need to be treated as valuable individuals and contributors to society, and why our lives have to be valued.

Much of the health messaging that has targeted gay men over the last two decades has been focused on HIV and much of it on what we need to stop doing because it's bad, and what we need to start doing more because that will make us good. The early days focused on condom use.

The AIDS crisis in North America led to huge awareness that gays exist. It created a lot of sympathy and in a lot of cases compassion that humanized us, as we were dying. It forced discussion in a lot places and spaces that has really benefited us over time.

We've witnessed a tremendous amount of remarkable communication efforts from the early days. These were developed by activists and volunteers who weren't advertising agency folks. They weren't marketers and they weren't always brilliant writers, though there was often a lot of brilliance in the work they did.

And it didn't always happen without controversy. The stuff that was done needed to be done to get attention, but it also needed to start to talk to gay men about the things that gay men were doing, the way that we have sex in details that even gay men had never seen written except in porn magazines. There was backlash. It helped to bring our allies out of the closet. It helped to create a remarkable movement. People took risks in terms of how they tried to communicate to the world that there was something going on and people needed to pay attention. I'm not sure that the public health that existed to serve all, but didn't always, were actually doing that. It fell to organizations.

It's a rich history of how gay men came together. Gay men came together with allies, friends, lovers, family to address the AIDS crisis. It was a significant movement that had significant impacts. As we talk about this and look at the bleak picture, what we have to remember is that we can accomplish amazing things when we come together.

Queers don't like to be pushed. These groups that had been created by gay men started to tell gay men how they should be living their lives. Whether that's true or not, I think it was a strong perception among gay men. There were a lot of gay men in organizations doing this work and those gay men were feeling intimidated. You're the gay guy doing outreach and handing condoms to gay guys in the bars and bathhouses. And they are saying: "Back off." It creates social tension. It's your peers. You don't want to be the cold wet blanket being thrown on the party.

It took us some time, but we started to hear from gay men that HIV is really important. But there is so much more to me than just HIV. Things have changed. There's not this crisis. Stop treating me like a receptacle for a virus. Start to look at the person that I am in a much broader way. Stop trying to tell me how to live my life and start supporting me to live my life in ways that I want to.

That's where we find the concept of an asset-based approach. Instead of focusing on the higher rates of suicide, higher rates of alcohol and drug use, higher rates of STI, and higher rates of violence, we start to shift it around to the amazing things that gay men do when they come together.

Gay men have the ability to find each other and create networks, and to see what kind of skills and resources exist in those networks, to start to address the issues and challenges. That's a huge asset. Focusing on the things that we've been able to accomplish with those resources, skills and experiences and in those networks helps us to see not just the problems, but beyond to see gay men as flourishing individuals and communities.

Health communication needs to be part of a comprehensive approach to gay men's health. Space is really important. We

"Health communication needs to be part of a

have to have the spaces to come together to talk about these things and to build things together.

The Assumptions campaign (Figure 9) focuses on the minority of guys who are engaging in unprotected anal intercourse with guys whose HIV status they don't know. It doesn't represent the majority of gay guys. This is one of the things that has happened with health communication, we often create these messages for the guys who are most at risk. Then we put the message out there in the limited environment that gay men have to talk about their health issues. It's seen by all gay guys. All gay guys are getting this message but saying it doesn't apply to them. Do they not know what's going on in my life?

In the Gay Men Play Safe campaign (Figure 8), we decided to switch it around, based on evaluation. Instead of talking to a minority of guys, we wanted to talk to a majority. We wanted to look at the 75% of gay guys who are generally consistent in their safer sex efforts but never get validated for that. In the media we hear that gay men are suffering from condom fatique, they're apathetic, they're bare-

Figure 8

backing, and doing crystal. This campaign took a fun approach. Not pushing condom use. It's acknowledging that gay men identify condom use as an effective tool for preventing HIV in some instances.

Dr. Francisco Ibáñez-Carrasco, co-chair of the Canadian Working Group on HIV and Rehabilitation, BC Research Technical Assistant housed at the BC Persons With AIDS Society, and writer presented on "The Uses of Silence."

We tend to see ourselves in community-based organizations as the *doers* and not the *thinkers*. I think that's a terrible misperception. People who work at the heart of AIDS service organizations (ASO) are intellectuals. The stuff they think about and work with not often gets properly legitimated; it is silenced by the authority of the scientists and sometimes the funders.

Using silence as one of our educational strategies comes historically from artist collectives such as Grand Fury entrenched at the heart of the epidemic in North America in the 1980s. It was a culturally based response that until today has reverberated in western societies.

However, we have since displaced art in AIDS to the level of social marketing graphics only and mired ourselves in talk about "coming out" and "disclosure of

Figure 9

HIV" backed by wordy social scientific discourse. Although we have many theories about behaviour, that there is a series of things that we're not saying, and by virtue of not saying them, by virtue of being silent about them, we may be at times helping and at times hindering our efforts.

