

# EXPOSING THE DETERMINANTS



Bacteria, Behaviour & Boyfriends

Is E-Health Secure?

The Difference Determinant

Our Invisible Population

Gay Teen Wellness

HPV, Tushes  
& Cancer

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The 5<sup>th</sup> BC Gay Men's Health Summit was held November 9 & 10, 2009. This summary of the proceedings reviews highlights, key points and research needs.

The original recorded presentations are available online at [www.cbrc.net](http://www.cbrc.net).

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Image: Ross Johnson, Steve Mulligan, Dr. Elizabeth Saewyc

INTRODUCTION: Dr. Terry Trussler

# EXPOSING THE DIFFERENCE DETERMINANT

CAN THERE BE ANY DOUBT, SINCE THE EMERGENCE OF HIV, THAT SEXUALITY IS A DETERMINING FACTOR IN POPULATION HEALTH? Yet, "sexual orientation" is absent from Health Canada's list of "population health determinants". Why is that? Whatever we call it—homo-negativity, heterosexism, homophobia, hetero-normativity, exclusion, denial, institutional neglect—social difference in the environments where gay men live and work is impacting our health and well-being to a much greater extent than is generally recognized.

HIV is gay men's most studied health outcome and, as it turns out, a "lived" model of how health determinants actually work in a minority population. Clearly, gay men are biologically more vulnerable to HIV specifically because commonplace male-male sexual practices are an efficient route of viral transmission. Preventable? Of course. But our experiences with developing local prevention education suggest it is more likely social than biological causes that sustain the HIV epidemic in gay men.

By now it is increasingly clear that the disproportionate levels of HIV infection experienced by gay men worldwide are the result of pervasive moral panic over homosexuality that results in denial of adequate services, resources and support. As Elizabeth Pisani has noted, the HIV prevention money trail leads everywhere except to the most affected groups. Rates of infection among gay men are at least a magnitude greater than the general population wherever you go, whether developed or developing nation.

Except in Australia and the UK, where gay men's prevention has always been intense and focused, gay men are commonly either absent or under-represented in the places where decisions are made about health in general or HIV specifically. Here in BC it took us a decade to drive home a simple truth that gay men are the most affected but least funded of HIV impacted groups.

Who decides the adequacy of a public health response? We have seen that decision panels of every sort—institu-

tional appointments, hiring committees, grant reviews, policy direction—are a critical source of HIV vulnerability for gay men. Why? Because it is so apparently easy to deny that gay men have health development needs in spite of large, obvious truths in our experience with HIV. Again, right here in BC, we have seen sitting HIV community program grant panels that, without intervention, would have denied any resources for gay men's prevention in their annual allocations.

What better description is needed of a health determinant than a socially determined factor in a minority group's health outcomes that is beyond their control? The late Jonathan Mann—once head of WHO's Global Program on AIDS—observed more than 2 decades ago that the root cause of the worldwide HIV epidemic was (and still is) stigma. Transmissible behaviour is merely the proximate cause of HIV infection. Proximate we can prevent. The root cause is another story. Because it depends on the health determinant of "other people's decisions" which are, in the main, out of gay men's control. Unless we change our tactics.

***“Gay men are commonly either absent or under-represented in the places where decisions are made about health in general or HIV specifically.”***



PLENARY

# GAY TEEN HEALTH AND WELLNESS:

## A PICTURE OF HEALTH: GAY & BISEXUAL TEENS IN BRITISH COLUMBIA

Dr. Elizabeth Saewyc

BC Adolescent Health Surveys were conducted in 1992, 1998, 2003 and 2008. The surveys involved more than 100,000 school based youth in grades 7 to 12 and 1,300 street-involved youth. The questionnaire included measures of sexual orientation: accounting for 2,696 gay and bisexual teens.

The surveys showed that persistent health disparities exist among gay and bisexual teens compared to their heterosexual peers. Gay and bisexual teens are more likely to experience hopelessness, sadness and suicidal thoughts or attempts. They are also more likely to be troubled by eating disorders (anorexia, bulimia).

Such disparities can be explained by a disproportionate experience of exclusion, harassment and outright violence in the family, school and community. Gay and bisexual teens often lack protective factors such as family and school connectedness. However, those gay teens who had strong connections appeared to have much better health outcomes and reduced rates of mental disorder.

***“It is important to recognize that a healthy adolescence for gay and bisexual teens is the foundation for the long term health of gay and bisexual men.”***

“We know that a lot of risks related to heart disease and cancer start in adolescent years. The stress of exposure to violence and stigma have long term health impacts and influence people’s health well into their 60s and 70s. It is important to recognize that a healthy adolescence for gay and bisexual teens is the foundation for the long term health of gay and bisexual men.”