I invite you to think about spaces such as a bathhouse or a shooting gallery. Those are silent places, and like places of worship, they're designed to have our bodies remember and remember our bodies by simply walking into them. We often interpret what is not said in a bathhouse negatively. Scientists and educators are often saying that silence amongst gay men is wrong; it leads to poor assumptions, barebacking, and indiscriminate use of drugs. Are we largely addressing HIV positive gay men? It might be the case that POZ gay men must disclose when having sex to give their partners a choice to seek protection or protect themselves from legal consequences. However, disclosure, the lack of silence may also be a deadly weapon against HIV positive men in a polite sexual apartheid. Being open about one's HIV status decreases one's body value in the sexual market. However, we promote "harm reduction" to support people *where they are at* in their journey. Are we talking through both sides of our mouth?

Consider the advent of rapid technologies like sex websites or super fast street drugs such as crystal. They tend to contribute to sustaining "networks of silence and magical thinking." But is it all bad? Networks of silence contain triggers such as "pigplay", "bareback", and "gift giving" that are shorthand for a great deal of information about relationships or the lack of relationships. Crystal contains immense physical prowess and the promised fountain of youth (albeit short lived) in a booty bump. Silence might not be the problem about them but speed is. Everything happens too darn fast. Silence may not always contain secrecy and negativity. As Paul Virilio points out in his theory of "dromology," in a time of increased velocity, we might need silence to bring about reflection and prudence. In times of Podcasts and ubiquitous media, silence is a precious commodity in all aspects of our lives. For example, we still very much need pre- and post-HIV testing counseling; home HIV test kits might only increase the anxious velocity between barebacking and despair.

In the Assumptions campaign (Figure 9), a unique national gay men's health campaign, silence was shrewdly

comprehensive approach to gay men's health."
—Phillip Banks

interpreted. It's about what we don't say to each other and about the assumptions we make. I think we still have an enormous fear about sex and talking about sexuality. I think we're not saying that sex is often a risky chore, not the romantic endeavour we paint it to be. It's actually much easier to talk to a crowd, to fuck in an orgy than saying anything when I'm meeting one guy.

The practice of sexuality makes perfect only when untrammelled and devoid of fear. I propose a path to revisit SILENCE = DEATH. That was our first line of defense against the neglect of governments and conservative society. Today, when we are apparently "liberated" silence might be our cultural resistance to sexual apartheid amongst gay men. We might need to be protected from ourselves, not only from infection but from not giving each other a chance to create embodied sexuality. Gay men have joined scientists and educators in trying to dismantle silence on daily basis. We are in an environment where we are compelled by law to say everything. Maybe we need to think of silence as caution and reflection: essential components of harm reduction.

POLICY

Stephen Smith, Manager of Blood Borne Pathogens, BC Ministry of Health presented on "Priorities for Action."

"Priorities for Action" is a policy framework that is intended to define our provincial approach to managing and responding to HIV/AIDS in BC. It's a tool that guides and complements the efforts that are being made in our health authorities and supports some of the efforts emerging from the community.

The Priorities document sets measurable goals and targets for the five-year period that it covers: 2003 to 2007. It also proposes strategic priorities designed to reach each of these goals. These are intended to be very broad, high level strategic priorities; they are not intended to be prescriptive or define specific services that need to be in place. Rather, they should highlight the areas where strategic investments or realignment of services would be effective.

The strategic approach focuses on four key areas: prevention; care, treatment and support; capacity; and coordination and cooperation. The framework establishes a goal for each of these areas, as follows.

Prevention goal and target: 50% reduction over five years in new infections and the number who are HIV positive but unaware of their infection.

Care, treatment and support goal and target: 25% increase in the number of HIV positive individuals linked to appropriate care, treatment and support.

Capacity goal: enhancement of BC's capacity to monitor the HIV epidemic.

Coordination and cooperation goal: increased and enhanced cooperation and coordination within the context of "Priorities for Action."

How do gay men factor into "Priorities for Action?" How are they are priority? How does the document support a more focused effort or approach to working with gay men in the context of reducing HIV infections but also helping to manage some of the other health challenges that are concurrent with HIV?

"Priorities for Action" identifies gay men as a priority population group for HIV prevention. This is supported by evidence of an increase in numbers of new HIV infections among gay men/MSM in recent years. Also, there is an acknowledgement that vulnerability to HIV among gay men is complex and may be determined by multiple factors including isolation, self-esteem, depression, substance use, homophobia, socio-economic status and history of sexual abuse.

This framework supports shifting the focus of prevention efforts from changing individual behaviours exclusively, to addressing underlying determinants—messaging needs to be targeted and culturally accessible.

Moffatt Clarke, an activist-bureaucrat, Public Health Agency of Canada, presented on "Gay Men and Sexual Health: the Federal Government Policy Evolution."

There's been a policy vacuum at the federal government level on gay men's sexual health.

However a new policy document was released in January 2005 called "The Federal Initiative to Address HIV/AIDS in Canada." It promises a framework for populations most vulnerable to HIV/AIDS with the aim of developing discrete approaches for specific populations. This includes people living with HIV, people who use injection drugs, prisoners, women at risk, youth at risk, Aboriginal people, people from countries where HIV is endemic, and gay men.