## HOMOPHOBIA CAN BE DEVASTATING FOR QUEER YOUTH: SO WHAT CAN SCHOOLS DO ABOUT IT?

Steve Mulligan

***“68% of gay youth report a lack of adult support at school and never or almost never feel safe in school.”***

His role as a diversity consultant within Vancouver’s school system addresses homophobia and provides a safer environment not just for sexual minorities but all students. According to a 2008 “Social Responsibility Survey”, 11% of Vancouver’s high school students identify as “lesbian”, “gay”, “bisexual” or “unsure”. Still, “Homophobia is the last bastion of discrimination that needs to be addressed in a meaningful way in schools.”

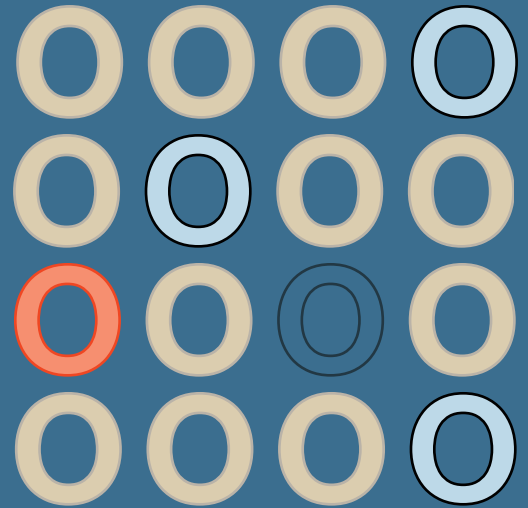
In general, the survey shows that acceptance of diversity appears to be improving and teachers are seen to be more responsive in addressing abuse. Still, about 68% of gay youth report a lack of adult support at school and never or almost never feel safe in school. By contrast, those who perceive the adults at school to be supportive, report feeling safe most or all of the time. GSAs (Gay-Straight Alliances) seem to promote a safer learning environment for all students. However, there are numerous ways in which curriculum, school activities and special events can be made more inclusive of queer youth and positive learning experiences for all.

# HOW ARE WE DOING?

## YOUTH VOICES AND THE SOCIAL IMPACT OF CREATIVE DISCOURSE

Ross Johnson

A project of Vancouver's Queer Film Festival known as Out in Schools has reached as many as 5,000 secondary school students by engaging them in video-making competitions. The students create public service announcements featuring anti-homophobia messages and the best are chosen to be shown in the annual Queer Film Festival.



## KEY POINTS

- **Personal Health and Coping Skills:** Gay and bisexual teens are more likely than other teens to have tried tobacco, marijuana and street drugs; to have had their first sexual experience before the age of 14; to use alcohol and drugs before sex and to have a greater number of sex partners.
- **Mental Health disparities:** Gay and bisexual teens are more likely to report hopelessness, sadness and suicidal thoughts or attempts.
- **Cultural Context:** 60% of gay and bisexual youth report discrimination related to their sexual orientation. They are more likely to experience bullying, exclusion and assault at school—to have been exposed to physical and sexual abuse.
- **Social Support Networks:** Family and school connectedness, when present, strongly reduce the odds of health disparities.
- **Physical and Social Environments:** 33.5% of all students report being called homophobic names in school even though 85% of them are straight.
- **Healthy Child Development:** a healthy adolescence for gay and bisexual teens is the foundation for the long term health of gay and bisexual men.

## RESEARCH NEEDS

- Research is needed to evaluate interventions attempting to make a safer social environment for queer youth (policy and programs).
- Evidence is needed to determine whether the experience of stigma and discrimination in adolescence shapes the health of gay men as adults (Life-course theory).
- The important role of social support from family has been shown but the role of other gay friends remains to be determined and may be of greater value than currently recognized.

KEYNOTE: Dr. Verlé Harrop

## CULTURE EATS STRATEGY FOR LUNCH:

The National Collaborating Centres for Public Health were conceived as a mechanism to encourage interprovincial sharing of information and evidence across provincial boundaries. Each has a specific focus but also a national mandate to synthesize evidence, identify gaps and get the information to researchers and front line health practitioners. Early investigations on gay men at the National Collaborating Centre on Determinants of Health at St. Francis Xavier University are showing that the evidence gaps around the determinants of gay men's health are profound.

***“The evidence gaps around the determinants of gay men's health are profound.”***

Public Health Agency of Canada's (PHAC) framework of twelve determinants of health is unlikely to change. While there may be many more candidate determinants, the current ones are easy to grasp for their impact on health and, importantly, for the connections between them. They are useful in parsing out data for an entire

population. Of course there are many other “social determinants” and many other “rogue” determinants like “housing”. A concern, though, with treating “heterosexism and homophobia” as special determinant is to miss an opportunity to leverage the federal government's current population health policy in support of gay men and marginalizing gay men as a special interest group.

When Health Canada moved from a health promotion approach to a population health approach there were negative consequences for gay men. Health promotion had a fabulous fit with gay men's community initiatives. However, when Canada shifted to Population Health its focus shifted from communities to the health of entire populations.

Population Health is evidence based and requires population level data to move forward. Statistics Canada is the primary source of that evidence. Gay men, who may constitute anywhere from one, to four, to ten percent of the population, have been left out of that giant data base. This is a critical problem because Statistics Canada is the primary population level data source used by politicians, academics, researchers and policy makers alike to frame their understanding of health and the effectiveness of the health care system.

From a population health point of view, gay men are invisible. We lack crucial data to show the burden of disease in

gay men at the population level. To bring about change, gay men face a real challenge without “gender/orientation” evidence in the Canadian Census. “How can it be possible that in 2009 gay men, lesbians, bisexuals and transgendered are statistically invisible in Canada?” Having a question about gender/orientation on the census would open up a wealth of information about gay men and their health status.

***“How can it be possible that in 2009 gay men, lesbians, bisexuals and transgendered are statistically invisible in Canada?”***

“When I asked my data analyst why Statistics Canada does not collect gender/orientation data she said, ‘We're Canadian we don't talk about things like that’. When I asked my colleague at Statistics Canada why

## WHERE ARE THE DETERMINANTS DATA ON GAY MEN'S HEALTH?

they don't collect gender data he said they were concerned that people would be "disgusted" and end up not filling out the census. When I told my kids about this, they were incredulous. One asked, 'Didn't they grow up with Madonna?'"

Imagine the power of normalizing gender identity/sexual orientation through the census. What is asked in the census becomes a de facto national conversation. In the beginning people might hesitate to fill in those blanks, but, over time they would become more candid. Data equals accountability and can't be ignored. Census data forms the substrate upon which you can design sets of questions around gay men's health. Indeed, one has to ask if the exclusion of gender/orientation on the Census of Canada is discriminatory.

When examining the list of PHAC's social determinants of health, two determinants are of particular importance to gay men: Gender and Culture. Unpacking "gender" as a determinant of health suggests "gender identity" which has a natural fit with sexual orientation. In terms of "culture" as a determinant, there is little doubt that the attitudes of homophobia and heterosexism within Canadian culture contribute to the marginalization and stigmatization of gay men.

Finally, health determinants do not exert their influence independently of each other. Connections and synergies between them need to be described.

## RESEARCH NEEDS

- Inclusion of gender identity/sexual orientation on census and population health surveys is critical.
- Audits of grant programs such as CIHR, SSHRC to evaluate the extent of exclusion of gay men's health research.
- Culture investigated as a determinant of gay men's health.
- Gender identity studied as a determinant of gay men's health.
- How does the stress of living in a homo-negative society shape gay men's lives?
- Multiple, synergistic impacts of health determinants on gay men.

***"Indeed, one has to ask if the exclusion of gender identity/sexual orientation on the Census of Canada is discriminatory."***

## PLENARY

# HPV: WHAT ARE GAY MEN'S VULNERABILITIES?



*This plenary explored a large-scale issue emerging in gay men's sexual health. Studies show that gay men are more widely affected by HPV infections, including types that pose a higher risk of developing into cancer, than is generally understood. A dearth of data on gay men underlies an absence of prevention and treatment programs. As such, routine anal pap smears are currently neither recommended nor offered to gay men even though their risk of anal cancer is elevated compared to the general population. The HPV vaccine program, the only preventive, has been unavailable to men. (update: HPV vaccine Gardasil is currently available in BC but with a cost.)*

## HPV: WHAT IS IT? WHAT DOES IT DO?

Dr. Natasha Press

Human papilloma virus (HPV) appears in about 100 different strains, 30 are sexually transmitted. The virus infects skin and mucosal linings of mouth or anal canal. When HPV causes disease it causes either warts or cancer. Common skin warts are caused by HPV types 1 or 2.

Anogenital warts, caused by HPV types 6 and 11, are transmitted through sexual activity. Oral sex can transmit HPV among different body parts. The wart types of HPV are considered low risk for cancer. The high risk types – 16 and 18 – cause oral, anal and penile cancers.

Pre-cancerous lesions are known as dysplasia and named by location. Anal dysplasia or AIN can be mild (AIN 1) to severe (AIN 3) without showing any symptoms. People can clear an HPV infection that causes only mild dysplasia but if the infection persists it may go on to moderate or severe dysplasia. HIV positive people with less active immune systems have difficulty clearing HPV infections. Where the virus persists, more severe dysplasia develops, which may result in cancer.

HPV is very common and about 75% of people have had it at some point in their lives but most people eventually clear the infection on their own. However, while only 15 % of the general population have HPV at any moment in time, it is active in about 60% of gay men. Because of immune deficiencies, close to 100% of HIV positive men have HPV.

Historically, about 40/100,000 women developed cervical cancer from HPV. With the introduction of the cervical pap smear those rates dropped 80%. In recent years the rate of anal cancer in men has increased significantly. In HIV negative gay men the rate of anal cancer from HPV is currently 35/100,000 (very similar to pre pap cervical cancer) and twice that rate in HIV positive men.

If the pap smear was so effective in women, is there a screening test for men that could reduce anal cancer? Anal pap smears are available and lab readings can help identify the HPV type and extent of disease.