This is the first time gay men have been mentioned in such a clear and explicit way with the direction heading toward some sort of population specific approach.

Following on this, another document "Leading Together: Canada Takes Action on AIDS," has just been released.

"Gay men are a priority population. However, we have disproportionate resource allocation: the highest number of new infections, but the lowest number of dollars and resources."
—Chris Buchner

The principles in this document are based on social justice, human rights, diversity, participation and empowerment, global responsibility and mutual accountability. "Leading Together" provides a call to action for all players to champion the needs and rights of people living with HIV/AIDS and people at risk, to work collaboratively, and to act "boldly and strategically" to stop the HIV/AIDS epidemic.

Dr. Todd Sakakibara, Medical Manager & Chris Buchner, Manager, HIV/AIDS Program, Vancouver Coastal Health presented on "Policy and Program Developments at Vancouver Coastal Health Authority."

The greatest number of new infections in Vancouver Coastal Health region is in MSM and that turned out to be 107 new infections in Vancouver and that's greater than 50% of the new infections. It's been a challenge for us to remain really responsive to the epidemiological trends. In gay men, rates of infection remain consistently high.

A major challenge that we are facing is that since 2001 there's unfortunately not been any increase in funds to HIV/AIDS programs. However, we've been really successful and shown that we can provide care to marginalized populations. Now what we need to do is to translate that into providing care for gay men.

Gay men's health is an identified gap in our services. Gay men's HIV prevention and care must be approached through a wellness framework. That means gay men's health as opposed to dealing just with the virus.

Gay men are a priority population. However, we have disproportionate resource allocation: the highest number of new infections, but the lowest number of dollars and resources. That's the reality of the situation that we've got today in our service delivery.

We have to move forward and work with the funds we have to better address gay men's health. To help us do that, we have worked with a local research consultant to help us develop a gay men's service plan.

The objective is to develop a map for us. How can we work within the services that we've got now? How can we work within the funding constraints? There are many recommendations for us to implement through an HIV/AIDS redesign to ensure that the needs of gay men are being addressed. The recommendations cover the following areas:

Evaluation and Research: The recommendations are that we integrate a community-based research and evaluation framework into the development and service delivery. *Sex Now* is an excellent example of that type of research. Also increased collaboration, coordination and leadership towards these efforts and ongoing cultural and epidemiological research is needed.

HIV Testing and Counselling: The recommendations that came forward in the report are to increase awareness of the availability of HIV testing and to target younger guys just coming out.

Health Promotion and Prevention: The recommendations are to address this work in a holistic approach. Not just talking about gay men in terms of their vulnerability for HIV, but talking about addictions, housing, smoking, and social networks. One of the specific recommendations is the development of a coming out program for youth, and looking at workshops, support groups and peer counseling.

Community Support and Primary Health Care: The recommendations include increasing the awareness of health resources and information; developing a directory to help gay men find their way to these services; and increasing the number of gay-exclusive and gay-positive spaces and agencies.

Recommendations related to primary health care include: increased access to culturally appropriate mental health counselling and alcohol and drug treatment (mental health and addictions are related to HIV vulnerability); increased access to integrated primary health care (it's really tough to find a doctor that you can talk to about your sex life); competency training for health care providers.

We will be developing a reference group to help us prioritize the recommendations and move forward on how to implement the most important ones in the shorter term, and the others in the longer term.

We are entering a period of focused planning related to HIV/AIDS services. We will be looking at these questions: What does our population need? What is the role of Vancouver Coastal Health? How should we be using contracts with community organizations? What services should be delivered directly by the health board and what should be contracted out with community-based organizations? What are the opportunities for collaboration between acute care and community, among the health service delivery areas and among the regions?

Consultations

The Community Based Research Centre would like to thank the over fifty Summit delegates who participated in a day long consultation on creating supportive structures to improve our impact on the health of gay men in BC. Participants represented a broad range of those working, volunteering or interested in gay men's health in the province. Many were gay men. But supportive allies working and volunteering in the system also participated.

Dr. Terry Trussler introduced the day with a presentation on how structural factors influencing the health of gay men are important to address if we want to develop an effective health strategy for gay men. We've seen that individual and community level interventions have not adequately met the prevention needs of gay men in BC. How do we get the resources to adequately have an impact on gay communities? Should we create a dedicated organization focused on gay men's health? Can we form a network that will help us collaborate on a common vision of gay men's health in BC?

Summit participants broke into small discussion groups. Each proposal was introduced by a speaker from the community with an interest in gay men's health and expertise in an area relevant to the proposal. Our five speakers were both stimulating and informative, and helped participants think creatively and broadly about the issues. We thank them for their presentations:

- Dolan Badger, Urban Native Youth Association
- Captain Snowdon, AIDS Vancouver Island, Victoria
- Dr. John Egan, community researcher
- David Swan, Canadian Breast Cancer Foundation
- Steven RodRozen and Stephen McManus, Proud To Quit Smoking campaign, Gay West

Each small group discussed a proposal by answering a series of questions. Groups reported back to the large group after each proposal. Notes were submitted by each group to Summit organizers. Each participant also had the opportunity to submit a feedback form on each proposal.