## HPV INFECTION AND ANAL DYSPLASIA IN VANCOUVER: PRELIMINARY FINDINGS FROM THE MANCOUNT SURVEY

Dr. Mark Gilbert

Dr. Gilbert described the procedures used in ManCount, a dry blood sample HIV surveillance survey, to study HPV in a random sample of gay men in Vancouver's bars, baths and cafés. A sub-sample of participants provided self-collected rectal swabs to test for HPV, Chlamydia, Gonorrhea and anal cancer. A total of 252 swabs were collected, however, about 38% were found insufficient for anal cancer screening.

Overall, the Vancouver study found similar results to those found elsewhere. About 62% of gay men were positive for HPV: 79% HIV positive men and 57% HIV negative. Cancer screening showed cell abnormalities in 34% of HIV negative men and 64% of HIV positive men.





***“The long term best answer to the problem of anal cancer is to prevent the HPV infection in the first place. And that is through vaccination.”***

### **EVERYTHING YOU EVER WANTED TO KNOW ABOUT TUSHES & HPV AND THEN SOME...**

Dr. Joel Palefsky

We have known for a number of years that among HIV positive men virtually everybody has anal HPV infection – usually with multiple HPV types and at least one, sometimes two, three or four, cancer causing types. Rates of HPV infection are also high among HIV negative men.

If we had rates of cervical cancer in San Francisco at 75/100,000 – the rate of anal cancer in HIV positive men – there would be a Congressional investigation. And yet, this has not been considered an important health priority. We should not accept that.

The anal pap smear is generally available, but the next step in the diagnosis of an abnormal screen – high resolution anoscopy – is scarce. Given the scarcity and the time it takes people to become proficient in using the device, the most effective screening is for all HIV positive gay men and all HIV negative men over the age of forty should be screened for AIN with an

annual digital anal exam. “Anal cancer screening can be done as a “two-for” along with annual prostate screening.”

Unfortunately there is no specific HPV treatment so all we can do is remove the tissue. Clinicians have a number of options including liquid nitrogen, electro-cauterization or infrared coagulation. The long term best answer to the problem of anal cancer is to prevent the HPV infection in the first place. And that is through vaccination.

Gardasil, the vaccine, has been shown to be almost perfectly effective in girls but its application to boys has been controversial. It should be applied to boys because men can transmit HPV to women and those risks would be reduced. Importantly, it would also reduce the burden of HPV disease in MSM. That disease burden is not negligible. The total of all HPV related cancers in men add up to nearly 10,000 cases per year in the US. Recent studies have shown the vaccine to be effective in boys and it is now available but for a cost as opposed to free for girls. We have made progress but we are still only part of the way there.

### **KEY POINTS**

- Data from the Mancount study show that 79% of HIV positive gay men and 57% of HIV negative gay men have anal HPV infection (compared with 15% in the general population).
- Anal cancer rate among HIV negative MSM is 35/100,000 while cervical cancer in women is about 8/100,000 (rates of cervical cancer were 40-50/100,000 prior to routine pap screening).
- HIV positive gay men are particularly at risk of HPV infections and anal cancer.
- Rates of anal cancer are 10 times higher among HIV positive gay men than cervical cancer is among women and twice the rate of HIV negative gay men.

### **RESEARCH NEEDS**

- Health Literacy: What level of knowledge exists among gay men concerning their exposure to HPV and anal cancer?
- Health services: What are gay men's HPV and anal cancer information needs in terms of screening, treatment, and prevention? A digital rectal exam can detect anal cancer, but how many gay men are getting this test?

# TWELVE DETERMINANTS

The Public Health Agency of Canada's *Determinants of Population Health* framework and its language can be applied to inform research perspectives on gay health. Such research may eventually disclose disparities with respect to the general population or other men. A decade of surveys of gay men conducted by the Community Based Research Centre appear to indicate negative impacts from many of PHAC's health determinants. Whether they are true health disparities with respect to other men is an open question without comparative data. Key comparison variables such as "gender identity" and "sexual orientation" are currently absent in population level research. The Canada Census and the Canadian Community Health Survey must include gender identity and sexual orientation to facilitate appropriate population level comparison studies.

## Income and social status

Health status improves at each step up the income and social hierarchy. *No income/risk gradient has been found in prevention research on Canadian gay men but gay men are by far the most HIV affected population in Canada.*

1

## Social support networks

Support from families, friends and communities is associated with better health. *Surveys of BC's gay men have shown that 62% are 'starved for company' at times, 28% quite often.*

2

## Education and literacy

Health status improves with level of education. *At 72% tertiary level education, BC's gay men have twice the rate of higher education than the general population, and yet, as a Statistics Canada study has indicated, poorer mental health outcomes.*

3

## Employment and working conditions

Unemployment, underemployment, stressful or unsafe work are associated with poorer health. *While 72% of gay men complete tertiary level education, 55% earn less than \$50K per year. About 25% of gay men say their career has been negatively affected by being identifiable in the workplace.*

4

## Social environments

The array of values and norms of a society influence in varying ways the health and well being of individuals and populations. *While measures of internet connections among gay men have been soaring, community involvement has been declining.*

5

## Physical environments

Factors related to housing and the design of communities and transportation systems can significantly influence our physical and psychological well-being. *Surveys indicate 71% dissatisfaction with places and spaces where gay men can meet, socialize or organize.*

6

# OF GAY HEALTH



## 7 Personal health and coping skills

There is a growing recognition that personal life "choices" are greatly influenced by the socioeconomic environments in which people live, learn, work and play.

*A decade of surveys have shown that young gay men are inadequately educated about sexual health issues specific to gay men. In the last 5 years, the proportion of gay men under 30 who have never tested for HIV has expanded significantly.*

## 8 Healthy child development

The effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health.

*Roughly a third of gay men have had experiences of unwanted or forced sex prior to the age of eighteen.*

## 9 Biology and endowment

Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status – in some circumstances to predispose individuals to particular diseases or health problems.

*It is well established that gay men are predisposed to HIV because background prevalence is excessively high and commonplace male-male practices highly efficient routes of viral transmission.*

*71% of gay men report feeling oppressed at times by society's marginalizing values, 30% quite often.*

## 10 Health services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

*Recent surveys of BC's gay men have shown only 50% satisfaction with the HIV prevention efforts of regional health agencies.*

## 11 Gender

"Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

*According to recent surveys, roughly 50% of gay men are single, 26-36% partnered with another man, 6% married to another man, and as many as 8-16% married to a woman.*

## 12 Culture

Some persons or groups may face additional health risks largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, and lack of access to culturally appropriate health care and services.

*At least 51% of gay men have been a target of anti-gay hate talk and/or violence.*

PLENARY

# CREATING RESPONSIVE HEALTH SERVICES

## EXTENDING ADVANCED TESTING SERVICES TO DIAGNOSE EARLY HIV INFECTION IN GAY MEN IN BC: EARLY EXPERIENCES

Michael Kwag

Testing options for gay men have improved with the introduction of the NAAT test – an “early” HIV test with a dramatically reduced window period of only ten days following risk. “One of the challenges in bringing new HIV testing technologies to gay men has been the diffusion of information about them.”

Slow proliferation of knowledge through the community has been evident in slow to change testing patterns among gay men. Information campaigns – featuring new HIV testing technologies – could shift these trends. But, health message campaigns directed toward gay men have been limited by inadequate funding of HIV prevention programs for gay men.

## COUNSELING APPROACHES FOR NEWLY DIAGNOSED GAY MEN TESTING HIV POSITIVE IN BC: LEARNING FROM THOSE ALREADY INFECTED

Olivier Ferlatte

The needs of gay men at the time of an HIV diagnosis are much greater than recognized. Receiving an HIV diagnosis is a traumatic life-changing event. Yet, very little psycho-social support is generally offered to help such men cope with the emotional fall-out. Especially those with recent HIV infections need specific help to deal with their acute contagiousness – a critical moment in preventing onward transmission.

## ENGAGING PHYSICIANS PROJECT

Kevin Saya-Moore and Daryle Roberts

A project to engage physicians for better service to gay men in the Okanagan region was undertaken by the Living Positive Resource Centre. Homophobia and heterosexism among health care professionals were identified as major obstacles to adequate health care for gay men in this region. “Our health professionals do not even want to talk about the men who have sex with men in their practices.”

## HETERONORMATIVITY AND STI TESTING IN BC

Rod Knight

Hetero-normative biases in the sexual health and STI clinics of the Fraser Health Region were described. The very existence of gay men in the population is largely denied by the region's institutions. The result has negatively impacted access to quality care for young gay men.

### RESEARCH NEEDS

- Diffusion of Innovation: How does the diffusion process occur in gay communities? What is the best way to promote new prevention technologies and testing programs?
- Health Services: What is the experience of gay men with their physicians? How do homophobia, heterosexuality and hetero-normativity impact the quality of health services of gay men?
- Social Support Network: What are the impacts on gay men of having friends with HIV in their social networks? How does having HIV positive friends influence behaviour and attitudes related to HIV?



SUMMIT FORUM: Micheal Vonn, LLB

# THE TROUBLE WITH E-HEALTH

## KEY POINTS

- When new prevention technologies are being introduced it is critical to inform the population so people can modify their health practices accordingly.
- Gay men often identified themselves differently in public than in private in a survey of MSM in the Okanagan. MSM were more likely to identify as "straight" in public.
- Health care providers often confuse sexual identity with sexual practices.
- Many physicians are unable to collect a sexual history of MSM properly; are uncomfortable talking about sex, and more particularly about gay sex.
- Doctors are generally not good at making referrals to appropriate services for gay men.
- The psycho-social needs of gay men newly diagnosed with HIV are poorly addressed.
- Gay men who have HIV positive individuals in their social support networks feel less stigma at the time of diagnosis and have less difficulty accessing community services.

An enormous threat to personal privacy is emerging with e-health. The "inadvertent security" of paper health records is that stacks of files are difficult to move. With medical files, stored in one place, in one giant database, the potential security threat is much greater. Too many people know how to access electronic files and can move millions of them with a touch of a button. The security side of e-health has not been openly discussed while the convenience side has been oversold.