Data from these individual and group reports were compiled and organized according to themes. Duplicate ideas were synthesized. Original wording was maintained where possible.

Responses on each structural proposal are reported on. This represents the first major consultation with gay men on health in BC in many years. Participants clearly endorsed each proposal. How we will achieve these goals came in many forms. But now we have an agenda for moving forward together.

Feedback

In our evaluation, we asked, "How would you proceed with gay men's health promotion in BC?"

Participants said:

- **foster grassroots activism and political action**
- **identify regional issues**
- **use an asset-based approach**
- **create a gay men's health centre**
- **volunteer at Gayway**
- **activism—bring back pride and respect in ourselves**
- **social marketing**
- **raise it on the agenda in my organization**
- **address homophobia not HIV**
- **advocate for more resources**
- **more events in 'sex on premises' venues that discuss safer sex**

"How can we use our existing community assets to reach the population, and population strategy to build our community assets?"

—Terry Trussler

CONSULTATIONS

Dr. Terry Trussler, Director of Research, Community Based Research Centre (CBRC) introduced the second day of the Summit by presenting on "Re-seeing the structure: a population strategy for gay men."

One of the basic problems we face in trying to reduce new HIV infections in BC is not only about reaching gay men but the absence of a dedicated structure to work from: a prevention framework or health strategy that links people and groups with a stake in the issue in a common vision. Various organizations among us have launched prevention initiatives in the years since numbers began to rise and each has made worthy contributions, but in the end we are left without a shared understanding of what each other is doing, where each initiative fits, or what we are aiming for. Instead the environment has remained uncommitted to any particular collaborative vision or strategy.

After 2001, when the CBRC first brought stakeholder groups together to tackle signs of rising HIV, several independent prevention initiatives took shape, including:

- *Sex Now* surveys 2002-2005
- Gay is good campaign from Gayway
- Syphilis campaign from BCCDC
- Positive prevention campaigns from BCPWA
- Euphoria & Private Parts, educational events in Vancouver and Victoria
- Assumptions campaign and evaluation by AIDS Vancouver
- *Totally Outright*: sexual health leadership program for gay youth by CBRC
- The way we play campaign by BCCDC
- Gay men play safe campaign by AIDS Vancouver

Even so, none of what has been done thus far appears to have slowed down new infections nor had much effect on risk in the population. Risk has neither continued to expand nor decrease. At this point, it is difficult to know what impact these initiatives have had. Any funding that has appeared has been mainly once-only, project-based and time-limited. And since these initiatives were not guided by an overall plan, we have little basis on which to evaluate the outcome of our efforts.

So, we might ask ourselves "Where's the structure?" Could it be that these sometimes competing and overlapping efforts have failed to have the impact we desired due to the absence of a collaborative framework defining how each contributes?

We might also ask ourselves about the structure of our thinking about gay men. Have we really thought about the whole population of gay men? Much of our prevention effort has been concerned with HIV exposure risks, condom use or disuse, and the level of risk activity going on in various locations.

At least 75% of the gay population at any one time is made up of men who report being sexually safe. That doesn't mean the majority has no exposure risk but that they may perceive risk differently than men for whom potential exposure is more common. Thinking about influencing risk in the whole population of gay men thus brings about another layer of attention that we have yet to encounter: population health strategy.

Sexual health promotion strategy

Individual	Community	Population
Counseling	Clinical services	Human rights
Education	Organizing	Health policy
Information	Leadership	Structural innovation
Screening	Programs	Mass media
Treatment	Outreach	Planning coordination

Figure 10

It seems we need to add another level of organizing if we are to address the prevention challenge of rising annual HIV infections that we have in BC. Population strategy is all about structures and the structural level of thinking about health effects (Figure 10). What structures are enabling the level of infections we now see and what structures do we need to counter them?

As *Sex Now* has shown us, we have a complex situation of mixed perceptions, conflicting norms and knowledge gaps in a gay population which is dispersed within a disapproving, stigmatizing and discriminatory society. We have only to consider the absence of action on HIV in gay men within BC's health bureaucracy to understand the role of social inequity underlying disease. Population strategy takes the health consequences of such human rights inequity into account.

One structural innovation that has shown great promise is Gayway. This store-front located in the gay village has taken a lead in re-engaging the interest of gay men and providing a supportive environment for health action. Hundreds of men are participating. Gayway is a worthy model for other structural solutions. We need structural innovation if we hope to overcome the social barriers we face in reaching the whole population of gay men.

We all know funds have been scarce and we have had to be creative. There are certainly no obvious signs of policy improvement or commitment. So we might well ask ourselves, "How can we use our existing community assets to reach the population and

Five Proposals for New Structures in British Columbia:

Addressing the health promotion challenges of gay men and men who have sex with men

population strategy to build our community assets?"