A centralized system would put the government in charge of private information between patient and doctor, including who has access to it. "We should be horrified by what is being put forth as the "modernization" of health information systems." Alberta has advanced further than other provinces and they appear to be proud that their electronic record system is a "consent free" zone – no patient permission required to access files. A growing number of Alberta's citizens are not so sure.

The most advanced e-health system in the world is in the UK where even the Prime-Minister's health records have been illegally accessed. Governments are allowing individual lockdowns of personal files but they are not telling people unless asked that such lockdowns are even available.

There is no empirical evidence that centralized electronic records either improve health outcomes or save money. What we do have evidence about is that at least 50% of people would not seek sexual health services if they knew their records were being held in a central database.

The government has interests in providing access to centralized medical information for "research" purposes such as that done by insurance and pharmaceutical firms – who seem to be major proponents of the e-health scheme. However, such large databases are becoming unwieldy and there is some potential that the current models of e-health will implode.

Internet technologies have caught up and exceeded the capacities of the original software that e-health started with. After spending billions on developing e-health more effective solutions are available using internet resources for free. Australia, once in the vanguard of e-health, has dropped it because it was becoming so unmanageable.

***"What we do have evidence about is that at least 50% of people would not seek sexual health services if they knew their records were being held in a central database."***

# CONCURRENT SESSIONS

## BACTERIA, BEHAVIOURS, BOYFRIENDS AND BEYOND – EMERGING ISSUES IN SEXUAL HEALTH

### 1) Burden of Enteric Infections Among MSM in Vancouver

Jason Wong

Rates of enteric infections (infections of the gut, including Shigella, Cryptosporidium and Giardia) among gay men appear to be disproportionately high when compared to heterosexuals.

### 2) The Boyfriend Study

Jason Mitchell

Despite a vast literature on HIV related behaviour gay men's relationships have been under-studied. Surveillance research indicates that gay men are more likely to get HIV infected in a relationship than from casual sex. Yet, few studies have examined the dynamics of gay relationships from both sides. Researching relationship "diads" is important not only for HIV prevention but many other factors affecting gay men's health and well being.

### 3) Dirty Pictures/Healthy Outcomes: using art to create community

Ted Kerr

Art can be a powerful tool to engage community and increase dialogue about health and other related issues. Polaroid and digital photography documenting ordinary life was described as a way to create dialogue among gay men about the nature and meaning of gay culture.

#### Research Needs

- Health services: Do gay men receive appropriate screenings?

- Social support networks: Gay men's relationships have been under studied. What are the health outcomes/risks of being in a gay relationship?

## GAY MEN'S HEALTH AND SUBSTANCE USE

Brent Astle, JP Grimard and Bob Martel

Addiction is often intertwined with other mental health issues such as depression or anxiety. Addiction in gay men is closely connected to systemic heterosexism and homophobia experienced in youth. Specific programs for gay men are working. Offering services 'for gay guys by gay guys' promotes a culture of acceptance and increased chances of recovery. Such services provide a safe space for gay men to explore issues impacting their addiction.

#### Research Needs

- Health services: What are the benefits of peer based health services? What is the level of homophobia in addiction services and the impact on gay men with addictions?
- Culture: How can we explain the link between homophobia and addiction problems in gay men?

***“Addiction in gay men is closely connected to systemic heterosexism and homophobia experienced in youth.”***

## TWO-SPIRIT PEOPLE AND DETERMINANTS OF HEALTH

Robert Hong

Two-spirit people, as part of the larger aboriginal community, have seen their health impacted by the history of colonization and residential schooling. In addition, the history of two-spirit culture has been lost among aboriginal people, leading to the oppression of gay individuals within their own communities. As a result, many two-spirit aboriginal men have been forced to flee their communities, often to Vancouver's Downtown Eastside. There many face harsh street-life conditions. Despite major health disparities, no funding is available for two-spirit programs.

#### Research Needs

- How do aboriginal status, two-spirit and homosexuality interact to create health disparities among two-spirit people? (Intersectionality).

## HOW IS THE INTERNET CHANGING OUR COMMUNITY: EXPLORING HEALTH INFORMATION NEEDS OF HIV POSITIVE MEN

Zoran Stjepanovic, Adriann de Vries and Harpreet Kahlon

This workshop reviewed an assessment of the treatment information needs of HIV positive men. Contrary to the assumption that people would prefer to receive treatment information on the internet, results from the assessment concluded that individuals prefer a face-to-face conversation. Physicians were the preferred source. Information on the internet was not seen as consistently trustworthy though accessed by many.

#### Research Needs

- Health literacy: How knowledgeable

are HIV positive gay men about HIV treatment including alternatives?

- Health services: What is the quality of treatment information offered to HIV positive gay men?
- Social support networks: Are face-to-face programs building social support networks?