Clearly, we have a health challenge to address without much apparent support from health authorities. Let's consider how we might expand our community leadership. How do we develop our technical capacity to address the whole population? How do we engage in collaborative action? How do we create the financial means to achieve these things? How do we accomplish province-wide coordination and communication? How do we create a focal centre with a dedicated mandate for gay health planning and development?

With these questions in mind we will examine five proposals for new structures in BC which can appropriately address the health promotion challenges we face.

BC Gay Men's Health Foundation

Economic development: A charitable foundation to fund gay men's health initiatives

Research, Monitoring and Evaluation

Knowledge development and transfer: A sustainable program dedicated to gay men's health research

Social Marketing and Health Communication

Reaching the gay male population: Using media to challenge the attitudes and perceptions of gay men

Sexual Health Leaders Training

Community leadership: A sexual health leadership program for gay men

Sexual Health Promotion Planning

Collaborative action: A network to coordinate gay men's sexual health in BC

BC Gay Men's Health Foundation

A charitable foundation would provide an independent source of funds for gay men's health initiatives. The Foundation's purpose would be to create and manage both fundraising and community funding programs.

Existing Model: **Canadian Breast Cancer Foundation**
The Canadian Breast Cancer Foundation raises millions annually through its "Run for the Cure." It uses the funds to support scientific and clinical research as well as a wide variety of community programs providing assistance to affected women and their families.

How can we get started in setting up a foundation for gay men's health?

- support Summit participants to take on forming a foundation
- use the gay men's health network to support foundation development
- review existing models such as the Toronto GLBT Community Appeal, Dr. Peter Foundation, San Francisco AIDS Foundation
- organize a consultation with the community
- consider the value of including the GLBT movement in a foundation
- consider a foundation created by a group of organizations
- identify the strengths, weaknesses, opportunities and threats (SWOT analysis) of creating a provincial foundation
- conduct an inventory of skills and capacity for fund development with Summit participants
- identify resources to support the creation of a foundation, such as the Vancouver Foundation
- consult with local experienced fundraisers
- create a case for support—a long-term business plan with a clear mandate and tangible goals
- ensure accountability in financial management and transparency in decision making
- raise seed money for start up costs—fundraisers
- build relationships with United Way, VanCity, levels of government, corporations
- build allies within the gay community: GLBA, the Centre, ASOs, Rainbow Health Coalition
- advocate with governments for seed funding, capacity building, needs assessment

Who should we target as donors?

- gay, bisexual and trans men
- parents and grandparents of queer kids
- friends, family and allies
- gay-owned and gay-friendly businesses
- corporate sponsorships and pharmaceuticals
- programs that match funds
- seed money from governments
- social, recreational, cultural gay men's groups

How would we appeal to gay men and other donors?

- focus on positive messaging
- link health and sexual health
- create a sense of ownership—investing in our selves, our community, our needs
- assure gay men that donated dollars are going to gay men's health initiatives
- enable gay men to direct their dollars to specific areas of need
- educate gay men and their allies about gay men's health issues
- raise awareness about the immediacy and urgency of some health issues: HIV, STI, addictions, domestic violence, mental health
- empower gay men about influencing systemic reform
- make social change sexy
- create a culture of giving

What kind of fund development activities should we consider?

- significant fundraising events like a graduation prom or a walk or run during Pride
- planned giving, bequests, direct mail
- corporate sponsorship
- in-kind donations
- United Way direct pledges
- grant writing to foundations, corporations and government

Who might be a good spokesperson or board member?

- current and former gay politicians
- entertainers
- local athletes such as hockey players
- experienced, credible members of gay community and allies
- people with social empathy, charisma, cultural competence, out of the closet and well known in the community
- gay men with big incomes, business leaders and community leaders

What health issues should we fund?

- identify target areas of need
- educate on homophobia, heterosexism and anti-gay violence
- social determinants of health
- HIV prevention
- community-based research
- gay youth, older gay men
- multiculturalism
- health programs and services
- building a gay men's cultural centre
- fighting discriminatory practices and policies
- creating supportive health policies and financial commitments to gay men's health

What fundraising campaign messages do you suggest?

- *if you're thinking of giving, it'll support you in the end*
- *we want to be well endowed, just like you*
- *Bun for the Cure*
- *Gay for a Day*
- *that's so gay*

Research, Monitoring and Evaluation

A long term approach to sustainable periodic research, monitoring and evaluation would develop strategic knowledge about gay men's sexual culture for future health promotion efforts. This work would be supported by funding in 3-5 year spans. Dedicated to gay men's health research, the team would have links to appropriate university departments and funding programs.

Existing model: **Sigma Research, UK**
Sigma Research is an institute of Portsmouth University in London dedicated to gay men's health research. It has been conducting large sample surveys in the UK for 15 years, now reaching as many as 18,000 men.

Should the *Sex Now* survey continue?

- continue with this community-based survey
- contributes to our understanding of sexual health in gay men
- contributes to prevention and education programming
- build the capacity of the advisory network to strengthen the links between research, programs, evaluation, new research, new programs, and more evaluation

How do we strengthen our research capacity?

- Community Based Research Centre experience could help
- BC Research Technical Assistant in CBR could assist
- build partnerships with public institutions like libraries to get access to databases and journal articles on gay men
- expand the CBRC website to include user friendly access to gay men's health research and resources
- raise awareness of local research by sending out regular updates by email
- create a gay men's research training program from the ground up
- create a group to synthesize research being done to feed into programs and advocacy
- breakdown university/community research barriers
- create links to *Vanguard Project* research papers

How should gay men's research evolve in BC?

- strengthen community-based organizations' capacity to translate research into programs or messages
- create a model of long-range planning and evaluation
- expand the *Sex Now* survey; do more mini-surveys
- emphasize community-based research
- keep the fun and paraphernalia
- continue to build our database of local knowledge
- expand local research into other areas of gay men's health
- bring researchers together with community and community agencies to shape an agenda
- set research priorities to minimize competition for limited funds and to be strategic
- value those who participate
- support collaborations with BC CDC
- create our own evidence for ourselves in our own words (fag, queer)
- network with provincial and federal colleagues
- expand the samples of gay men
- consider low literacy, persons with disabilities, language and culture
- explore a Centre for Excellence for Gay Men's Health

What should a research agenda include for gay men in BC?

- how the behaviour of heterosexual society influences the spread of HIV
- homophobia, safe school research, self-esteem issues
- club drugs, drug issues
- expand monitoring beyond HIV/AIDS to consider other health issues
- develop regional demographics
- emotional health
- factors that influence HIV, such as depression, mental health, drug use
- focus on social factors and cultural issues
- use research as an intervention
- explore how past collaborative research between the BC Centre for Excellence in HIV and BC PWA can inform the current situation
- develop a research agenda that's comprehensive and inclusive
- ensure a mix of qualitative and quantitative methods

How do we fund and sustain a research program?

- identify current research funding trends
- build provincial, national and international links to research funding
- promote more community investment, consumer support, fee for service
- launch a community appeal
- lobby for core funding from government
- develop connections with universities
- learn from the women's movement
- strive for funding from a variety of sectors, such as Canada's Drug Strategy, mental health, homelessness, heritage, education, arts
- obtain capacity building funds
- challenge university/funding agency systems to fund more community-based research

Social Marketing and Health Communication

Several media campaigns have been launched in the last four years with varied effects. Evaluations have shown the promise of this work. However, critical issues with creating and deploying gay men's health campaigns in public media need to be relearned with each new project. A dedicated team would be assembled with creative management abilities similar to those of an ad agency and motivational coaching team combined.

Existing model: **Better World Marketing, San Francisco Les Papas, the principal of this firm has designed many well known gay men's prevention campaigns including HIV Stops With Me and the Happy Penis syphilis campaign.**

What are the challenges of doing social marketing with gay men?

- social marketing campaigns are expensive
- social marketing for sexual health, especially about gay sex, is difficult because there may be restrictions put on the public display of campaign images
- it may be difficult to address both urban and rural gay men's issues in one campaign
- social marketing campaigns must compete with large-scale mass media campaigns in the public arena affecting message diffusion
- marketing groups do not always understand the social component of this type of campaign; and health organizations may not understand the marketing perspective
- marketing agencies will have their own interests for taking on a campaign, and pro bono work may make negotiations difficult

What model might work best for creating social marketing campaigns for gay men?

- issue request for proposals (RFP) and contract with the best talent for the creative and the topic
- set up a gay not-for-profit business or ad agency to do social marketing with gay men
- form a partnership between a marketing agency and a gay men's health organization
- create a core group focused on gay men's communications to steer each campaign and bring in expertise from the community to provide direction on a specific target group
- collaborate with a national network to share knowledge, campaigns and evaluation
- establish a body with expertise to assist small organizations in getting their message out
- work with a Community Advisory Board
- examine a social enterprise or co-op model where social justice and economic development are considered
- review how social marketing is structured in other disciplines, jurisdictions, and best practice models

How can we get started with social marketing in BC?

- conduct a skills and capacity inventory
- review social marketing concepts and techniques
- identify ad agencies with experience doing social marketing with gay men
- create a database or network of gay men currently working in the ad and design industry and consult with them
- identify funding resources and strategies
- identify social marketing issues
- identify partners in media, other sources of support
- use PAN meetings to consult with stakeholders
- use teleconferences to conduct ongoing planning
- consult with the Association Social Marketing of BC
- create business, promotion, and media alliances as part of a social marketing strategy

What do we need to consider in deploying a social marketing campaign?

- use multiple strategies for getting the message out to gay men
- use focus groups to distill messages
- use the Internet and chat rooms
- create a buzz in the community
- tailor message to small and big communities
- expand on Gayway's asset-based approach
- ensure dissemination to smaller communities
- engage community volunteers
- create a realistic and appropriate 'call to action' for gay men

How can we build our capacity to do social marketing?