### **CREATING DIALOGUE FROM WITHIN THE GAY MEN'S HEALTH MOVEMENT**

Ted Kerr

Using Eric Rofes' social theory and David Wojnarowicz's fictional literature as a catalyst for conversation, the workshop engaged a discussion in which gay men could reflect on their own lived experiences with the idea that their identity has been shaped, knowingly or unknowingly, by its "outlaw" status. How does our outlaw status impact on the way gay men perceive health promotion messages? How do gay men experience "normal" when their very existence is seen to be transgressive?

### **WE RECRUIT! HETEROSEXISM IN THE CANADIAN MILITARY**

Ephriam Herrit and Dr. Liam "Captain" Snowden

As of 1992, gay men are allowed to serve openly in the military. To reverse discrimination and harassment, the military created aggressive anti-harassment policies which include annual ethical training and education for all members. This resulted in a significant drop in harassment based on sexual orientation. The military is now recruiting at gay pride festivals and other gay events around the country—demonstrating a drastic shift in the ideology of the Canadian forces.

### **Research Needs**

- How does supportive policy and institutional change impact the health of gay men?

### **WHAT DETERMINES GAY MEN'S HEALTH?**

Dr. Verlé Harrop

Gender and sexual identity were recognized to be complex areas of research. However, it would be critical to include gender identity/sexual orientation on the Canadian census for better data on the distribution of gay men across communities. Having gender categories would facilitate data comparisons indicating health disparities between gay and other men—critical information needed to advocate for better funding and programming.

### **Research Needs**

- Canadian census should include gender identity/sexual orientation to introduce population level data for gay men.
- Disparities can only be demonstrated with comparative data, therefore we need studies that compare experience and health outcomes between gay and other men.

### **SEX AND HEPATITIS C IN HIV POSITIVE MEN: WHAT'S HOT? WHAT'S SAFE? CAN THE TWO BE RECONCILED?**

Rob Gair, Dakota Descoteaux and Ian Nelson

Hepatitis C is now linked to sex between HIV positive gay men. However, when these men were first diagnosed with HCV the infection was thought to be drug related. No one believed that HCV was transmitted by sex. Such men were thought to be lying about their drug use. After many similar sto-

ries public health authorities finally recognized that sex among HIV positive individuals was an emerging new form of HCV transmission. Despite this recognition, however, there is no surveillance or monitoring of sexually transmitted HCV in British Columbia. As a consequence, HIV positive gay men are poorly informed of their increased HCV risks associated with unprotected sex.

### **Research Needs**

- Sexually transmitted HCV should be monitored in HIV-positive gay men.
- Health literacy: Research should be done among HIV positive gay men to assess their knowledge around HCV and how to prevent it.
- Personal Health and coping skills: Looking at the prevention strategies of gay men to protect themselves from HCV and other STI infections.

### **PEER COUNSELING WITH GAY MEN: AN INTERACTIVE WORKSHOP**

Dr. Bill Coleman and Elgin Lim

This workshop explored the use of peer counselors among gay men. Peer counseling is an alternative approach to professional counseling which can be expensive, inaccessible and not free of homophobia. Peer counseling has the advantage of focusing on shared experiences and understanding of issues. It provides a safe place for the exchange of supportive information.

### **Research Needs**

- Health services: The experience of gay men in mainstream mental health services.
- Evaluation of peer counseling and comparative study of peer vs professional counseling.

# PRESENTERS

**Brent Astle** and **JP Grimard** are counselors with VAMP - Vancouver Addictions Matrix Program at Vancouver Coastal Health. **Bob Martel** was the Program Coordinator for Addiction Services at Vancouver Coastal Health before taking a position in Toronto.

**Dr. Bill Coleman** is an independent consultant working with BC Centre for Disease Control. **Elgin Lim** is Director of Health Promotion at BC Persons With AIDS Society.

**Olivier Ferlatte** graduated in Sexology, completed a Master of Public and Population Health in 2008 and is currently a Doctoral candidate with the Faculty of Health Sciences at Simon Fraser University.

**Rob Gair** is a pharmacist with St Paul's Hospital and serves on the Board of Directors of the Health Initiative for Men. **Dakota Descoteaux** is with Friends for Life. **Ian Nelson** works with the BC Persons With AIDS Society.

**Dr. Mark Gilbert** is a community medicine specialist and a physician epidemiologist in the Division of STI/HIV Prevention and Control, at the BC Centre for Disease Control, where he leads the HIV and STI surveillance program.

**Ephraim Herritt** is with the Canadian Armed Forces. **Dr. Liam "Captain" Snowdon** is Education Coordinator at AIDS Vancouver Island.

**Robert Hong** works for Vancouver Coastal Health as an Outreach Worker in the Aboriginal Wellness Program where he facilitates "Gay Warriors Talking".

**Ross Johnstone** is the Director of Youth Education for Out On Screen, organizers of the annual Vancouver Queer Film Festival. Ross coordinates the Out in Schools program, a unique outreach initiative which uses youth-made film to engage students on issues of homophobia and bullying.

**Ted Kerr** is an independent artist living and working in Edmonton Alberta.

**Rod Knight** is an MSc student in the School of Population of Public Health at the University of British Columbia.

**Michael Kwag** is the Research Project Manager of the CIHR Team in the Study of Acute HIV Infection in Gay Men at the BC Centre for Disease Control and Vice-Chair of the Board of Directors at the Health Initiative for Men.