- assess the social marketing capacities in the gay men's health network
- consult resources for communities doing social marketing
- use community research to identify campaign issues
- consult with experienced organizations like AIDS Vancouver
- build relationships with professionals, students and individuals building portfolios
- support smaller communities with opportunities for skill development
- evaluate every campaign
- consider campaigns of different sizes and costs

What are our guiding values in communicating with gay men?

- ensure branding is sex positive and inclusive
- involve community members in identifying goals, messages, challenges, and resources
- ensure accountability
- ensure culturally appropriate material
- recognize the communities within our community
- strive for coordinated campaigns
- ensure that gay men are not considered commodities
- link research and message marketing
- value diversity in language, culture and age

Sexual Health Leaders Training

A slow accumulation of trained sexual health leaders will eventually make a large difference in the population as their impact spreads through gay men's social networks. One promising model, Totally Outright, a program to train leaders to be sources of strength among their own peers, has already been created. A dedicated team would be formed to organize and run the training program following a regular calendar, in a similar fashion to first aid, lifeguard or coach training. The program could be extended to train trainers for topic-specific community level workshops.

Existing model: **Fun and Esteem, Sydney, Australia**
Fun and Esteem is a peer-run coming out program for gay youth operated by the AIDS Council of New South Wales in Sydney. It is an evaluated intervention which has affected a major portion of Sydney's young gay men since its inception.

How would we structure a province-wide training initiative for gay men?

- investigate whether to create a new organization to lead the program or house it within an existing organization or consortium of organizations
- consider a coordinating core organization that could manage funds, core staff and training calendar management
- consider a traveling road show in BC

What are the next steps in setting up this initiative?

- develop provincial program goals and objectives
- review training structure options: Totally Outright, Outspeak, Youthquest, Condomania
- form partnerships with other programs, including schools, colleges and universities
- include a travel budget to be able to provide training outside of communities
- create a safe environment
- develop a training calendar of times and cities/regions
- enable ways for community involvement after leadership training
- review national and international opportunities

Who should we try to reach?

- target young gay men, but consider creating training programs for different ages
- consider sexual health leadership not just for young gay men but also for older gay men
- promote cross-generational/inter-generational experience sharing
- emphasize peers educating peers
- consider at risk youth as well as mainstream youth
- cultivate a variety of leaders
- include mentorship activities

Who will do the training?

- use a train-the-trainers peer education model
- involve young and older gay men
- tailor to local culture
- ensure cultural competence
- hire two program coordinators, urban and rural based
- ensure diversity, include trans males who identify as gay
- nurture a training team within each community or region
- involve stakeholders in training and recruitment
- recruit openly gay facilitators from a variety of gay scenes
- involve target audience in program design and development

What is our approach to sexual health leadership?

- ensure access to current sexual health information
- emphasize mentoring, developing role models, and leadership
- educate about urban and rural realities, interaction and migration
- support men coming out
- value youth experience
- develop age groupings and inter-generational options
- include skill development and informational needs
- discuss current gay community norms and behaviour
- include spiritual development
- provide tools to foster peer education

Where will we get funding?

- approach the Provincial Health Authority and other health authorities
- develop an ACAP proposal for the Public Health Agency of Canada
- identify start up funds
- look into the HRDC wage subsidy program
- develop a political voice
- create a fund development initiative in the gay community
- make the program free for participants or create a sliding scale
- provide subsidies or scholarships
- encourage organizations to create budgets to take on graduates in paid positions

What challenges do we face?

- funding a provincial initiative can be difficult
- finding safe spaces to hold training
- recruiting potential leaders
- navigating political realities
- sustaining the program
- rural leadership in small communities has unique challenges
- creating partnerships with professionals in gay health, at colleges and universities
- balancing urban and rural differences

Sexual Health Promotion Planning

Many players contribute to existing prevention efforts. Currently, no organization has a dedicated mandate to organize a gay men's sexual health promotion strategy for BC. To improve effectiveness, a dedicated group would establish a gay men's sexual health promotion agenda, coordinate strategic action and offer a forum linking the network of contributors.

Existing Model: **CHAPS, UK**
CHAPS is a network of HIV organizations involved in gay men's prevention work in the UK. The network is coordinated by Terrence Higgins Trust and supported with knowledge development work by Sigma Research.

How is gay men's health promotion planning and coordination currently organized in BC?

- incidental, reactive, unsustained, often urban-based, not provincial
- no real unified gay men's voice that is truly representative of the whole community to promote support within the community for holistic men's health.

What suggestions do you have for setting up a structure to address gay men's sexual health?

- address sexual health within gay men's health
- make the structure province-wide
- review the structure of networks in other jurisdictions doing similar work
- consider developing new structures or systems
- work with the Pacific AIDS Network (PAN) to facilitate the development, support and evolution of a gay men's network
- obtain the support of established AIDS service organizations, health authorities, gay community groups, aboriginal groups and others
- consider the potential of the Gay Men's Health Summit to support a provincial network and provide input
- bring in governments early to move the agenda
- build on the success of Gayway with more resources and a provincial coordinator

What structural options should we consider?