**Jason Mitchell** is a doctoral student with Oregon State University in Portland.

**Dr. Natasha Press** is a graduate of the University of Toronto School of Medicine and of Internal Medicine and Infectious Diseases at the University of British Columbia. She completed a research fellowship with the Canadian HIV Trials Network and currently runs the anal dysplasia clinic at St. Paul's Hospital.

**Steve Mulligan** is the Anti-homophobia and Diversity Consultant with the Vancouver School Board. His role includes consulting on individual student issues, and supporting a network of school contacts and Gay/Straight Alliance clubs.

**Daryle Roberts** is the Executive Director of the Living Positive Resource Centre in Kelowna serving an area of approximately 48,000 square kilometers of British Columbia's interior.

**Kevin Saya-Moore** is the Project Coordinator of the Engaging Physicians Project with the Living Positive Resource Centre in Kelowna.

**Zoran Stjepanovic, Adriaan de Vries, Harpreet Kahlon** work with the BC Persons With AIDS Society.

**Jason Wong** is with the School of Population and Public Health, University of British Columbia.



Olivier Ferlatte



# KEYNOTES

**Dr. Verlé Harrop** graduated from MIT with an Interdisciplinary PhD in Medical Informatics. She returned to Canada in 2002 to head up the National Research Council's e-Health research. In 2009, Dr. Harrop was appointed Senior Scientist for the National Collaborating Centre for the Determinants of Health At St. Francis Xavier University.

**Dr. Terry Trussler** is the Research Director of the Community Based Research Centre and lead investigator of Sex Now, a periodic survey of gay men's health and well being.

**Dr. Joel Palefsky** is Professor of Medicine at UCSF School of Medicine; completed his undergraduate degree and Internal Medicine residency at McGill University and a fellowship in Infectious Diseases at Stanford University. He is an internationally recognized expert on the biology, treatment, pathogenesis and natural history of anogenital HPV infection.

**Micheal Vonn** is a lawyer; Policy Director of the BC Civil Liberties Association; and adjunct professor at the University of British Columbia in the Faculty of Law and the School of Library, Archival and Information Studies, where she teaches civil liberties and information ethics.

**Dr. Elizabeth Saewyc** is a Professor at the University of British Columbia in the School of Nursing and Division of Adolescent Medicine; Senior Scientist in the Child Family Research Institute at BC Children's Hospital; and Research Director for McCreary Centre Society, a community-based youth health research and youth empowerment organization.



Dr. Joel Palefsky, Dr. Mark Gilbert, Dr. Natasha Press

# SUMMARY & RECOMMENDATIONS

## TOWARD KNOWING WHAT DETERMINES GAY HEALTH

Overall, the Summit did as much to expose the invisibility of gay men in Canada's health policies as it did to further knowledge about the impact of health determinants on gay men. Ultimately, health impacts are studied by comparison. Without key comparative variables such as "gender identity" or "sexual orientation", much needed population studies of gay men are impossible.

Summit presentations detailed the many ways in which gay men's invisibility in health policy affects gay men's health: inadequately resourced HIV prevention for the size and involvement of the affected population; slow public health acceptance of evidence pointing to the sexual transmission of HCV; little if any attention to elevated levels of cancer in gay men. These observations suggest that important parts of the developing gay health agenda lie beyond direct approaches to improving the lives of gay men. Some gay health work must aim to change society, or, at least the social structures that are currently impeding gay men's health development at the population level.

### 1. Canada Census

Without a place in the Census of Canada gay men are an invisible population of unknown size and spread. Because it is critical for future population studies, gender identity and sexual orientation must be addressed in the Census of Canada. Some dimension of gay health development activities should include education and collaboration to achieve this end.

### 2. Canadian Community Health Survey

Sexual orientation is currently studied as an indirectly "constructed" variable in the Canadian Community Health Survey (CCHS). Gay health development activities should promote refinements to future CCHS questionnaires which would facilitate population level studies of gay men.

### 3. Institutional Audits

Institutional audits are likely to demonstrate funding inequities that deny adequate research on gay men's health. As examples, the CIHR Gender Institute and the Community Based Research Program of the Infection and Immunity Institute should be assessed for the adequacy and equity of their support for gay men's health research.

### 4. Gay Health Determinants Survey

A national survey of gay men should be conducted to probe questions related to the determinants of health. The survey could be modeled on the success of the Sex Now Survey conducted on the internet. The survey should have a new name related to its specific purpose. Groups across Canada could collaborate on promoting local participation.

### 5. HPV Vaccination

In view of the elevated prevalence of HPV infection in gay men and subsequent cancer risks exposed by clinical research, gay health development activities should include efforts to achieve the full inclusion of teenage boys in the public vaccination program currently offered only to girls.





**5<sup>TH</sup> GAY MEN'S HEALTH  
SUMMIT 2009**

ORGANIZED BY THE  
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