- create an organizing group, such as an interagency steering committee, to establish a network committed to gay men's health promotion
- create a non-profit organization on gay men's health with a gay Board of Directors to implement goals, create structures and articulate a strong vision statement
- set up an independent facilitative network
- create a central hub with connections to community leaders

What would be the work of a gay men's health network?

- keep members connected with meetings and teleconferences on a provincial level
- set an agenda for gay men's health priorities in projects and research
- educate about gay men's health using media, spaces, messages, and speakers
- create a gay men's health policy
- focus on HIV prevention issues to try to reduce infections
- use the Gay Men's Health Summit as an annual planning conference
- focus on coordination and communications
- build ties between community and public health on some common priorities
- focus on being a provincial information clearinghouse
- develop a funding strategy
- identify advocacy issues and lobbying strategies
- put forward representation to policy and decision-making tables
- focus on being a forum for dialogue and linking to community leaders and developing strategic partnerships
- develop a database of members and contacts
- join the Pacific AIDS Network
- build capacity of health promotion and prevention programs
- compile determinants of health data and information
- compile quality of life and life expectancy data on gay men in Canada

What are our core values?

- identify common values in approaching gay men's health
- value paid and unpaid work
- practice a holistic approach: diverse, accepting, inclusive, self-reflective
- develop asset-based approaches to health promotion
- include people working outside the box
- honour the impact, history and reality of HIV on gay men in BC
- explore the issue of social justice
- learn from the women's movement
- don't make it hierarchical, bureaucratic and top heavy
- minimize agency competition
- consider mentorship initiatives to encourage inter-generational activity

How will we fund a provincial network?

- develop the case for investing in gay men's health: cost effective with greater impacts than just reducing infectious diseases
- share costs among different agencies and community groups
- share resources for grant proposal writing
- obtain provincial and national funding, including ACAP funds
- encourage agencies to fund time to attend meetings
- minimize competition for fundraising
- support the population-specific approach outlined by the Public Health Agency of Canada
- work with the Provincial Health Authority to get support for a provincial gay men's health mandate

By definition

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organization)

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (World Health Organization)

Gay men's health, in a holistic sense, can refer to gay men's mental, emotional, physical and spiritual health and wellness, as well as the interconnectedness between them. Equally, it can refer to the relation between gay men's health and wellness and the interpersonal, cultural or social, and structural or societal factors that influence them. In a nutshell, addressing HIV prevention in a way that is isolated from other aspects of gay men's health, and from various determining influences on gay men's health, has been less effective. (From *Valuing Gay Men's Lives: Reinvigorating HIV prevention in the context of our health and wellness*)

From BC Politicians

If there is anything that I hope comes out of today, it's that we will recognize that this conference is going to be seen as the first step, as a beginning of a process as us as gay men demanding that this issue be recognized. We've heard about the gap. It is unconscionable and obscene when we've had a thousand new infections in five years that we can hear that the budget has basically remained frozen. There's something wrong about that. There's something that we should be standing up and demanding action on.

Hopefully we leave this conference energized and determined and angered as well, but also celebrating our collective strength as a community. Determined not just in the Lower Mainland, but in places like Prince George, that in every corner of this province our lives will be treated with dignity and with respect.

Svend Robinson, former MP for Burnaby-Douglas

The World AIDS Conference in Toronto this summer is an opportunity for all of us to go into an activist mode and to make Canadians more aware, more active on these issues. That is an opportunity to enhance leadership, education and awareness in Canada and right across the world. Make us work harder. Make the world work harder and better. Thank you very much for the work you do.

Ujjal Dosanjh, MP for Vancouver South;
former Minister of Health,
former Premier of British Columbia

Good prevention methods, good treatment methods depends on good research. The work that you are doing to develop the research, to look at the epidemiology, to look at the indicators, the factors that are contributing to this rise is something that you need to do. So you can make the right strategic decisions on an outcome base ration to look at if you are really achieving a bringing down of the rate amongst gay men.

Dr. Hedy Fry, MP for Vancouver Centre

Get Involved

1. Join the Gay Men's Health Action eForum and stay informed. Send an email to: gaymenshealthaction-subscribe@yahoogroups.com

2. Join the BC Gay Men's Health Action Network Steering Committee. Contact Michael Kwag: kwagmire@gmail.com

   On March 3, 2006 a post-Summit meeting was organized at the Pacific AIDS Network to provide an update on the Gay Men's Health Summit and the formation of the BC Gay Men's Health Action Network.

   A Network Steering Committee was formed to consider membership, network structure, resources, meeting opportunities and schedule.

   Steering Committee: Daryle Roberts, Stephen Macdonald, Terry Howard, Paul Harris, Raymond Leclair, Olivier Ferlatte, Chris Mackenzie, Phillip Banks, Michael Kwag, and Rick Marchand

3. Plan on participating in the second Gay Men's Health Summit: http://summit.cbrc.net

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Gayway (www.gayway.ca)
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